



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oaklands Nursing Home
Name of provider:	Bolden (Nursing) Limited
Address of centre:	Derry, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	05 and 06 September 2018
Centre ID:	OSV-0000260
Fieldwork ID:	MON-0024909

About the designated centre

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

Oakland's Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 51 residents in a mixture of 27 single and 12 twin en-suite bedrooms. Communal accommodation consists of two spacious lounges and a large dining room. There are two enclosed gardens for residents use which can be easily accessed from the centre. The centre is located in a rural location approximately four miles outside of the town of Listowel. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Current registration end date:	08/08/2020
Number of residents on the date of inspection:	33

How we inspect

To prepare for this inspection the inspector or 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
05 September 2018	10:20hrs to 17:45hrs	Caroline Connelly	Lead
06 September 2018	08:30hrs to 15:00hrs	Caroline Connelly	Lead
05 September 2018	10:20hrs to 17:45hrs	Noel Sheehan	Support

Views of people who use the service

Inspectors spoke with the majority of the residents throughout the inspection and also met a large number of relatives.

On this inspection the feedback from residents and relatives was very positive. They were very complimentary about all the changes and improvements in the centre that had taken place since the last inspection. They told the inspectors that the centre had been redecorated inside and outside, new plants brightened up the entrance and the courtyards. They also said the new providers and management team were very approachable and helpful and that they felt safe and well cared for.

Residents reported satisfaction with the food and said great improvements had taken place and greater choices were offered at meal times. They were particularly complimentary about the home made soup and baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. Many expressed satisfaction at now having the choice to go to the dining room for their breakfast.

Residents who the inspectors spoke with were very happy with the improved activities and said they particularly enjoyed the music sessions, exercises and bingo. Residents and relatives were very complimentary about staff, saying staff were very caring, kind and helpful and that there were enough staff around to meet their needs. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. However these systems were only in the early stages of implementation and required time and further management to ensure their effectiveness.

This centre has a history of increasing levels of regulatory non-compliance identified on the previous two inspections undertaken in the centre in April 2017 and May 2018. Following the April 2017 inspection the provider and person in charge attended a meeting with the Office of the Chief Inspector as a first step in an escalating regulatory enforcement process.

Despite this a repeat inspection in May 2018 found further deterioration in regulatory compliance and newly noted resident protection issues. The serious nature of these issues resulted in the Chief Inspector issuing the provider with a notice of proposal to cancel the registration of the centre.

In response to this notice the provider submitted comprehensive representation to the Office of the Chief Inspector setting out the changes and improvements which had been implemented and requesting that in light of these improvements the chief inspector reconsider cancelling the registration.

This inspection was undertaken to assess whether the changes that had been implemented were effective in improving regulatory compliance and ensuring the welfare of residents.

Since the previous inspection significant changes were made to the governance and management structure in place for this centre. The current registered provider representative (RPR) has positively engaged with the office of the Chief Inspector and taken significant steps to restore regulatory compliance.

The RPR met with the inspectors during the inspection and demonstrated a understanding of the numerous improvements that were required within the service. For example

- He had employed a full time administrator and retained the services of a number of companies and consultancies to assist him to implement the numerous changes required.
- The premises internally and externally had been redecorated and updated
- The services of advocacy and the safeguarding team were in use.

The issues outlined on the previous inspection in relation to the management of residents finances were being addressed and a robust system had been introduced to underpin the overall management of monies and valuables handed in for safekeeping by residents.

There had been numerous changes to the management team since the previous inspection. The RPR informed the inspectors that he is actively recruiting for a new person in charge. A staff nurse who has worked in the centre for four years and has the required nursing experience has assumed the person in charge role on an interim basis. The inspectors found that although there is a management structure in place and regular governance meetings are taking place, further improvements are required in defining roles and responsibilities to ensure effective governance and management of the centre.

Staffing levels in all key areas including activities, cleaning, maintenance and catering had substantially increased since the previous inspection.

- There were two nurses plus the CNM and the person in charge on duty Monday to Friday and two nurses at the weekend supported by a full team of care staff.
- The inspectors saw there was increased supervision of staff and greater

clarity of allocation of care to nursing and care staff to ensure the needs of the residents were met. This was seen as a significant improvement by residents and relatives.

- There were now two cleaners on each day and the centre was seen to be much cleaner.

Recruitment for new staff was ongoing and the inspectors identified that some improvements were required to ensure robust recruitment was employed, as gaps in some staff files were identified. There was also no evidence of comprehensive induction programmes for new staff including probationary meetings. Appraisals were not in place for numerous staff. The RPR showed the inspectors documentation he planned to use but this had not been implemented at the time of the inspection. Improvements were seen in the provision of training since the previous inspection with a number of training sessions having taken place including mandatory training and further training was scheduled. However, not all staff had received up-to date mandatory training in key areas like fire safety, moving and handling, safeguarding and responding to responsive behaviours.

Improvements were seen in the recording and management of complaints since the previous inspection. There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had been notified to the office of the chief inspector as required by the regulations.

Regulation 14: Persons in charge

The provider was currently recruiting for a new person in charge. A staff nurse with the required nursing experience was filling the role on an interim basis. However all recognised that she had limited managerial experience and did not have the necessary managerial qualification.

Judgment: Not compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty during the day and one nurse at night, with a regular pattern of rostered care staff. During the week there was also the person in charge and a CNM on duty daily. Cleaning, catering, maintenance and laundry staff were also on duty on a daily basis. Staffing levels were seen to have increased since the previous inspection and in particular a significant increase in cleaning,

maintenance, administration and activity staff hours.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the new management team were committed to providing ongoing training to staff. There was evidence that some mandatory training was completed and other relevant training such as dementia care, nutrition and other clinical training was scheduled. However a number of staff did not have up-to-date mandatory training.

Inspectors were not satisfied that staff were appropriately supervised, in that there was not evidence of induction programmes for new staff including probationary meetings. Although some staff had undertaken appraisals in the past many had not at the time of the inspection.

Judgment: Not compliant

Regulation 21: Records

Significant improvements were seen in record keeping since the previous inspection. However overall records were still not kept in such a manner as to be accessible and available for inspection as required by the regulations.

Staff files viewed by the inspectors did not contain all the requirements of schedule 2.

- References were missing for two recently recruited staff
- Photographic identification and qualifications and records of training were also missing from some staff files
- Inspectors noted unexplained gaps in some CV's.

A number of the missing items including the references were in place by the end of the inspection and the provider assured the inspectors that he was implementing a system of more robust recruitment and a full audit of files would take place to ensure they were all compliant with schedule 2.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there were great improvements seen in the overall governance and management of the service there continued to be issues with the roles and responsibilities not being clearly defined and outlined particularly in relation to recruitment of staff.

The new management systems put in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored required further implementation.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Improvements were seen in the contracts of care and the provider was rolling out a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied and were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were seen in the management of accidents and incidents and incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were seen in complaints management since the previous inspection. There was evidence that complaints were recorded, investigated and actions taken. The complainant's satisfaction with the outcome of the complaint

was recorded. The procedure to follow in making a complaint was updated during the inspection.

Judgment: Compliant

Quality and safety

There had been a large number of improvements in the overall quality and safety of care for residents since the previous inspection. Residents' needs were being met through very good access to health care services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspectors found that an ethos of respect for residents was evident. The inspectors saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all the recent changes that had taken place in the centre and the current care and activities provided.

Residents' health care needs were supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. Chiropody and physiotherapy were available as required and access to dietitians, speech and language and tissue viability were available through a nutritional company. These therapies supported the diverse care needs of residents. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. Improvements were seen in all aspects of medication management since the previous inspection. Wound care was assessed using scientific assessments and there was evidence that advice was sought and actioned from the tissue viability nurse. The new system of assessments and care planning introduced at the previous inspection was seen to be embedded in practice and care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred. However care plans for residents who had responsive behaviours required review and further development. The use of bed rails also required review as the inspectors were informed that 20 out of the 33 residents in the centre were using bed rails as a form of restraint. This is a high percentage of bed rail use and further alternatives to bed rail usage were required.

There was evidence that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Inspectors saw that recent changes to the morning routine offered residents choice of coming to the dining room for breakfast or having breakfast in

bed. Residents were consulted with daily and formally through more frequent residents meetings. Increase in activities particularly the introduction of live music at the weekends was as a result of the residents committee request.

The inspectors saw some different activities taking place during the inspection from small group activities, to a exercise session in the main lounge. On the second day of the inspection there was a local initiative to introduce computers to residents and a computer group which included eight residents with eight laptops. Residents and relatives all reported great satisfaction with the increase and diversity of activities.

The physical environment had greatly improved since the previous inspection with an ongoing programme of maintenance in place. Easily accessible well maintained enclosed gardens were available for resident use. All the actions required from the last inspection had been completed and the centre was seen to be bright and homely.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement had been updated and appropriate fire safety practices were followed. A new contract was in place for the servicing of all fire safety equipment and for the provision of annual fire training. Fire drills were taking place on a regular basis with further drills scheduled.

Improvements were seen in the management of residents finances. Following the previous inspection the centre had ceased acting as a pension agent for the seven residents identified. Alternatives were put in place such as payment of pensions directly into residents own bank accounts or family members taking on the role of pension agents. A detailed audit of the residents finances were undertaken by external accountants which showed that some residents owed the provider money and some residents were owed money by the provider. The provider representative produced evidence to HIQA that all monies owed to residents have been paid back to them. Advocacy services and the HSE safeguarding team were also involved in the process.

Since the previous inspection a new safe has been acquired and robust systems have been put in place for the management of valuables and monies handed in for safekeeping. Inspectors saw that all lodgements and withdrawals are accompanied by two staff signatures and the residents signature where possible. Receipts are kept for items purchased on behalf of residents and regular checks are undertaken.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors' room. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming. They reported easier access to the centre with the staff member at the reception desk.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Improvements were seen in the personalisation of rooms since the previous inspection and further rooms were being redecorated at the time of the inspection.

Robust systems had been put in place for the management and recording of items handed in for safekeeping.

Judgment: Compliant

Regulation 17: Premises

The premises and external gardens had undergone a substantial programme of refurbishment since the last inspection. Overall the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Judgment: Compliant

Regulation 18: Food and nutrition

Improvements were seen in the overall choice and presentation of food since the previous inspection. The cook reported having easier access to supplies to enable her to provide more choice to residents. Homemade soup was available daily and the centre had implemented a three week menu cycle which was available for

residents to view.

Mealtimes were seen to be social occasions with the majority of the residents now attending the dining room for all meals and staff also in attendance there. Other staff were allocated to assist residents who required their food in their rooms.

Judgment: Compliant

Regulation 26: Risk management

Issues around chemicals and cleaning products were resolved since the previous inspection and all cleaning products were not fully labelled and chemicals were no longer mixed on site. Detailed chemical sheets were available with advice on what to do in the case of spillage etc.

Equipment service records were available showing servicing was in place and date for hoists and other equipment.

Judgment: Compliant

Regulation 27: Infection control

Significant improvements were seen in the cleanliness of the centre since the previous inspection and this was mainly attributed to the large increase in cleaning staff hours and new systems put into place. The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were seen in all aspects of fire prevention. There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. All medications that required administering in an altered format such as crushing were individually prescribed as same.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life. Care plans for residents with responsive behaviours required further review which is actioned under regulation 7 Managing behaviour that is challenging.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the dietician, speech and language, chiropody and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint in the centre required review to ensure it is only used in accordance with the national policy as published on the Department of Health website.

Documentation of episodes of responsive behaviour was well maintained using appropriate forms identifying any triggers, underlying causes, types of behaviours exhibited. However improvements were required in the development of care plans for residents who exhibiting responsive behaviours and for residents using restraints to ensure all staff were aware of the behaviours and the best way to respond to same ensuring a consistent approach.

Judgment: Not compliant

Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. However, safeguarding training was not up to date for staff the action for this is under staff training.

Improvements were seen in the management of residents' finances and a more robust system was implemented.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the provider representative and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were now available with further items planned.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklands Nursing Home OSV-0000260

Inspection ID: MON-0024909

Date of inspection: 05/09/2018 and 06/09/2018

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>We have extensively advertised and engaged several industry specific recruitment companies in the search for a competent PIC. We have also interviewed several candidates, unfortunately none interviewed passed our interview criteria. As a result, we have taken the decision to train and promote from a recently employed clinical nurse manager. Subject to passing a fit person interview with your panel. We have identified any skills gaps and have planned with external suppliers to train the person to the required standards </p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We have continued with our schedule and have completed further dates on Infection Control, Safeguarding, Manual Handling, CPR, HACCP and Fire training with scheduled training in dementia, challenging behavior and nutrition all planned. Evidence of this training is contained in my evidence file attached to this compliance plan, by way of current matrix and certificates for those trained. We have also scheduled an additional training day for all staff within our compliance audit training in November with an external partner.</p> <p>Induction training has recommenced, and a standard six-month probationary period is contained within all new staff statement of main terms. This is set on an automatic diary system within our HR package for review. Additionally, all training will be going onto our electronic care package which is going in on the 5/6th November in demo mode and going live a week later. </p>	
Regulation 21: Records	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>This area has proved to be a huge time constraint on the Centre, an additional role has been created for a HR/Payroll person to deal with this important area as we employ significant numbers of staff to operate the Centre 24/7. An offer has been extended following advertisement and subsequent interviews. The use of a revised checklist is in place that links back to the regulations for both HIOA/SI and QMS to ensure we are covering all elements of staff file regulations and checks. New reference check forms are also in use which require all references provided to be verified by both the issuer and the PIC/Provider. Evidence of these forms is contained in my file attached. We are checking our files to ensure they remain up to date and include this information. </p>	
<p>Regulation 23: Governance and management</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management of the Centre has been a challenge due to the difficult task of recruitment. Which has been even more challenging due to our recent reports. We have been very careful to employ the right people to take the Centre forward and we believe these people are now in place from the clinical side of the Centre. We have been making significant improvements on many fronts and most all at the same time to ensure the service to our residents is fit for purpose and that we continue to build on these improvements to sustain the Centre going forward as a compliant Nursing Home. As a result, roles and responsibilities have been difficult to assign however this is now in place with a PIC and CNM having both been put forward for consideration for these positions. We welcome the opportunity to hopefully confirm these with you. We have a clearly defined organizational chart and the Centre is set up with a care team and service team to support each other and the needs of our residents and families this is proving to work well, organizational charts are attached in the evidence file. We have installed a number of support systems on our accounts, Human Resources and Health and Safety. We will shortly be rolling out a healthcare package for delivery of all resident care this goes live in early/mid November. We have retained external partners to support us in the key areas of HR and Health and Safety and will be audited 2x per year for compliance. Our Healthcare partner is assisting with training and development, including the roll out of our care package which will have KPI information for internal auditing, it will take approximately 3 months for meaningful KPI data to be present for a valuable insight to this system. However, we have committed to monthly audits for 12 months and I attach in my evidence file the schedule of these audits and their content. This will reduce in year 2 with ¼ audits and support and training will continue throughout the 2-year period. The first of these audits have already been completed with Nutrition and Hydration being completed on the 5th October and our second audit was completed on the 22nd October which focused on medication management. We are working closely with our partners on continuing our improvements and we firmly believe these measures are promoting the right culture in the Centre all staff have been very engaged with the process and</p>	

welcome new ideas and the chance to expand their knowledge, skills and be part of a pro active approach to delivering healthcare in the right way with dignity and professionalism.

Regulation 7: Managing behavior that is challenging

Not Compliant

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

We have been carrying out a review of restraint. We have also updated our policy/procedure on restraint. This review is ongoing and will take some time to complete however we are accessing each resident in turn or by priority and are then doing follow up by increased monitoring of any resident that changes are made to in terms of restraint to minimize the risks. however, I can confirm because of this review, no lap belts are in use. 6 new Lolo beds were purchased some time ago and are some are now in use and through the use of our auditing tools and trials 3 residents are no longer using rails or bumpers. With our current numbers in the Centre that is almost a 10% improvement. I have put a copy of the audit tool/assessment and care plan in the evidence file attached.

We have also completed all mandatory training for our nurses in medication management. Completed an internal medication management review/audit and held a pharmacy meeting today 23/10/18 on site as a result all psychotropic, PRN medications are being reviewed and GPs and are being asked to remove a substantial amount of these from the MARS and this will be reviewed further by us and the pharmacy. We have a full pharmacy review scheduled for the 5th November and ongoing support/training from the pharmacy and external partners to support this area.

The policy/procedure on challenging behavior has also been updated and rolled out. Additional training is taking place next month for those who require this training and refresher. We have completed risk assessments and individual responsive care plans for several residents exhibiting these behaviors and have held meetings with them where necessary and included GP's and family members.

For a particular resident this has been escalated and a meeting is scheduled with an MDT team early next month to include family/GP/SAGE/HSE services.

All evidence is documented and included in the care plans.

I have attached in the evidence file the plans and assessments we are using removing identifiable information.

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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years' experience in a management capacity in the health and social care area.	Not Compliant	Orange	12/11/18
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	12/11/18
Regulation	The person in	Not Compliant	Orange	12/11/18

16(1)(a)	charge shall ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	12/11/18
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	09/11/18
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Substantially Compliant	Yellow	09/11/18
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	12/11/18
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	12/11/18

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	12/11/18
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.	Not Compliant	Orange	30/11/18