Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	New Lodge Nursing Home
Name of provider:	New Lodge Nursing Home
Address of centre:	Stocking Lane, Rathfarnham, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	08 August 2022
Centre ID:	OSV-0000073
Fieldwork ID:	MON-0037594

About the designated centre

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

The designated centre provides accommodation and services for 24 residents over 18 years old who have long term care needs. Care and services are provided for a range of dependencies from low dependency to maximum dependency. There is a registered nurse on duty at all times in the centre. The designated centre is located on the ground floor of the Bloomfield Campus in South Dublin. Accommodation is provided in a mix of single and twin rooms all of which are en-suite. There is also a well equipped communal bathroom available for residents. All bedrooms overlook the pleasant courtyard garden and have access directly to the garden areas through a patio door. Communal facilities consist of a lounge/dining area, a second main lounge and quiet room.There is parking to the front of the campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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
Monday 8 August 2022	08:10hrs to 18:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of activities available. Residents received good care and were well supported by staff.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included recording of temperatures, completing hand hygiene and the wearing of face masks.

After a short introductory meeting, the inspector completed a tour of the designated centre accompanied by a member of staff. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. One resident stated "the staff were very supportive and kind" The inspector spoke with three residents and a number of visitors during the inspection. From what residents told the inspector and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days

Resident's bedrooms were seen to be personalised with pictures and photographs, however furniture was seen to be in disrepair. Maintenance work was outstanding within the designated centre; for example, some of the surfaces and finishes including wall paintwork were chipped and as such did not facilitate effective cleaning. The centre had a safe outdoor spaces and garden which was maintained to a high standard. The outdoor spaces contained a raised flower bed and recently painted garden furniture for residents to sit outside weather permitting. Residents were seen to have open access to the garden space.

From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions. Staff were observed to knock on resident's bedroom doors before entering. Residents were seen to receive visitors throughout the day of the inspection. The inspector spoke with visitors who provided positive feedback about the service being provided to their loved one and reported that they were very happy that they were updated regarding their loved ones care needs.

There was a weekly activity schedule available, which was advertised on notice boards. A dedicated activity staff was employed to coordinate and deliver the centre's activity programme Monday to Friday. Staff were allocated to carry out activities at the weekend. A resident was afforded the opportunity to be accompanied on an outing every week, for example one resident reported that they went to the hairdressers of their choice and another resident chose to visit a shopping centre.

The inspector observed that mealtime in the centre's dining room were residents sat together in small groups at the dining tables.Staff reported that they offered choice

to each resident prior to the meal,for residents who were unable to voice their choice, staff relied on residents previous likes or dislikes.There were also pictorial menus available to assist residents who had communication difficulties.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents living in New Lodge nursing home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities.However, the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Improvements were required in the oversight of the notification of incidents, individual assessment and care plans, policies and procedures ,contract of care,premises, medication management and infection control practices in the centre.

The management team in New Lodge Nursing home consisted of the person in charge who worked full-time in the centre and was supported by nursing staff, health care assistants, activities staff and maintenance staff. The person in charge had recently started in their role on the 21 June 2022. The centre has had no person in charge from January 2022 to June 2022. Senior management meetings had occurred on two occasions during the later part of the year, this meant that for a five month period, there was no senior clinical oversight. This is further discussed under Regulation 23:Governance and Management.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.The person in charge had reviewed the centre's COVID-19 preparedness self-assessment plan and ensured that it contained up-to-date information to guide staff in the event of an outbreak.

The person in charge had failed to notify the Chief Inspector of all incidents, where residents had unexplained absences, which is required under Regulation 31:Notifications.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. However some policies required review. For example the medication and complaints policies. This is further discussed under Regulation 4:Written Policies and Procedures.

A comprehensive annual review of the quality of the service in 2020 had been completed by the registered provider, there was evidence of consultation with

residents and their families.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, the inspector saw that there were sufficient clinical staff on duty to meet the assessed needs of the residents. The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, infection prevention and control and safeguarding of vulnerable adults. The training records provided to the inspector indicated that most staff were up-to-date with training.

While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

Records in relation to medication were not in accordance with Schedule 3 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) or the designated centre's own medication policy. This is further discussed under Regulation 21:Records.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill-mix of staff was appropriate with regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff had access to the appropriate training and staff were appropriately supervised in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider needed to ensure effective governance systems were in place so that the service provided was safe and effectively monitored. For example:

- Two senior management meetings specific to the designated centre had being held on 7th June and 5th July in 2022. This meant for five months there was no senior management oversight of clinical care. For example senior management were unaware of four occasions where residents had left the centre. These incidents had not being reported to the office of the Chief Inspector.
- There were no specific time frames for quality improvements to be completed on the use of restraints and the introduction of the new care plan system.
- The inspector found that quality improvement plans developed following audits were insufficient. For example, the environmental hygiene audit completed in June 2022 identified insufficient cleaning of the environment and staff were seen to wear wrist jewellery. Improvements had not being made, as these were findings on the day of inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of two contracts between the resident and the registered provider, and found that that they did not clearly set out the terms on which a resident shall reside in the centre. For example:

The room number of the residents' bedroom was not recorded.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider failed to notify the Chief Inspector of four incidents where residents had unexplained absences from the centre as per Schedule 4. NF05's have subsequently being submitted.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had policies and procedures as specified in Schedule 5 of

the regulations in place, however these were not all up to date. For example:

- The medication policy was not reviewed three yearly, it was last reviewed in June 2018.
- While the complaints policy was reviewed in July 2022, the complaints officer was not identified in the policy.
- The visiting policy was reviewed in October 2021, however it did not reflect current practice, for example there is currently no requirement to book a visit in advance.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider failed to ensure records were kept in accordance with Schedule 3, for example:

- Staff nurses were administering medication to nine residents with prescriptions not signed by the GP. This had occurred over a five day period. This was rectified on the day of inspection.
- During the inspection, a staff nurse prepared and signed for a resident's medication, however they did not administer the medication. The inspector observed another staff nurse administer the medication to the resident.

Judgment: Not compliant

Regulation 14: Persons in charge

There was a person in charge who has the required qualifications and experience to fill the role. However the registered provider failed to have a person in charge for five months.

Judgment: Compliant

Quality and safety

Residents were supported by staff in an environment they felt safe living in. Residents had access to good quality health care and were able to choose how they spent their day and could receive relatives and friends for visits in the centre. However, the inspector's review of resident's care plans showed that action was

required to ensure that all residents were provided with appropriate and person centred care. Action was also required in respect to premises, infection prevention and control and medication practices in the centre.

Overall residents had good access to health care services. There was consultation with residents in the organisation of the designated centre and residents were happy with visiting arrangements.

There was evidence that residents' rights were upheld throughout the day of inspection. There was an independent advocacy service available and this information was displayed in the designated centre. There was a residents meeting held in July 2022. Minutes from this meeting recorded positive feedback from residents

The inspector reviewed a sample of residents' care plans to ensure that their health, social and personal needs were being met. A comprehensive assessment was seen to be carried out on residents prior to admission. Care plans were seen to be prepared within 48 hours of admission. However,care plans were not reviewed as required, for example one resident had no social activity care plan. Staff reported that a new care plan system was in the process of being introduced to ensure a more person centred plan of care. This is further discussed under Regulation 5:Individual Assessment and Care Plan.

Residents had timely access to medical, health and social care professionals. The inspector was told that a general practitioner (GP) visited the centre two days a week or as required. Access to specialised services such as a geriatrician and psychiatry of later life were available when required. Residents had good access to services such as physiotherapy and occupational therapy. Residents' records showed that residents had access to services such as a dietitian, speech and language therapy and chiropody. Residents were facilitated to access the services of the national screening programme.

The designated centre had a policy on the use of restraint and a restraints register in place. There were a number of restrictive practices observed and reviewed on the day of the inspection. Care records showed that when residents had a restrictive practice in place such as bed rails there was a risk assessment in place for its use. Residents' consent was obtained or if they were unable to provide consent, discussions were held within the multi-disciplinary team. However, not all restraints were used in accordance with national policy.This is further discussed under regulation 7:Managing behaviour that is challenging.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection in accordance with their interests and capabilities. Residents were seen to have access to radio, television , newspapers and other media.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre this occurred through carrying out resident surveys and

residents' meetings.

Visitors who spoke with inspectors were satisfied with the unrestricted visiting arrangements in place. The inspector observed that residents were able to receive visitors in private. However the visitors room was also used by staff to store their belongings, this was rectified on the day of inspection.

On the day of inspection, a number of areas needed re-painting, for example behind bed frames. Drawers of wardrobes were broken, these items had been identified and the centre had a maintenance programme plan of works. The centre had two double bedrooms that required review to ensure each resident had privacy, this is further discussed under Regulation 17 :Premises.

The registered provider had made personal protective equipment (PPE) available, to staff who were seen to use the PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. There were a number of areas in infection control which required review. For example, areas were identified that had significant dust levels such as under lockers and beds. Other areas identified under infection control which required review, are discussed under Regulation 27: Infection Control below.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents meeting with family and friends in the centre. There were also arrangements in place to ensure the ongoing safety of residents against the risk of exposure to COVID-19 from visitors.

Judgment: Compliant

Regulation 17: Premises

The inspector was not assured that the premises were in accordance with Schedule 6, for example:

- The inspector observed that the configuration of the two multi-occupancy rooms required review so that all residents could utilise the floor space as required by the regulations in order to have for example a chair by their bed for their or their visitors use, personal space to attend to activity in privacy and personal storage space that did not infringe on the privacy of other residents when being accessed. On the day of the inspection inspector observed that: Residents did not have a chair beside their bed where they could sit to get dressed in privacy or simply have quiet time in their own

space. For some residents there was insufficient room to have a chair by their bed without blocking access to their bed or their locker.
- A bedroom was being used as a store room which was not in accordance with the Statement of Purpose or the centre's floor plans.
- A visitor's room had inappropriate storage of staff personal belongings, this was rectified on the day of inspection.
- Wardrobes and tables were seen to be in disrepair.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- Unused incontinence wear was observed to be out of its packaging which could lead to cross infection.
- Staff were seen to wear masks incorrectly which posed a risk of cross infection.
- Staff were observed to wearing wrist watches which could lead to cross contamination.
- The cleaning schedule for the smoking area was not completed for four days.
- There were high level of dust and unclean flooring in multiple areas on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had failed to formally revise care plans where necessary, for example:

- One resident care plan had no end of life care plan or a social activity care plan , the resident had lived in the centre for over a year.
- A resident's care plan who required enhanced communication techniques to improve interaction, did not identify what techniques were used.
- A resident 's care plan who displayed responsive behaviours, did not identify what triggered behaviours or what steps could be taken to reassure the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical, health and social care professionals. Residents had good access to specialists such as a geriatrician and psychiatry of later life when required. Residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that not all restraints were used in accordance with national policy. For example,

While residents who had bed sensor alarms had care plans in place, there were no risk assessments carried out by the multi-disciplinary team prior to introducing these restrictive measures.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents. Training has been provided to staff in relation to the detection and prevention of and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The configuration of the double occupancy rooms did not afford each resident the opportunity to undertake personal activities in private.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	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	Substantially compliant

Compliance Plan for New Lodge Nursing Home OSV-0000073

Inspection ID: MON-0037594

Date of inspection: 08/08/2022

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. A Clinical Governance / SMT meeting for New Lodge was held on:
- 07/06/2022
- 05/07/2022
- 09/08/2022
- 28/09/2022

2. Further Clinical Governance / SMT meetings have been scheduled for:
- 04/10/2022
- 29/11/2022
- 27/12/2022

3. The PIC for New Lodge attended all Emergency Management Meetings which have been held fortnightly since the start of the pandemic. This ensured that New Lodge practices were in line with best practice in relation to Covid-19 management and control.

4. The NFO5's of the four incidents concerned were submitted to HIQA on 22/08/22 and 25/08/22.

5. Full MDT review on the use of restrictive practices in the Care Centre was conducted on 05/06/2022. Ten residents utilized different types of restrictive equipment. Following the review this number reduced to seven.

6. The next MDT review into the use of restrictive practices is planned for October 2022. Further reductions in the use of restrictive practices will be reflected in the 3rd Quarterly HIQA report.

7. In relation to the Hygiene Audit in June 2022, a new cleaning company was contracted to BHS on 01/09/2022. To date, a very high standard of cleaning has been maintained. The company has a team of inspectors who visit New Lodge weekly to ensure standards remain high. Any non-compliances are immediately rectified and staff are re-trained. A

weekly meeting is in place with the CEO & Cleaning Company to monitor standards, discuss issues etc. This ensures a high level of service is always delivered. QRC walk-abouts continue with a continued emphasis on cleaning and hygiene. Facilities walk abouts also continue. The IPC CNS & PIC continues to conduct regular audits on cleanliness, hygiene, hand hygiene and other IPC standards. Increased levels of IPC training has been delivered to New Lodge staff on 09/09/2022.

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: 1. A contract amendment letter will be issued by the PIC to all residents noting the resident's bedroom number. This letter will be signed by the PIC and the resident or their Next of Kin and added as an addendum to the current contracts in place. This will be completed by 07/10/2022 with confirmation of completion communicated to the Chief Executive no later than close of business on 07/10/2022.	

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 1. The NFO5's of the four incidents concerned were submitted to HIQA on 22/08/22 and 25/08/22.	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: 1. The medication policy was reviewed, updated and implemented on 23/08/2022. The implementation of this policy will be monitored by auditing practice as per the audit schedule. The review of this policy will be monitored by the Pharmacist, Head of QRC and PIC as per the policy review schedule to ensure it does not expire pre-review again.	

2. The complaints policy was updated 28/09/2022 to include the name and title of the designated complaints officer. This policy will be updated if the designated complaints officer changes.

3. The visiting policy was updated 01/09/2022 in line with current IPC policies and public health guidance.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
1. Medication administration practices were reviewed on 19/08/2022 with the pharmacist. All staff nurses have been re-trained on medication administration practice. Relevant policies and procedures have been reviewed at staff meetings and during handovers. The staff training in medication management took place on 24/08/2022 and 25/08/2022.

2. A blister pack system for medications was introduced on 26/08/2022 which greatly reduces the time spent administering medications and reduces the risk of error.

3. The nurse, GP and pharmacist have been instructed to ensure that new kardexes are signed in line with medication best practice, New Lodge Policy and HIQA Medication Standards. Policies and procedures were also discussed with the nurses during the education training to ensure their understanding of same.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The visitor's room has reverted to a visitor's room since 10/08/2022. All staff have been directed to take their breaks in the designated staff areas. Compliance will be monitored by the PIC and addressed with staff as required.
2. The two multi-occupancy rooms were converted to single rooms on 09/08/2022.
3. The removal of the excess furniture is in the maintenance plan of works, due to be completed no later than 30/09/2022.
4. All bedrooms now have a chair beside their bed since 10/08/2022.
5. The broken drawers and tables have been repaired, works completed 05/09/2022.
6. Some of the areas needing re-painting has been completed. Areas for painting will be assessed, costed and scheduled on Monday 09/10/2022.
7. The Statement of Purpose was updated 09/08/2022 to reflect the recent conversion of

the two double occupancy and storage rooms.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Staff were re-trained on effective hand hygiene practice by the IPC nurse on 09.09.2022. Relevant policies and procedures were also discussed with procedures noted with staff during handovers.

2. The relevant policies and procedures on the correct use of masks was reviewed and discussed during the daily handovers. Increased QRC walk abouts will spot check IPC compliance including PPE & hand hygiene.

3. Further training dates for staff on infection control refresher training scheduled to be completed by the 31/10/2022.

4. A new cleaning company started in BHS on 01/09/2022. The company is fully aware of the required standards of hygiene and cleanliness with has committed to reaching those standards. The new company has a team of auditors which visit the site weekly to conduct cleanliness inspections. QRC walkabouts, Facilities walkabouts and Nurse Management walk abouts have increased to ensure hygiene and cleaning standards are maintained. To date, the new company has proven to maintain a very high standard of cleaning in New Lodge.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. A new person-centered care plan system was introduced on 02/08/2022. The nursing staff have received initial training in its use and have been provided with person centered care plans samples for guidance purposes. The PIC will monitor the implementation and address any gaps or concerns immediately with staff. Care plans will continue to be audited.

2. An ongoing care plans training program is being delivered to all nurses and will be completed by PIC before 30/11/2022. This will ensure all care plans meet the required best practice standard at all times.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: 1. The types of restrictive equipment which have been used include bed rails and bed sensor alarms as reflected on the 2nd Quarterly HIQA report. There is no usage of chair and floor sensor alarms. 2. A new risk assessment form was introduced on 28/08/2022 to record all trials of alternatives prior to making the decision to use restrictive practices.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. The two multi-occupancy rooms have been converted to single bedrooms. The excess furniture removal is in the maintenance plan of works and will be completed by 30/09/2022. 2. At the time of the inspection the two double occupancy rooms were only occupied by one resident allowing personal activities (ADLS) to take place in private. 3. If the double rooms were occupied, the rooms had been fitted with seclusion curtains to ensure privacy for each resident.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	09/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	26/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/10/2022

	effectively monitored.			
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.	Substantially Compliant	Yellow	07/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of	Substantially Compliant	Yellow	25/08/2022

	its occurrence.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	02/08/2022
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 it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2022
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	28/08/2022

	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.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2022