Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Beneavin Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Beneavin Lodge Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Beneavin Road, Glasnevin, Dublin 11</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18 February 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000117</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0026213</td>
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</table>
About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 67 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 18 February 2020</td>
<td>09:30hrs to 18:30hrs</td>
<td>Sarah Carter</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 18 February 2020</td>
<td>09:30hrs to 18:30hrs</td>
<td>Deirdre O'Hara</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors met with residents but opportunities for meaningful engagements with residents were limited as residents were observed to be busy attending activities or busy with staff who were attending to their care needs.

Residents who interacted with the inspectors, expressed satisfaction with their daily lives and with opportunities for social activities. At other times residents were noted to be enjoying drinks and meals with staff. Some residents communicated with inspectors and indicated that they liked their food and meals and were looking forward to the music session which was planned for that afternoon.

Some residents were observed spending time with their visitors in different locations throughout the building.

Residents who were not able to communicate verbally were observed to look well and were well dressed. Those that were independent and able to move about freely and were seen to be accessing various rooms and rest areas within the building throughout the day.

Relatives spoken with on the day expressed their satisfaction with the care their relative received, and praised the staff for their work and kindness.

Capacity and capability

This inspection was unannounced and took place to monitor risk in the centre. The office of the chief inspector had had also received some unsolicited information that required review.

On the inspection day, the inspectors found the management team had good levels of oversight and were running a service where residents care was central to their decision making. The person in charge was on leave during the inspection, and a nurse manager provide inspectors with up-to-date information as required.

There were systems in place to govern the centre and assist the provider representative and the person in charge (PIC) ensure the service was running safely and for the benefit of the residents:

- Regular clinical audits were taking place on key clinical areas and the outcomes of the audits included communication on the lessons learned to clinical staff.
- There were a weekly reports and others meetings between the registered
• Meetings had set agenda and records showed that current issues were being addressed as they arose.
• Key issues, including resident’s incidents, staffing and complaints were being regularly reviewed.
• Policies and procedures had been recently reviewed and updated and were in the process of being disseminated amongst staff.
• The complaints record was well maintained, and recent complaints had been clearly logged and managed. There was good levels of oversight of the complaint investigations and outcomes but senior managers’ on the centre.

The provider had not paid their annual fees in the previous year, and following a caution being issued about this the provider had paid the fees, and taken steps to prevent this delay re-occurring.

Several sets of records were reviewed during this inspection; including historic residents files, incident records, falls records and the complaints records. All were found to be intact and well maintained, and were accessible immediately.

A directory of residents was maintained on-line, and contained all the aspects of what schedule 3 requires. If a resident was discharged to another nursing home, that was stated, however the nursing home name was not provided.

Staffing was at a good level in the centre, with the roster being accurate to what was found on the day of inspection. An additional couple of hours of staffing had been added to the rosters following the last inspection to ensure that the communal areas were appropriately supervised. One staffing resource that required review was the provision of allied health professionals in the centre, for example physiotherapy and occupational therapy. The inspectors were told this was already under review and some steps had been taken to re-align a resource in the centre to provide these specialist interventions in a timely manner. An annual review had been completed by the person in charge and was made available to the inspectors immediately after the inspection.

Staff had access to training and there was good supervision structures in place for staff. Some additional training was being planned in the weeks after the inspection to coincide with the launch of some new policies, and as a result there was a significant number of staff due to be trained in the management of challenging behaviours.

Staff were observed to be kind, caring and respectful in their approach to residents, and the inspector noted on the day that all staff, including the provider representative and the person in charge were knowledgeable about the resident’s conditions and backgrounds.
The registered provider had failed to pay their annual fees within the time limits of the regulations.

Judgment: Not compliant

**Regulation 15: Staffing**

The number and skill mix of nursing and care staff was sufficient to meet the care needs of resident. Improvements were required in the physiotherapy and occupational therapy resource to ensure timely assessment and intervention. The provider had identified a need to improve the provision of this resource and plans were being developed at the time of inspection to address this issue.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff had access to training and had received training in key areas. There was schedule of training planned and being made accessible to staff in the weeks following inspection to align with the publication of new policies and procedures.

Staff were well supervised in their roles.

Judgment: Compliant

**Regulation 19: Directory of residents**

A directory of resident was in place and available on request.

Judgment: Compliant

**Regulation 21: Records**

All records reviewed on the day contained the information required, and were accessible quickly and stored on-line or within the centre.
Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in place that identified clear lines of authority and accountability. The person in charge was supported in her role by a wider management team with specific roles and responsibilities. The management systems in place were providing sufficient oversight and ensured the service was safe and being effectively monitored. An annual review had been completed.

The provider had identified insufficiency's in its allied health professional re sourcing, and had plans to manage this resource differently to improve the health outcomes for residents.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Complaints were handled well in the centre with clear records maintained that met the requirements of the regulation. Complaints received were dealt with promptly and there was a person appointed within the management team to review the complaints process.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

A full suite of written policies was available that met the requirements of schedule 5. All had been updated and reviewed within the required time frame.

Judgment: Compliant

**Quality and safety**

Resident’s needs were central to the way care was delivered in the centre and their health and well-being was promoted. The design and the layout of the building also facilitated residents to engage in a meaningful routine as corridors were wide and
communal rooms and spaces were accessible. Residents were observed to be moving around the centre on the day of inspection.

Residents had access to good quality nursing care, and interventions as they required it. There were a range of evidence based assessments in use, to monitor areas such as the risk of falls, malnutrition, cognition, mood and behaviour, pain, mobility and skin integrity.

Nursing and medical care needs of residents were assessed on admission and reviewed at intervals not exceeding four months. There was access to allied health professionals, for example occupational therapists and physiotherapists. Occasionally these interventions experienced a short delay. It was reported by the Provider, that residents in this nursing home were not being granted their right of access community health services, as per their entitlement under the medical card scheme, a scheme overseen and resourced by the HSE. As a result occupational therapy and physiotherapy was provided on a limited basis by the provider, and privately if required. In addition records of referrals were not consistently available in resident files, for example referrals to the GP.

A wide sample of care plans were reviewed. In some care plans the level of detail was sufficient and could guide staff to engage well with residents. However other records were seen where residents had identified health needs and there was no care plan in place setting out how it would be met. For example, there were gaps in the creation of activity plans that set out residents recreational preferences and requirements. A delay in the development of a wound management care plan was also found for a small number of effected residents. Wound management plans were in place for the majority of residents who needed them and they were detailed and provided clear guidance for staff regarding care to be delivered.

The policy on managing challenging behaviour had been reviewed recently and was being disseminated amongst staff groups. The number of staffed had been trained to respond and manage behaviour that is challenging under this new policy was low, and training was planned for the following weeks. However staff spoken with were familiar with the type of behaviours displayed by residents and were observed to adopt a person-centred approach in dealing with specific behaviours.

The rate of restrictive practices in the centre was low, and was broadly in line with national guidelines. Most residents had behaviour charts in place if they required them and specific care plans that were sufficiently detailed to guide staff. However there were some inconsistencies found in behavioral monitoring records, the associated care plans, and the coinciding medicine administration records. For example, gaps were identified in the behavioral monitoring assessment documentation where the antecedents, behaviour and interventions used were not always recorded. This was a breech of the centres own policy. Evidence was found that following an incident of behavior that challenges, a care plan or assessment had not been completed. To manage a particular behaviour an environmental restriction had been implemented but records did not show this was assessed for – a further breech of the centres own policy.
An activity programme was running 7 days a week. The activity programme was supported by some external providers. Residents were free to participate or opt out of organised activities. All residents had access to TVs, radios, telephones and newspapers. Residents had the ability to vote in the centre and had done so in the recent elections. A regular residents meeting took place where resident or their relatives could share their views on the centre.

Resident’s rights were safeguarded, and this was supported by a policy that had been reviewed recently. Staff had received training in safeguarding. Any allegations of abuse received in the centre had been investigated thoroughly and actions taken.

The premises was suitable for the residents who lived there. There were grab rails on all corridors and call bells in all communal and bedrooms areas. Residents were seen to use these to be able to mobilise throughout the centre, and there was access to a courtyard outdoor area. Storage arrangements had improved in the centre since the last inspection. However some deficits in the centres premises were identified, these are described in regulation 17 below.

The dining areas were spacious and had reasonably calm atmospheres and during a period of observation, residents were observed to be enjoying meals at round tables that were set nicely, and for four or less residents. Where residents had special diets in place, these were facilitated by the kitchen team and staff, and assistance was being offered discretely to those residents that required it in the dining areas. While residents were observed to have meals in formats that met their needs, a review of fluid intake documentation was not monitored, which could potentially lead to a resident becoming dehydrated.

Regulation 17: Premises

The premises contained many features to enhance residents well-being and was appropriate for the number of residents who lived there. The premise has a safe and secure internal smoking room.

However some aspects of the premises did not conform with aspects of schedule 6 of the regulation:

- Some items of furniture were inappropriately stored in bathrooms.
- Items containing chemicals were not stored securely in sluice rooms.
- An equipment store room was noted to be untidy where hoist slings were left on the floor and access to the hand washing sink was reduced by untidy storage.
- Some internal rooms (bathrooms and store rooms) were poorly ventilated and very warm.
- Access to the hairdressing room and area around its doorway was observed
to be congested with residents and their equipment.
- The outdoor courtyard had a large amount of cigarette butts in a potted plants.

**Judgment:** Not compliant

**Regulation 18: Food and nutrition**

The centre had a supply of drinking water available to all residents and evidence of fresh water in jugs and suitable beakers were seen in residents bedrooms. There was choice offered at mealtimes and staff were available to provide assistance to resident's if required.

**Judgment:** Compliant

**Regulation 5: Individual assessment and care plan**

Care plans addressing residents social and recreational needs, wound management, the management of hydration and challenging behaviours required improvement to ensure they provided sufficient detail to guide staff and improve residents well-being.

**Judgment:** Not compliant

**Regulation 6: Health care**

The provider had ensured that residents had access to specialist health care providers as the need arose. Some improvement in re-sourcing was required and is addressed under regulation 15 and 23, detailed above.

**Judgment:** Compliant

**Regulation 7: Managing behaviour that is challenging**

There was a recently updated policy available in the centre to guide staff to manage behaviour that was challenging. The policy was in line with national guidelines. Training was being planned to increase staff knowledge of the policy, however on
the day of inspection staff gave clear and accurate information about how they manage behaviours that challenge. Gaps were noted in the assessment of and application of restrictive practices, where the centres own policy had not been followed.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents were safeguarded against the risk of abuse by a clear policy and good staff knowledge and practices. Where allegations of abuse had been made, thorough investigations had been competed and outcomes acted upon. These investigations had the oversight of the management team.

Judgment: Compliant

### Regulation 9: Residents' rights

Facilities to engage in recreation were provided. Residents could undertake activities in private. There were TVs and radios throughout the centre and in bedrooms. There was access to advocacy services and a regular residents meeting. Residents could vote securely and privately in 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
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**Compliance Plan for Beneavin Lodge Nursing Home OSV-0000117**

**Inspection ID: MON-0026213**

**Date of inspection: 18/02/2020**

**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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Not Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people:

The annual fee payable to HIQA by Beneavin Lodge is paid in three installments covering four monthly periods, at €183 per resident per annum, and due to an oversight the fee payable at the end of September 2019 for the four months to the 31st of December 2019, was paid on the 21st of November 2019, following which the Provider has put in place a system to ensure fees are paid as required by the regulations.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. The item of furniture was removed from the bathroom immediately post inspection.
2. A keypad lock has been fitted to the sluice room door. The sluice room is now only accessible to staff members.
3. The hoist storeroom has been fitted with wall mounted hangers for slings, and the area is no longer used for storage.
4. The heat settings have been adjusted, to ensure that the areas identified are not overly warm.
5. As indicated previously, a review of the nursing home layout was undertaken, with plans to relocate the hairdressing area. Due to the current COVID-19 restrictions the hairdressing room is currently not in use. We are awaiting further Government, and Health and Safety, guidance on hairdressing services. Once that is available we will risk assess the provision of hairdressing services in the home and if possible to continue such service the location and layout may alter again.
6. Prior to the COVID-19 restrictions changes had already been implemented for the hairdressing services with an appointment schedule put in place with only one resident in attendance at a time; with other residents then being brought for their appointment at the allotted time or at their request wait in the sitting room which ensured there was no congestion in the area immediate to the hairdressing room.

7. Staff are allocated daily to supervise the courtyard/garden areas to ensure that it is clean and tidy after use. The courtyard is included in the Home Managers monthly ‘walkthrough’ and will be checked regularly as part of this Health & Safety process.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</td>
<td></td>
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<tr>
<td>There is a continuous quality improvement initiative in place to address care planning needs. All current staff nurses have attended care-planning training. The Home Manager has reviewed the issues identified during the inspection and she and the Clinical Nurse Managers are directly working with nursing staff to ensure that they understand what is required in relation to documentation and ensuring that care plan adequately reflect resident assessments and care needs. The Clinical Nurse Managers are auditing care plans on the monthly basis and will focus on and ensuring that the care plans do reflect assessments and care needs.</td>
<td></td>
</tr>
<tr>
<td>The Home Manager reviews these audits on a monthly basis and an analysis of the findings is provided to the Director of Care Services. The Home Manager will ensure that actions plan are developed to address any non-compliances.</td>
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<tr>
<td>Social team leads are now linking with other Social Team leaders in the Group to share knowledge about activity plans and recording and maintaining records. The social Care Leaders are currently reviewing and updating all social and recreational care plans.</td>
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</table>

Prior to the onset of COVID-19 restrictions a review of the Occupational / Physiotherapy service provided through FirstCare was underway, and it is planned that the service will move forward with individualised assessments and therapies rather than group-based therapies. Despite the current COVID-19 restrictions, physiotherapy and OT services are still available and FirstCare have arranged for residents to have assessments and reviews carried out via video calls/ and a nurse led post fall review clinic. Where residents have a GMS card, and are eligible to have OT and Physiotherapy Services and equipment provided through the HSE, referrals will continue to be sent to the HSE.
<table>
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<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The specific details contained in the care plans will be continuously reviewed in line with regulation 7. As discussed during the inspection, the updated and amended responsive behaviour policy and procedure has been made available to all staff. While the updated training had been planned based on the policy and procedure updates, due to the COVID 19 situation and requirement for social distancing this training needed to be postponed. However, we are reviewing methods to roll out this training, such as via webinars as we are currently doing for other topics, and new dates will be set. The target for completion of training is set for Sept 2020 but this may need further adjustment depending on the COVID 19 situation and being able to deliver training in our normal manner versus online. In the meantime, care plans are being reviewed to ensure that they adequately guide staff on the most effective measures to use to support residents with responsive behaviours.

A restraint register is maintained and reviewed monthly, and part of this process is a review and audit of care plans and risk assessments to ensure that they do reflect the current measures that are in place.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Regulation 8(2)</td>
<td>The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>24/02/2020</td>
</tr>
<tr>
<td>Regulation 5(1)</td>
<td>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.</td>
<td>Substantially</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 5(2)</td>
<td>The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to a designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/07/2020</td>
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<tr>
<td>Regulation 7(3)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
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</tbody>
</table>

provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Compliant |