



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Riverdale House Nursing Home
Name of provider:	Riverdale Nursing Home Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Announced
Date of inspection:	07 and 08 May 2019
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0022864

About the designated centre

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

Riverdale House is a two storey, recently refurbished nursing home. It can accommodate up to 29 residents. It is located in a rural area, six kilometres from Limerick city and close to many local amenities. Riverdale house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, palliative care, respite and post operative care. The centre does not accommodate persons with acquired brain injury or intellectual disability. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 11 single and nine twin bedrooms. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors' room. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Current registration end date:	23/11/2019
Number of residents on the date of inspection:	28

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
07 May 2019	09:00hrs to 17:00hrs	Mary Costelloe	Lead
08 May 2019	09:00hrs to 15:00hrs	Mary Costelloe	Lead

Views of people who use the service

The inspector spoke with the majority of residents during this announced inspection. Four questionnaires completed by residents in advance of the inspection were also reviewed.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre. Some said it was a lovely place to live and it was like 'home from home'.

Residents stated that staff were very helpful, kind and caring.

Residents were complimentary of the quality and choice of foods on offer, stating that special diets were catered for and snacks were available as required.

Others mentioned that they enjoyed the variety of activities taking place and that there was always something to do. They could choose to partake in activities or not.

Residents spoke about their active involvement in the residents committee and how they enjoyed being involved in fund raising events.

Residents said that visitors were always welcome and there was a separate pleasant visiting room to meet in private if they wished.

Residents were satisfied with the laundry service provided stating that mislaid clothing was not an issue.

Residents told the inspector how they liked their bedrooms and found them to be spacious, clean and comfortable.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom, day room or dining room.

Capacity and capability

The management team had organised systems and processes in place to ensure that they had oversight of the quality and safety of care received by residents, however, improvements were required to providing assurances that residents could be evacuated safely in a timely manner in the event of fire. Following the inspection an urgent compliance letter was issued in respect of this issue and it is discussed further under the quality and safety section of this report.

The management team were positive in attitude, demonstrated a willingness to comply with the regulations and undertook to address issues raised immediately. This centre had a good history of compliance and issues identified at the previous inspection had been addressed.

There was an effective governance structure in place that was accountable for the delivery of the service. The governance structures in place ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The person nominated to represent the provider, a director of Riverdale Nursing Home Ltd worked full time as general manager in the centre. The second director of the company also worked full time in the centre as operations manager. Both directors along with the assistant director of nursing supported the person in charge. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

Resources were available and deployed to improve the delivery of care in line with the centres statement of purpose. The provider had continued to invest in the premises with evidence of on-going internal and external improvements, maintenance and redecoration taken place.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. The team had continued to evaluate its compliance with relevant standards and regulations and there was a comprehensive audit schedule in place. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. There was a comprehensive, detailed review completed on the quality and safety of care in the centre for 2018. Feedback from residents committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents. The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. They ensured that all staff had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure and all documents as required by the regulations were available.

The provider had continued to invest in and promote the training and ongoing development of staff to ensure that they had the most up to date knowledge and skills to deliver high quality, safe and effective services to residents. Staff were provided with training which included specialist training in relation to care of the

older person in areas such as dementia care and management of psychological and behavioural symptoms, restrictive practice, nutrition and dementia and medication management in the care of the older person. Further training was scheduled in wound care, end of life care and Sonas (a therapeutic programme specifically for residents with Alzheimer's or dementia) and reminiscence therapy. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

The management team reviewed staffing levels on an on-going basis to ensure that the numbers and skill-mix were sufficient to meet the assessed needs of residents. The person in charge had assessed residents dependencies as five medium and 23 low dependency. On the day of inspection there was one nurse and five care assistants on duty in the morning time, one nurse and two care assistants on duty in the afternoon and evening until 22.00 hours, one nurse and one care assistant on duty at night time. The person in charge, manager, operations manager, activities coordinator, catering and housekeeping staff were normally on duty during the day time. There was an additional catering assistant on duty in the afternoon and evening. There was an on-call rota system in place for out-of-hours and weekend management cover. Staff delivered care in a respectful, timely and safe manner. Staffing rosters required review to include the hours worked by the the general manager and operations manager. Further assurances were required regarding the staffing levels at night time to ensure that residents could be evacuated in a timely and safe manner in the event of fire. This is included under regulation 28: Fire precautions.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required qualifications and experience in the area of nursing the older adult.

Judgment: Compliant

Regulation 15: Staffing

During the hours of inspection, the inspector noted that staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. Further assurances were required regarding the staffing levels at night time to ensure that residents could be evacuated in a timely and safe manner in the event of fire.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. All staff had completed mandatory training and training was scheduled on an on-going basis. There was a training plan in place for 2019, recent training had been provided to staff on hand hygiene, sexuality and intimacy in aged care, cardiac pulmonary resuscitation and general data protection regulation.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

Regulation 22: Insurance

There was a valid insurance policy in place. The policy included cover against injury to residents and loss or damage to residents personal property.

Judgment: Compliant

Regulation 23: Governance and management

While the management team were involved in the day to day operation of the business and maintained oversight of the quality of safety and care received by residents, improvements were required to ensuring effective oversight of timely and safe evacuation of residents in the event of fire.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract agreed in writing with the provider. Contracts listed the terms of residing in the centre, type of bedroom occupied, the regular fees payable and the services and facilities provided. There was a priced list of items and services which incurred separate charges.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating in order to fully comply with the requirements of the regulations. The narrative description of all rooms and the floor plan required updating. The arrangements for the management of the centre in the absence of the person in charge is required to be included.

Judgment: Substantially compliant

Regulation 30: Volunteers

The roles and responsibilities of the volunteer were clearly set out in writing and there was evidence of vetting by An Garda Síochána in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure were prominently posted in the premises. Residents were confident that if they wished to make a complaint, that they would know who to contact.

The management team maintained a record of complaints which included the details of the matter, the investigation and outcome, and a note on the satisfaction status of the complainant. There were no recent or ongoing complaints at the time of inspection

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. As discussed under the capacity and capability section of the report, reassurances were required in relation to safe and timely evacuation of residents in the event of fire, particularly at night time.

Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their health care needs were met. There was evidence of regular medical

reviews and referrals to other specialists as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. The activities coordinator had received specific training to support the activities programme including 'Fit for life' exercise therapy programme and had qualifications in physical, massage and art therapies.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist and could retain their own pharmacist if they wished. The pharmacist visited and was available to meet with residents in house.

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines were regularly reviewed by the general practitioners (GP's). However, gaps were noted in some of the medicines administration records, therefore, it was unclear if these medicines had been administered or not. It was unclear from some administration records if medicines had been administered in accordance with the times and dose prescribed. Nursing management staff spoken with undertook to review these medicines errors and put additional measures in place to prevent distractions to nursing staff during medicines administration rounds.

There was evidence of regular fire safety checks being carried out and all staff had received on-going fire safety training which included evacuation and use of equipment. The servicing of the fire alarm and fire equipment was up to date. All fire exits were observed to be free of any obstructions. Records reviewed showed that regular fire drills were being carried out, however, there was no drill records to show that that residents in each compartment could be safely evacuated. There was no recorded evidence of a simulated full compartment evacuation fire drill conducted to take account of night time staffing levels and residents evacuation requirements.

Following the inspection an urgent compliance letter was issued in respect of this issue. The urgent compliance letter was responded to within the required time frame.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The management team advised that they did not act as a pension agent on behalf of any

residents. A secure lockable storage facility was provided in each residents room.

Staff continued to promote a restraint- free environment, guided by national policy. There were five residents using bed rails at the time of inspection. The inspector noted that risk assessments, care plans and consent in line with national policy were documented in all cases. Staff carried out regular checks on residents using bed rails and these checks were recorded. Most staff had received recent training on restrictive practices.

Staff promoted non restrictive and non pharmacological interventions as the preferred method of providing support to residents experiencing behavioural and psychological signs of dementia. Residents also had access to support and advice from the community psychiatric team who visited the centre. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed. Many staff had recently completed training in dementia care including the management of psychological and behavioural symptoms. Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice. However, improvements were required to ensure that records were consistently maintained to indicate the rationale for administration of prescribed psychotropic medicines which were administered occasionally on a 'PRN' as required basis.

The design and layout of the centre encouraged and aided residents to be independent. The centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre. There was a lift provided which allowed residents to independently access both floors. The building was found to be well maintained, clean, warm and odour free.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

While systems were in place to promote safety and manage risks, improvements were required to some aspects of fire safety evacuation as previously discussed. There were policies and procedures in place in relation to health and safety, risk management, fire safety and contingency plans were in place in the event of an emergency or the centre having to be evacuated. There was a health and safety statement and a comprehensive recently updated risk register in place. Health and safety issues were included and discussed at the quality management team meetings.

The management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and have a drink or snack while chatting with staff in the dining room.

Residents had access to advocacy services and information regarding their rights. A residents advocate had been appointed and an independent advocate visited

residents in the centre on a weekly basis. A member of the SAGE (national advocacy group) had visited and information and contact details were displayed in the centre. There was an active residents association in place and they continued to hold meetings on a monthly basis. There was evidence that issues raised by residents were followed up by the management staff and used to inform improvements to the service.

Residents continued to maintain links with the local community. There was regular visits from local musicians, choirs and school students. The residents association held fund raising events such as a Christmas market in the centre and members of the local community attended these.

Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy in place. There was a separate visitors room available where residents could meet with visitors in private. The room was bright, spacious and furnished in a homely manner. Tea and coffee making facilities as well as snacks were available to visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Residents had personalised their bedrooms with their own decorations, flowers, ornaments and photographs. Arrangements for laundering clothing was sufficient to minimise risk of clothing being misplaced.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents needs. The centre was well maintained, clean, bright and nicely decorated. There was a good variety of communal day spaces as well as additional seating provided in the hallways. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Service records showed that equipment was regularly serviced and well maintained. Residents had access to an enclosed paved and landscaped garden area which was easily accessible from the day room area.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre was suitably supplied and equipped to provide varied and healthy meals and snacks for the number of people living there. Residents were offered choice at mealtimes and food was served promptly and hot. There was adequate staffing to ensure that residents who required assistance to have their meals were attended to. Residents spoke positively on the quality and choice offered at mealtimes. Drinks were readily available in day rooms and staff could prepare snacks in the kitchen in

the evenings when catering staff were off-duty.

Judgment: Compliant

Regulation 26: Risk management

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

There were service contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment, lift and hoists.

All residents had a comprehensive up to date personnel emergency evacuation plan in place.

Judgment: Compliant

Regulation 27: Infection control

There were comprehensive policies on infection prevention and control in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The inspectors spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate cleaning chemicals. The building was found to be clean and odour free. Staff spoken with and training records reviewed indicated that staff had attended infection control training.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drill records did not provide adequate assurances that residents could be evacuated in a timely and safe manner in the event of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Gaps were noted in some of the medicines administration records, therefore, it was unclear if these medicines had been administered or not. It was unclear from some administration records if medicines had been administered in accordance with the times and dose prescribed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use and skin integrity. Care plans were in place for all identified issues. Care plans were found to be informative, individualised, person centered and guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided. Details of how each resident liked to spend their day was clearly documented so that staff could facilitate and support residents with their preferred daily routines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had

been trialled and possible underlying causes had been eliminated. However, records were not consistently maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. All staff had received specific training in safeguarding and the protection of vulnerable people.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to radio, television, the Internet and Skype. Residents' varying religious and political rights were supported. Mass was celebrated in the centre every week. Residents were facilitated to vote in house. Residents were supported to go on day trips. The activities coordinator had a good knowledge of all residents' preferences and capabilities for recreation, and had sufficient time to spend with residents who would benefit more from quieter, individual social engagement. Details of how each resident liked to spend their day was clearly documented so that staff could facilitate and support residents with their preferred daily routines.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	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 Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0022864

Date of inspection: 07/05/2019 and 08/05/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels are reviewed regularly in line with the assessed care needs and dependencies of the residents and in conjunction with discussions with staff, residents and relatives in the Nursing Home at any given time and have been found to be compliant.</p> <p>Staffing levels at night are set at an appropriate level to ensure that all residents' assessed care needs can be safely met , this also includes timely and safe evacuation in the event of a fire or other emergency – as per training and as has been demonstrated by fire drills using night time staffing levels</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As Above.</p> <p>We will continue to review staffing levels on a regular basis</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The narrative description of all rooms and the floor plan have been updated.</p> <p>The arrangements for the management of the centre in the absence of the person in charge, which was already included , is now clearer.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection date, fire evacuation drills have been carried out on 3 occasions during the month of May 2019, under night-time conditions. All compartments can be evacuated under 2.8mins. We will continue to hold evacuation drills throughout the year and ensure that these drills include night-time conditions at least once every quarter.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Stringent documented audits have been put in place to identify any medication documentation errors in the future, should they occur.</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: Rationale for administration of medications are clearly documented on all Care Plans, however a meeting with all staff nurses was held to ensure that interventions to manage behavior and rationale for administration of medication, effect and outcome are documented clearly on drug sheets in line with our policies.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/05/2019
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 effectively monitored.	Substantially Compliant	Yellow	30/05/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	30/05/2019

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/05/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2019
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	30/05/2019

