



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

## Issued by the Chief Inspector

Name of designated centre:	St John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Munster Hill, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	14 November 2019
Centre ID:	OSV-0000604
Fieldwork ID:	MON-0027047

## About the designated centre

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

St. John's Community Hospital is located on the outskirts of a busy town. It is a purpose-built single-storey centre which can accommodate up to 116 residents. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18 although the majority are over 65 years of age.

The centre is divided into four units. In total, there are 22 four-bedded rooms, four twin rooms and 20 single rooms. All have full en-suite facilities. Other areas include day rooms, a smoking room, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry.

There are enclosed external gardens which are spacious and well maintained.

Seating is provided there for residents and their visitors. There is parking space provided for residents, staff and visitors.

According to their statement of purpose, St. John's aim to provide person-centred care to the older population of County Wexford. They aim to provide quality care in a homely environment where everyone is treated with dignity and respect.

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

Number of residents on the date of inspection:	109
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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
14 November 2019	10:00hrs to 18:30hrs	Margo O'Neill	Lead

## What residents told us and what inspectors observed

Residents and relatives who spoke with the inspector were satisfied with the service. Residents were very complimentary about staff describing them as professional and caring. The inspector observed that staff knew the residents well. Relatives and residents reported that staff were approachable and would be happy to talk with them if any issues were to arise.

Residents reporting feeling safe in the centre to the inspector and most were happy with the meals and choice provided. Residents and visitors said their visitors were made to feel welcome when visiting the centre.

The inspector observed that many residents shared bedrooms with four beds in the room. Residents said they were happy with their rooms and expressed their appreciation that they lived in the centre.

## Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations. The provider submitted 14 action plans following the previous inspection in May 2019. The majority of these actions were found to be completed. Non compliance in relation to the premises and medicines and pharmaceutical services were repeated on this inspection.

Overall, a good service was being provided to the residents. There was a clear governance and management structure in place with clear lines of authority. There was evidence of monthly management meetings occurring to review the service. However greater oversight of the service was required as ongoing non-compliances were identified. The service was under resourced in the following areas:

- lack of oversight from a pharmacist for residents living in the centre,
- limited communal space for residents to use and enjoy,
- inadequate storage space for equipment

The supervision of staff required strengthening to ensure that all staff attended mandatory training.

The person in charge, who had taken up post in July 2019, was suitably qualified and experienced, and outlined a number of plans she was working towards to improve the service.

There was a directory of residents maintained in the centre and there had been

improvements made to the fire drill records and staff files. Evidence of vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was contained in the sample of files the inspector reviewed.

There was a complaints policy and procedure in place to inform the management of complaints and residents and relatives who spoke to the inspector were aware of this.

#### Regulation 14: Persons in charge

The person in charge had started in her role in July 2019 and worked full-time in the centre. The person in charge was a suitably qualified and experienced registered nurse with many years of relevant experience in nursing care of the older person. She demonstrated commitment to ongoing professional development and had completed a number of relevant post graduate courses including a management course.

Throughout the inspection, the person in charge demonstrated good knowledge of residents living in the centre and their individual care needs. She was observed meeting with residents and relatives who knew her well.

Judgment: Compliant

#### Regulation 19: Directory of residents

There was a directory of residents maintained in the centre which contained all information as outlined in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

#### Regulation 21: Records

A sample of staff files were reviewed by the inspector. All files contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The inspector reviewed evidence that provided assurances that all staff working in the centre had completed An Garda Síochána vetting disclosures.

Daily records of each resident's condition and treatments received was maintained by both night and day staff. A restraint register was also maintained and available to

the inspector.

Staff informed the inspector that records of simulated fire drills were recorded on a new template. These records were reviewed by the inspector and were found to contain pertinent information in order to inform learning and refinement of the emergency evacuation procedure.

Judgment: Compliant

### Regulation 23: Governance and management

Greater oversight of the service was required as ongoing non-compliances were identified in relation to the arrangements for pharmacy services for residents, this is outlined further under Regulation 29 Medicines and pharmaceutical services. Greater oversight of mandatory staff training requirements was required; for example approximately 22% of staff were found to be out-of-date with refresher fire safety training and 38% of staff had not completed a fire evacuation drill in the past twelve months.

The registered provider, had not made resources available to the centre to achieve compliance in relation to the following:

- That residents did not have access to a pharmacist of their choice who was available to the resident.
- Communal space for residents remained limited; particularly on two of the long stay units.
- Inadequate storage space for equipment continued to impact on residents' quality of life, as equipment was stored in the already limited communal space available for residents.
- Some residents' had limited space for their possessions resulting in two residents having their items of clothing stored in a storage room.
- That the centre was kept in a good state of repair. Paintwork throughout the interior was scuffed and in some areas were chipped.

There was evidence that monthly management meetings were held to review the service. Management systems were in place to monitor the quality and safety of the service. This included a schedule of audits, but some audits did not have action plans developed or learning identified to inform continuous quality improvement.

Residents' meetings were held regularly. There was evidence of meaningful discussion in the records of these meetings to inform resident-led improvements in the centre.

Judgment: Not compliant

## Regulation 30: Volunteers

Volunteers who worked in the centre provided a programme of valuable social activities and services for the residents living there. The inspector followed up on the action from the last inspection and found that roles and responsibilities were outlined for all volunteers in the centre. Evidence was available that all volunteers had appropriate vetting in place for their role. The person in charge told the inspector that adequate supervision was in place for all volunteers.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an up-to-date policy and procedure in place in the centre to manage complaints received which outlined the nominated persons as outlined by the regulations. A summary of the complaints procedure and signs for independent advocacy service were displayed prominently in several areas around the centre to inform residents and relatives.

A record of complaints raised by residents and relatives was maintained in the centre. The records included the necessary details as outlined by the regulations and evidence of prompt actions taken to address complaints.

Judgment: Compliant

## Quality and safety

Overall, a good service was being provided to the residents living in the centre. Residents' health and social care needs were being met by a team of staff, the majority of whom knew the residents well and who were respectful of their choices and routines. Residents had good access to medical and allied health care services with the exception of oversight from pharmacy. Residents were supported to attend outpatient appointments and to partake in national screening programmes.

In the residents' records reviewed by the inspector there was evidence of the processes in place for assessing residents prior to admission to ensure their needs could be met in the centre. A comprehensive assessment on admission was also noted that informed individual person-centred care plans.

Generally the centre was clean, bright, however, the paintwork on the walls required attention; this was observed to be scuffed and in places chipped. Communal space



for residents in two units and storage space for equipment throughout the centre was very limited. Equipment was stored in communal areas and this impacted further on the available space for residents to enjoy and spend time in.

Residents and relatives were positive regarding the laundry service in the centre. The inspector observed that storage for residents' personal items remained limited in some areas of the centre.

Most residents who spoke to the inspector were very positive regarding the choice of food provided to them in the centre. There were systems in place to ensure residents at risk of dehydration and malnutrition were regularly reviewed and timely interventions provided.

There was a policy in place regarding fire safety in the centre and staff who spoke with the inspector were knowledgeable regarding the emergency evacuation procedure. However, a significant number of staff were not up-to-date with their refresher fire safety training or had not participated in an emergency fire drill in the previous 12 months. This was discussed with the management who undertook to address this.

Non compliance in relation to pharmaceutical services has been reported in previous reports. Ongoing non-compliance was noted regarding inappropriate arrangements by the provider to facilitate residents' pharmacists to meet their obligations to residents in the centre. The provider had taken no action to come into compliance and the new arrangement in place for the supply of medicines to the centre in stock form, posed additional risks for residents. Staff reported that this resulted in an increased risk of medicine errors occurring. It also had a negative impact on care provision, as staff had less time to spend on other aspects of residents' care. .

Ongoing efforts were noted by management and staff to reduce the level of restrictive practice used in the centre. However, the risk balance assessment around the use of bed rails for residents required review.

The inspector noted that there had been improvements in the activities programme provided to the residents. For example the centre had introduced a mobile library and a pamper room, where residents could come to have their hair styled, nails painted or a hand massage. The management also outlined a number of theme days that had been organised for residents, such as ' County Jersey Day' and upcoming outings to nearby towns for shopping and eating out.

## Regulation 12: Personal possessions

A laundry service in the centre laundered residents' clothes. Residents and relatives were very positive regarding this service when speaking to the inspector.

All residents had a lockable space for the storage of their valuables.

Most residents had a double wardrobe and locker in their bed area. However, storage for some resident's clothing remained limited, despite this being highlighted on the last inspection in May 2019. For example residents in a four-bedded room in the specialist dementia care unit, had only a narrow single wardrobe to store their clothing in. These wardrobes were too small to meet the needs of residents receiving long-term care. They they did not have sufficient capacity to accommodate residents' personal clothing and belongings or to afford choice for storage of personal memorabilia.

Judgment: Substantially compliant

### Regulation 17: Premises

The actions identified during the last inspection had not been addressed as outlined in the following points:

- Communal space in two units in the centre, used by residents for their activities and taking their meals, were not in line with 2016 national standard recommendation of four metres squared per resident residing in the area. These spaces were limited further through the storage of large pieces of equipment in these areas. For example the inspector observed that one of these areas had eight high support chairs cluttered into the activity corner, whilst on the second unit the inspector observed seven high support chairs and 4 high stools being stored and encroaching on residents' communal space.
- Storage space for equipment remained limited throughout the centre. This resulted in equipment being stored inappropriately in rooms not designated for storage of equipment such as communal bathrooms. For example the inspector observed that a hoist and hoist sling, a wheelchair and a mattress were stored in the residents' assisted bathroom. The person in charge undertook to address this immediately.
- Although the centre was clean the standard of decor was poor and the centre generally required repainting. Walls throughout had scuffed paintwork and in some areas the paint was chipped from the wall.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The inspector followed up on the action identified on the last inspection and found that this had been addressed. Fresh jugs of water were provided daily to residents' bedsides and in the communal areas. Water dispensing machines were also located

along corridors.

There were measures in place to prevent residents suffering from malnutrition and dehydration. Residents' nutritional and hydration needs were assessed and monitored regularly with evidence of timely referral to speech and language therapy and dietitian services as residents required.

The inspector observed that residents were offered choice at meal times. Residents and relatives who spoke to the inspector reported that they enjoyed their meals in the centre. The inspector was aware of ongoing negotiations between the centre's management and one resident regarding their preferred food choices. The inspector observed that there were sufficient numbers of staff to offer discreet support to residents who required this at meal times.

Judgment: Compliant

### Regulation 20: Information for residents

The information for residents had been updated since the last inspection. It met the requirements of the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

Staff fire safety training and emergency evacuation drills were carried out in the centre and staff who spoke with the inspector to were knowledge regarding the emergency evacuation procedure. However; the centre's records at the time of the inspection indicated that 35 of the 155 staff members (22%) were out-of-date with refresher fire safety training and 60 of the 155 staff members (39%) had not participated in an emergency evacuation drill in the previous 12 months. The inspector was informed that training had been organised in the weeks following the inspection to ensure that all staff had the relevant training.

Each resident had their individual evacuation needs assessed and personal emergency evacuation plans (PEEPs) were in place for each resident at ward level. These described the residents' required needs in an accessible format and were available to staff on duty in the event of a fire or other emergencies that necessitated residents' evacuation.

Smoking assessments and care plans for residents who smoked in the centre were completed. A sample of these were reviewed and contained the necessary information to effectively manage risks identified and to direct staff.

Fire fighting equipment was located throughout the building and emergency exits were clearly displayed and free of obstruction. Quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor was up to date. Records of servicing of fire equipment by a competent person were available. Daily and weekly fire safety checking procedures were completed with the exception of the sounding of the fire alarm weekly.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector followed up on actions identified on the last inspection. A sample of medication administration and prescription records were reviewed. The max daily dose and frequency of administering medicines to be given as and when required (PRN) was consistently recorded. Additionally medicines to be crushed prior to administration were recorded clearly and in line with best practice guidelines.

On two units in the centre medicines that require strict control measures (MDA) were kept in a secure cabinet, but there was no inner secure cabinet. This was not in line with professional guidelines, the management undertook to address this. Balances checked of MDA medicines were correct.

A recent change to the system for dispensing medicines to residents in the centre had taken place. The new system provided stock medicines only, from a local general hospital to the centre; this was not in keeping with best practice or in line with the person-centred ethos of care for residents living in the centre. Staff reported to the inspector that the new system posed increased risk of medicines error and had impacted negatively on the use of their time as the new system took longer to appropriately receive, store, administer and record the medicines. This resulted in less time for other aspects of resident care. Furthermore the centre's medicines management policy had not been up-dated to reflect the changes to the ordering, receipt or storing of medicines processes.

The registered provider had failed to meet the regulatory requirement to put in place arrangements that would facilitate residents' pharmacists to meet their obligations to the residents. This non compliance had been highlighted in two previous inspections.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed by the inspector. These were found to contain

evidence of consultation, in the development and review of the care plans, with the resident and their relatives where appropriate. There was evidence that validated assessment tools were used as part of the assessment process to assess residents for the risk of malnutrition and dehydration, skin integrity and falls.

Care plans contained mostly person-centred information to direct the staff when providing care. However the inspector noted some gaps in the care plans for residents with diabetes. For example in one care plan the blood sugar level parameters were not set out clearly to inform staff nor was there sufficient information to direct staff in the event that blood sugars were outside acceptable parameters.

Judgment: Substantially compliant

### Regulation 6: Health care

There was good access to medical services and allied health professionals for residents living in the centre. Residents were facilitated to participate in the national screen programmes as appropriate and to attend outpatient appointments as they occurred.

The inspector followed up on the action identified on the last inspection and found that there was a system in place to monitor pressure mattress settings. Weekly audits were completed on all units to ensure mattresses were at the correct setting for the resident identified as at risk of pressure area deterioration.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that a small number of residents in the centre were identified as having episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Some behaviours described as problematic by staff included verbal and physical lashing out. Most residents' responsive behaviours were well-managed with person-centred and supportive de-escalation strategies implemented by staff who knew them well. For example the inspector observed one resident who had episodes of responsive behaviour who was comforted by a staff member through having chatting to reassure and a walk to distract and de-escalate the situation. This resulted in a positive outcome for the resident. This information was outlined in residents' behavioural support care plan documentation.

Ongoing efforts were noted by management and staff working in the centre to

reduce the level of restrictive practice used in the centre. This was particularly evident with respect to the use of chemical restraint which had been reduced by over 50% since the last inspection. The management and staff kept the use of all forms of restraint under continuous review and had commenced a programme of training for staff on restrictive practices. A restraint register was maintained in the centre.

Assessment of residents for the use of bedrails required review as the current assessments did not include the use of the HSE risk balance tool to assess the risk of using bed rails with the risk of not using bed rails as outlined by the HSE policy. There was documentary evidence that safety checks were completed, however, this was not completed in a timely fashion in line with best practice.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Actions following the last inspection were followed up by the inspector. Improvements were noted regarding the frequency of activities for residents provided in the centre. The inspector observed residents enjoying sing-along sessions with activity coordinators and bingo and one-to-one arts and crafts sessions. The management highlighted that a social outing for residents was in the planning stages at the time of the inspection that would facilitate residents going to a nearby large town or city for a day out and Christmas shopping.

The inspector was informed of ongoing initiatives in the centre to improve and raise awareness around person-centred culture and care. This included an ongoing programme of person-centred education workshops for staff that included a project to examine resident and staff values to facilitate greater person-centre care. The inspector observed the benefits of these initiatives; staff interactions with residents were kind and respectful. The inspector observed that residents were offered choice and discreet support as required. Residents and relatives that spoke to the inspector confirmed that staff were 'very caring', 'professional' and 'provided the best of care'.

Regular resident meetings were held in the centre that facilitated residents involvement and consultation in the management of the centre. Minutes reviewed by the inspector evidenced that meaningful discussion occurred and that residents actively raised concerns and requests to inform staff.

Residents and relatives who spoke to the inspector were happy with their bedrooms, however, one resident expressed a wish for more televisions and spaces to view their choice of television programmes, as the resident did not want to impact on the other residents sharing their bedroom. This was relayed to the management of the centre who undertook to address this.

Since the last inspection arrangements had been put in place so that residents had access at-will to secure outdoor courtyards and gardens from all units in the

centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not 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 9: Residents' rights	Substantially compliant



# Compliance Plan for St John's Community Hospital OSV-0000604

Inspection ID: MON-0027047

Date of inspection: 14/11/2019

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Resources are being sought to have a resolution for the Pharmacy so that full compliance is achieved by 31/01/2020.</li> <li>• Mandatory Fire Training records have been reviewed and a plan in place for 100%of staff to have undertaken a fire drill by 31/12/19, and ongoing biannually. All staff will be trained by 16/01/2020</li> <li>• Communal space in the 2 long stay areas is to be maximized by removing the smoking area in one unit to an outside area by 28th Feb 2020 and optimizing the storage of furniture in both the areas.</li> <li>• Additional storage is being sourced where there is limited storage</li> <li>• Finance is being sought to enable repainting of units</li> </ul>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Additional storage is being sourced where there is limited storage by 31/01/2020</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Communal space in the 2 long stay areas is to be maximized by removing the smoking area in one unit to an outside area by 28th Feb 2020 and optimizing the storage of furniture in both the areas.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Weekly sounding of Fire alarm is in place.</li> <li>• Mandatory Fire Training records have been reviewed and a plan in place for 100% of staff to have undertaken a fire drill by 31/12/19, and ongoing biannually. The staff who have not undertaken refresher fire training in past 12 months will be written to and are required to attend next mandatory fire session on 16/01/2020.</li> </ul>	
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:</p> <ul style="list-style-type: none"> <li>• Medication Policy has been updated to reflect the changes to dispensing system 02/12/2019</li> <li>• A new system is to be in place to ensure full compliance with Regulation 29</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All Residents with a diagnosis of Diabetes to have Care plan to inform staff of actions to take in event of blood sugars being outside acceptable parameters</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:  The HSE Risk balance tool has been introduced as part of the risk assessment prior to using Bed rails, with the overall aim of reducing restrictive practice</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Wireless Earphones are being offered to Residents that which to use them</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/12/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	28/02/2020

	3.			
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	30/06/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2020
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.	Not Compliant	Orange	31/01/2020
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	15/01/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable	Not Compliant	Orange	16/01/2020

	training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 29(1)	The registered provider shall ensure, in so far as is reasonably practicable, that a pharmacist of a resident's choice or who is acceptable to the resident is available to the resident.	Not Compliant	Orange	31/01/2020
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	31/01/2020
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Not Compliant	Orange	31/01/2020

	supplied to a resident are stored securely at the centre.			
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	02/12/2019
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	20/12/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	20/12/2019