



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Dealgan House Nursing Home
Name of provider:	Dealgan House Nursing Home Limited
Address of centre:	Bellewsbridge Road, Toberona, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	13 February 2019
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0025448

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Dealgan House is a purpose built nursing home located close to Dundalk town. The designated centre provides 24 hour nursing care to 84 residents over 18 years of age, male and female, who require long term as well as short stay care such as respite and convalescence. Accommodation is provided on the ground floor in 82 single bedrooms and one twin bedroom. The centre is decorated and furnished to a high standard throughout. The centre is divided in three areas: the main part of the nursing home has 52 beds, an enclosed garden and it's own function room and dining area, as well as an Oratory. A recent extension in 2016 has added the Tain Suite which has 15 bedrooms, sitting and dining facilities and a kitchenette, and the Sonas Suite, a Memory Loss Unit with 17 bedrooms and all the required facilities. Both suites operate as self-contained households led by a Homemaker. Residents of the Sonas Suite have access to the sensory garden in which they can relax or cultivate plants in raised beds. Care is provided to all dependency levels and for a variety of needs including palliative/ end of life care, dementia, intellectual and physical disability and acquired brain injury. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that the residents can consider 'a home away from home'.

**The following information outlines some additional data on this centre.**

Current registration end date:	07/10/2020
Number of residents on the date of inspection:	84

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
13 February 2019	13:00hrs to 19:30hrs	Manuela Cristea	Lead
13 February 2019	13:00hrs to 19:30hrs	Angela Ring	Support

## Views of people who use the service

Inspectors spoke with several residents and relatives about what it was like to live in the centre. All residents expressed high levels of satisfaction with all aspects of care, especially the food, the staff, the choices and activities available to them on a daily basis. One resident referred to the centre as a 'palace' where he felt treated like a king as all his wishes were met. Inspectors also spent time observing resident and staff interaction and noted positive connective interactions throughout the day. Residents reported they felt safe and protected and were treated with respect. Staff were valued for their efforts to keep the residents mobile and independent.

Residents and relatives were able to identify a staff member who they would speak with if they were unhappy with something in the centre. They described staff as great, kind and commented on their friendliness and that 'they couldn't do enough for you'. Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing and preference.

Residents described having freedom to make choices and being able to vary their routines. They were looking forward to next days' outing for Valentines' day which was widely advertised in the centre. A booking had been made for 16 residents to attend dinner and live music in a local restaurant. There they would meet another group of residents from a nearby centre, with whom they had established connections and friendships when they visited the centre during last Christmas.

## Capacity and capability

The governance and management of this centre was effective and strong which contributed to residents experiencing a good service. Most of the matters identified in previous inspection had been addressed or were in progress. Some improvements were required in relation to the contract for the provision of services and the notification of incidents. These will be addressed under the Regulations 24 and 31.

Since the previous inspection there had been a change in the nominated provider representative. The new registered provider representative and the management team were on site to facilitate the inspection process. They all demonstrated good attitude to the regulation, good knowledge of the legislation and a commitment to provide a good quality service and enhance the quality of life for the residents living in the centre. They were well known to residents and relatives, who reported that they were approachable and always available to them.

There was good leadership and a clear governance framework in place to provide

good oversight and assurance in the delivery of quality and safe services. The person in charge, supported by an assistant director of nursing and two clinical nurse managers were engaged in regular auditing and monitoring of performance and met with the registered provider representative on a monthly basis to discuss clinical issues. Some of the areas audited included medication management, the use of restraints, hand hygiene and infection control, wounds, falls and nutrition. There was evidence of continuous learning with results discussed with staff at all levels, actions taken and new improved systems implemented as a result. The importance of person centred care was reinforced at regular meetings where staff were encouraged to take time and sit with residents. This demonstrated clear leadership and commitment to promote and strengthen a culture of quality where residents are valued and placed at the centre of care delivery.

The health and safety committee met every three months and minutes showed that action plans agreed were followed up at next meeting and implemented. The health and safety policy had last been reviewed on 30/11/2018 and it reflected the Safety statement as displayed in the centre.

Inspectors also viewed minutes of monthly operational management meetings which included senior management from all the departments such as human resources, health and safety, catering, nursing and administration. There was evidence that the action plans arising from these meetings were followed up and implemented. The registered provider representative reported that the board of directors met on quarterly basis for formal governance meetings which were chaired, minuted and had a clear pre-established agenda. It was observed that there were opportunities for staff to discuss issues during the regular staff meetings and staff confirmed that they could raise issues readily with the management and that their views would be taken seriously.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available and easily accessible to staff.

The centre was adequately resourced and well maintained throughout. There was good oversight to ensure there was sufficient staff available to provide care, supervision and meaningful activities to residents. For example, a new shift had been created 5pm-11 pm to address the results of a recent audit which highlighted potential shortfalls in the evening in relation to the dementia unit.

Staff were familiar with residents' needs and had appropriate qualifications for their role. All staff were up to date with mandatory training. Quality improvement systems identified educational needs in relation to dementia for newly recruited staff and a previously run four week course in Understanding Dementia had been re-scheduled for the beginning of March 2019. Access to this course was extended to relatives also.

Residents and relatives said they could raise concerns regarding aspects of the service and said that their views were listened to and considered. A review of the centre's complaint record conveyed that all regulatory aspects were met. Matters

were dealt with promptly and therefore there were no open complaints at the time of inspection. The actions taken to resolve the issues were described and the follow up and the complainant's level of satisfaction with the outcome was documented.

### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff it was found that there were sufficient staff to meet the needs of the residents. There was at least one nurse on duty at all times. The action plan from the previous inspection had been completed with three nurses now regularly rostered for night duty.

A sample of staff files were reviewed and all were found to include the information required by Schedule 2 of the Regulations. All nurses had their registration up to date.

When a need was identified, additional staff were put in place to meet residents' needs and ensure their safety. For example, extra staff had been scheduled for the following day to assist with residents' planned outing.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing programme of training for all staff. Records indicated that all staff had completed up to date mandatory training in fire safety, moving and handling practices, safeguarding vulnerable adults and responding to behaviours that challenge. Staff induction, supervision, development and appraisal formed part of the recruitment process and records showed they were completed.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was maintained up to date and contained all required details on admissions, discharges and deaths of residents.

Judgment: Compliant



## Regulation 22: Insurance

The centre had a current certificate of insurance.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems and structures were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The person in charge had completed an overall qualitative review which included consultation with the residents and their relatives and submitted it to the registered provider representative. This was to inform the annual review for 2018 which was in the process of being completed at the time of inspection. The annual review for 2017 was reviewed and found to be satisfactory and compliant with the regulation. The registered provider representative committed to provide the annual review for 2018 to the inspectors when completed.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care were in place and signed by each resident or their representative. The contracts of care did not provide clear detail on the room to be occupied by the resident, whether it was a single or shared bedroom as required by 2016 regulations. Not all contracts of care reviewed by the inspectors included the fees for services they may choose to avail of if not entitled under a public support scheme. An amended template of contracts of care for 2019 was submitted by the registered provider representative to the inspectors by the next day, however all contracts of care for current residents required review to reflect these changes.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. It included the whole time staffing equivalents, which was an outcome from a previous inspection. It had been revised and reviewed in the

past year and was available in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

All quarterly and three day notifiable incidents were brought to the attention of the Office of the Chief Inspector in a timely manner. The six monthly nil returns notifications had not been submitted for the past year. This was discussed with the registered provider representative on the day and agreed to address.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. It was widely displayed throughout the centre and staff and residents were familiar with the process. Residents complaints and concerns were listened to and timely acted on.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures that met the requirement of the regulations were in place and found to be implemented in practice. An easy to read summary of the main points of all the policies was also available to ensure staff had access and understood the centre's requirements and procedures to follow.

Judgment: Compliant

### Quality and safety

At the heart of care delivery was a strong person centred approach. The management and staff were all striving to enhance the residents' lives. The clinical needs were met to a high standard and a varied social care programme that residents found interesting was also available. Inspectors found that residents experienced a high quality of care and good quality of life in the centre. Whereas

the care plans met the regulatory requirements in terms of regular reviews, the majority of them failed to describe the good person centred care that was provided in the centre. Care planning documentation required a shift from a medical to a social model of care in order to meet the national standards and evidence person centredness. Although all relatives that inspectors met on the day confirmed that they were kept informed of the changes in resident's condition, the documentary evidence in care plans did not always support that.

There was a welcoming and relaxed atmosphere in the centre and an overall sense of well being. Residents were supported and enabled to live as independently as possible and were flourishing in the centre. Although more than two thirds of the residents had high to maximum dependency needs, it was evident that they were thriving in the rehabilitative ethos of the centre. A large number of residents were supported to engage in a technological literacy programme to enable them to access internet and smart phone technology. At the time of inspection, they were awaiting the delivery of 20 new ipads. Some residents were already using Skype and activity staff had assisted residents to create personal email addresses to maintain contact with friends and families. One resident with visual difficulties had a display projector installed in his room to enable access to this technology. Overall a culture of enablement was prevalent. Residents had access to physiotherapy as required and inspectors observed some residents had mini pedal exercise bikes in their rooms to support their fitness and enhance their independence.

Various activities were available to residents every day of the week until 7 pm in the evenings and residents reported they were very happy with the stimulation and engagement provided. Inspectors saw residents engaged in sing song, arts and crafts, flower arranging, quizzes, word games and newspaper readings. There was an art class going on at the time of inspection and residents proudly showed the inspectors their work. The high quality canvas paintings were due to be framed and displayed the following week at the yearly art exhibition held in the centre, where relatives, local newspapers, and local community were invited. The social activities programme was widely advertised throughout the centre to enable residents to choose what they wish to participate in.

Residents' committee meetings were held monthly and were well attended. An independent advocate was available to residents and ensured issues discussed at the meetings were followed up. For example, some male residents wanted to watch sports when there were movies on, consequently a subscription to sky sports was being arranged. Most residents had life story books which contained relevant information about their past lives, interests and experiences. The activity coordinator told the inspectors about their new project to enhance the life story books to include residents' wishes, hopes and aspirations for the futures. This was based on feedback received from the residents themselves.

Overall, the residents were protected from the risk of fire in the centre. Staff could describe how they would respond to an activation of the fire alarm or a fire incident. Each resident had a personal emergency evacuation plan in place describing their mobility needs and equipment required for a safe evacuation. Emergency exits were clearly indicated and free from obstruction. The fire fighting equipment and alarms

systems were serviced at regular intervals. Fire drills occurred at regular intervals as part of staff training in fire prevention. However, inspectors were not satisfied that these fire drills based on hypothetical scenarios could provide the experiential learning to enable staff to act fast and efficient in a real life situation. Also no fire drills had been simulated at night time, on weekends or taking account of reduced staffing levels. As they occurred in a controlled teaching environment the learning from these exercises was only shared with the staff attending that particular fire training session. This finding is judged under Regulation 28.

The centre had a policy on the use of restraint which was in line with 'Towards a Restraint Free Environment' to ensure residents were protected from potential harm. However, the practice did not reflect this policy as almost half the residents were using bedrails on a regular basis. The use of any measures that could be considered as restraints was underpinned by an assessment, which was reviewed at regular intervals. There was evidence that discussion had taken place with the resident or their representative and signed consent forms were in place. This had been a finding a previous inspections and the centre had invested in alternatives such as wedges, sensor alarms, low low beds, crash mats and had recently trialled the use of bed levers. Despite all these measures, the high numbers of restraints was not in line with evidence based practice.

In the dementia unit in particular, the staff were observed to be knowledgeable regarding residents' behaviours and use positive behavioural support strategies. Residents who presented with wandering behaviours were unrestrained and had freedom of movement throughout the centre.

The centre was observed to be clean, hygienic and suitably decorated. Facilities available included several day rooms, visitors' area, a function room, a busy hairdresser salon, a therapy room for alternative therapies and a chapel. There were adequate hand washing facilities.

Rooms were noted to be personalised with ornaments and photographs belonging to the residents, who were encouraged to retain their own possessions. Communal areas were safe, inviting and comfortably furnished and there was good natural light and signage throughout. The large function room featured a piano and a library and was used for group activities. The two new units, Tain and Sonas, were based on the household model with large open plan dining and sitting areas, a kitchenette and a homemaker that provided supervision as well as meaningful relational engagement. The environment in the dementia unit had a therapeutic function, with environmental cues, contrast colour doors, good signage and way finding features for spatial orientation. There was enabling assistive design such as contrasting colour handrails and toilet seats. The corridors were wide and bright with murals depicting local scenery from Dundalk area. A large wall had been covered with wallpaper representing the facade of local houses in the area, including one that belonged to a resident. Before entering the dementia unit, there was a cloakroom where relatives could leave their coats in order to prevent emotional upset caused by leaving. A calm, low arousal environment was maintained in the unit which promoted well being and functionality for the residents. Sensory activity boards were available as well as areas of quiet space for reflection and interaction with

others. There were secured internal gardens with raised flower beds for residents who enjoyed gardening. During the winter season, residents could continue to enjoy gardening activities- which was a request from a residents' meeting. Inspectors saw various flower pots on the window sills, which had been planted by the residents the day before with the help of gardeners from the local nursery.

Staff were observed to be accessible to residents when they required care and interactions were friendly, positive and engaged. Inspectors noted positive engagement between staff and residents throughout the day which contributed to the overall quality experience for the residents living in the centre.

### Regulation 10: Communication difficulties

The communication policy was comprehensive and effectively guided staff on how to deliver care. Residents could communicate freely and care plans contained detailed information on the specialist requirements. Residents' communication needs were known by staff who supported meaningful engagement, including an awareness of non-verbal approaches. To enhance access to information, the residents' guide was printed in large font size.

Judgment: Compliant

### Regulation 13: End of life

The end of life care provided in the centre was of a high standard and met the residents' needs. A senior staff nurse had recently completed an accredited training in end of life care and bereavement counselling and facilitated education sessions for staff. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care. Where decisions had been made in relation to advance care, such decisions were recorded. The community palliative services were also available to provide support.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served was attractively presented and residents reported that they enjoyed their meals. The inspectors observed that residents could take as much time as they needed over their meals and that they could choose to have their meals in a dining room or in another location. The dining area had a warm, domestic and inviting feel. Tables were nicely set with tablecloths, central flower pieces or handmade

decorations, and freely available condiments. Sufficient staff was available to assist residents at mealtime. Assistance was provided discreetly and unhurried. If a resident did not like the food offered as per their choice, an alternative was quickly provided.

Residents had access to assistive equipment that enabled them to retain their independence such as adaptive crockery. The food was cooked on site, was wholesome and nutritious and available throughout the day. Residents that were losing weight were referred to and seen by dietician. Food charts were maintained and food fortification offered as first line management with regular weight monitoring and assessments prior to progressing to nutritional supplements. Recommendations made by dietary specialist were communicated to chef and implemented by staff.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available, which contained information on the visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to the residence in the centre. A monthly newsletter was issued that provided information on upcoming events.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place and a range of procedures to guide and inform staff on how to manage varied risk situations. The required policy and procedures were in place and risks that could cause harm to residents, staff and visitors were identified and addressed. The inspectors saw that the centre was free from trip hazards and that cleaning activities were undertaken safely. Moving and handling practices were noted to be safe and to meet good practice standards. Hoists and assistive equipment was regularly serviced and in working order. The risk register log was reviewed regularly and set out the control measures to mitigate most risks identified in the centre. An accident and incident log was maintained for residents, staff and visitors.

Judgment: Compliant

## Regulation 27: Infection control

A comprehensive infection prevention and control policy was in place and informed care. Staff had completed training in infection control and inspectors observed good practices on the day. The person in charge had recently completed an audit of infection control practices in the centre which showed good compliance with standards and good results. The centre had been commended by the Public Health on their management and control of a recent influenza outbreak, which was notified to the Office of the Chief Inspector as per regulatory requirements. All residents and approximately a third of staff had received the seasonal flu vaccine.

Judgment: Compliant

## Regulation 28: Fire precautions

Staff were knowledgeable and trained in fire safety. The fire procedures and evacuation plans were prominently displayed and the fire equipment was regularly serviced and tested. Whereas there was evidence of regular fire drills as part of the training in fire safety, inspectors were not assured that staff could evacuate residents in real life situation in a timely and safe manner, irrespective of the time of the day or the number of staff available. The registered provider representative agreed to further enhance the process for fire drills to ensure meaningful learning occurred.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans were maintained on a password protected computerised system. Residents had a pre-admission assessment completed prior to admission to the centre. All care plans had been regularly reviewed and evaluated and were based on validated risk assessment tools completed at regular intervals. Although there was evidence of person centred care practices, some care plans were generic and did not always demonstrated resident's involvement.

The arrangements to meet each residents' needs set out in the care plans were inconsistent. While many good examples of person centred care plans were seen, others were generic in nature and did not describe the unique needs of the residents. Improvements were required to ensure each care plan was personalised to reflect the residents' needs, interests, wishes and preferences. The involvement of residents and relatives in the care planning process was also inconsistent. Nevertheless, inspectors were satisfied that residents' nursing care needs were met

to a good standard and staff knew the residents well. There were no residents with pressure sores and chronic wounds were managed well. Pressure relieving mattresses were available to residents when required.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents healthcare was being maintained by a high standard of nursing care with appropriate medical and allied healthcare support. Residents had the choice to retain their own General Practitioner and pharmacist services if they wished to. Residents had access to additional professional expertise and treatment. Access to national screening programmes was facilitated for those residents who qualified.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

None of the current residents presented with responsive behaviours. This was due to a high level of interaction between staff and residents with the potential to display such behaviours. All staff had up to date training in behaviour that challenge. Inspectors observed how residents with dementia were managed in the least restrictive way.

Whereas the centre's stated aims were to move towards a restraint free environment and despite the many alternatives available, the use of bedrails remained high. This was not in accordance with the National Standards (2016) whereby the residential service implements a strategy to continually diminish the use of restraints supported by evidence-based changes in the planning, design and delivery of care.

Judgment: Substantially compliant

### Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspectors. Two notifications received by the Office of Chief Inspector in relation to allegations of financial abuse had been managed well by the centre. There were



systems in place to safeguard residents' money. The registered provider representative acted as a pension agent for a number of residents. Financial transactions were transparent and a separate account had been created for residents finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents spoken with said they were cared for in a respectful manner, they were consulted in the running of the centre and their privacy and dignity was maintained. They also said they could choose how to spend their day with some residents able to go in and out of town independently. Residents had access to daily newspapers, Tv, radio, wi fi and maintained links with the local community. Their civil, religious and political rights were upheld with voting in ballots facilitated on site.

The centre's activity programme enables residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one to one activities for the residents who needed a higher level of supervision and support. Residents had access to clergy from different religious faiths as they wished. Residents rights charter was visibly displayed in several locations throughout the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dealgan House Nursing Home OSV-0000130

Inspection ID: MON-0025448

Date of inspection: 13/02/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contracts of care updated on 14/02/2019, this has been used for new admissions since this date and we are working on issuing new contracts to all existing residents and getting them signed. To be completed by 12th April 2019.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Six monthly nil returns will be completed and submitted by the Registered Provider Representative. Effective immediately.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Where fire drills had previously been regularly carried out in house and documented by management this had been outsourced to a fire training company as part of ongoing fire training. This however will be reversed and we will recommence our own fire drills on top</p>	

of that of the training company. Effectively immediately.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Our CNMs and ADON have begun auditing care plan quality with nurses, individual training will then be carried out where needed to ensure care plans personalized and of a high quality. To be completed by 30th April 2019.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All residents are being reassessed and met with on a one-to-one basis to discuss side rails and to try introduce alternatives further. More equipment has been purchased and is being trialed with residents. To date there has been a 20% reduction since the inspection. All residents to be reassessed by 30th April 2019.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Yellow	12/04/2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service	Substantially Compliant	Yellow	12/04/2019

	of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	31/03/2019
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Yellow	20/03/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Not Compliant	Yellow	30/04/2019

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/04/2019