Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Cairnhill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>McMahon Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Herbert Road, Bray, Wicklow</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 March 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000755</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022865</td>
</tr>
</tbody>
</table>
About the designated centre

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

The centre is based in Bray and has good access to local amenities including bus routes. The premises is purpose built and four floors are in use with bedroom accommodation located on the ground, first and second floor. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters for residents of all dependencies, low, medium, high and maximum, and can offer convalescence care, palliative care, respite and long term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor.

The basement area is used mostly for support services such as the laundry, maintenance room, hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area which is mostly used for movie afternoons and parties. Additional storage was also provided here.

According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents’ privacy and dignity is respected and their individuality maintained. It aims to provide an environment which is safe, homely and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision making where appropriate.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>28/08/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>91</td>
</tr>
</tbody>
</table>
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.
A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 March 2019</td>
<td>11:00hrs to 18:30hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
</tr>
<tr>
<td>12 March 2019</td>
<td>09:00hrs to 15:00hrs</td>
<td>Sheila Doyle</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector met with some residents both individually and in small groups. In addition, 18 completed resident questionnaires were returned to the Office of the Chief Inspector.

Residents stated they were satisfied with their lives in the centre although one resident stated she would prefer to be at home. Residents commented on the respect that staff had for their views and wishes. Their choices were respected and staff always knocked on the door before entering the room. One resident described that staff were gentle and caring.

Residents knew the management team by name, and said they would approach staff if they had a problem or a concern.

One resident commented on the 'excellent 'laundry service although she said that sometimes clothes go missing.

All residents were very complimentary about the food including the choices and service. Some residents felt that the evening tea was served a little early and this was already being addressed by the registered provider representative.

One resident said she would love to learn computer skills and when this was mentioned to the management team, they undertook to set this up.

Capacity and capability

The registered provider representative and person in charge worked to ensure that residents received a high standard of care through the processes and systems they had in place.

The inspector found that a robust governance structure was in place. The centre had developed a plan to drive improvements. There was a clearly defined management structure.

During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This resulted in a positive impact on the care and support for residents.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was
given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff and volunteers.

Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development. Robust induction and appraisal procedures were in place to ensure that staff had the required competencies to care for residents.

Staff were well informed and were observed to have friendly relationships with residents. Documentation such as contracts of care, the directory of residents and the resident’s guide met the requirements of the regulations.

**Regulation 14: Persons in charge**

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the regulations, the standards and her statutory responsibilities. There was ample evidence of ongoing professional development.

Judgment: Compliant

**Regulation 15: Staffing**

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

**Regulation 16: Training and staff development**

A culture of learning was promoted for staff through training and professional development.

Judgment: Compliant
Regulation 19: Directory of residents

The directory of residents was in place and the sections reviewed contained the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files and noted that they met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Evidence was available that insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose.

A quality management system was in place and the auditing schedule set out the yearly plan. The results of audits were shared with staff for learning and used to inform the annual review.

The inspector saw that the 2018 annual review was completed and was reviewed by a resident at draft stage to ensure it was suitable for residents to read. Plans were in place to discuss the document at upcoming resident meetings.

Judgment: Compliant
### Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was recently updated and met the requirements of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers attending the centre at the time of inspection. Should that change, the management team were aware of the requirements of the regulations in the regard.

Judgment: Compliant

### Regulation 31: Notification of incidents

Having reviewed the incident logs, the inspector was satisfied that the required incidents were notified to the Office of the Chief Inspector. In addition, the inspector saw that robust auditing procedures were in place and all incidents were individually and collectively analysed for learning purposes.

Judgment: Compliant

### Regulation 32: Notification of absence

The registered provider representative was aware of the requirements to notify the Office of the Chief Inspector in the event of the person in charge being absent for
Complaints and feedback from residents were viewed positively by the person in charge and used to inform service improvements. The inspector read the complaints records which were detailed and included whether the complainant was satisfied with the outcome. A policy was in place to guide practice. In addition, the inspector noted that a detailed audit was regularly carried out, to check for trends and that, when relevant, the required improvements had taken place.

Judgment: Compliant

Regulation 4: Written policies and procedures

A collection of policies was in place and included the policies required by the regulations. There was evidence of regular review.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were well cared for.

Residents' needs were met through a range of nursing, medical and specialist health care service including dietitian, speech and language therapy, physiotherapy and mental health services. Residents saw their medical practitioner regularly and an out-of-hours medical service was available when required.

Staff knew the residents well and were knowledgeable about the levels of support and interventions that were needed to engage with residents effectively. Staff demonstrated genuine respect and empathy in their interactions with residents and, as a result, care was very person centred.

Residents told the inspector that they felt safe in the centre, and that they were able to talk to staff if they had any concerns. Staff had attended safeguarding training and were aware of their responsibility to keep residents safe. All staff working in the
centre had evidence of Garda vetting in place.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint was low although some improvement was needed to ensure that all necessary safety checks were completed. The person in charge demonstrated how she and her staff endeavoured to keep any form of restrictive practices to a minimum.

Residents told the inspector that they enjoyed their meals and that there was plenty of choice on the menus. Mealtimes were currently being reviewed as some residents had indicated that teatime was too early for them.

The centre provided appropriate care and support for those residents who were approaching the end of their life. This included skilled nursing care and when required advice and support from specialist palliative care services. Care plans were in place for residents which recorded their wishes.

Although there was evidence of ongoing assessment and detailed care plans in place, additional supports were not consistently available to assist residents with communication difficulties.

Residents were safeguarded by effective procedures in the centre. Fire safety procedures, servicing records and training were up to date.

The design and layout of the premises enhanced residents' abilities, promoted their independence and enjoyment and allowed unimpeded movement. In addition, all areas met the needs, privacy, dignity and wellbeing of each resident and was in line with the centre's statement of purpose.

### Regulation 10: Communication difficulties

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan and various interventions were listed. The inspector reviewed two care plans and both mentioned the use of pictorial cues. Staff seemed unaware of this and did not know if pictorial cues were available.

**Judgment: Substantially compliant**
### Regulation 11: Visits

Visitors were made welcome in the centre except at meal times if disturbing other residents. The inspector saw visitors attending the centre at various times throughout the inspection. Visitors spoken with said they were very grateful for the flexibility as it allowed them to visit whenever they could.

**Judgment:** Compliant

### Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was spacious, organised and well-equipped. Appropriate procedures were in place for the safe return of clothes. The inspector noted that a small number of complaints had come in regarding clothes going missing and a review of the system had taken place including the marking system. Ongoing monitoring was carried out.

**Judgment:** Compliant

### Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

Advice and support was available from the local palliative care team. The person in charge told the inspector about training already provided to staff and outlined plans for additional training in the coming months.

**Judgment:** Compliant

### Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way.
All areas looked clean and well maintained. The centre was observed to be homely, warm, bright, and furnished to a high standard. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms. Resident’s bedrooms were personalised with photographs, pictures and ornaments.

There was clear directional signage located at an appropriate height, around the centre to assist orientation.

Residents had access to a safe and accessible enclosed outdoor courtyard with beautiful views of the surrounding countryside and mountains.

There was appropriate equipment for use by residents or staff which was maintained in good working order.

Judgment: Compliant

**Regulation 18: Food and nutrition**

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. The inspector noted that the provider was currently reviewing the timing of the evening meal as some residents had recently indicated that it was served too early.

Judgment: Compliant

**Regulation 20: Information for residents**

A residents' guide was in place and contained the information required by the regulations. The inspector noted that it was also available in a larger print size to assist residents if needed.

Judgment: Compliant
### Regulation 27: Infection control

Staff had attended infection control training and staff spoken with were clear regarding procedures to follow if required.

It was noted that hand hygiene gels were located around the centre, and the inspector saw staff and relatives using them.

**Judgment:** Compliant

### Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios.

**Judgment:** Compliant

### Regulation 7: Managing behaviour that is challenging

Overall, residents were well supported and positive behavioural plans were in place. The inspector found that evidenced-based tools were utilised to monitor behaviours where required. Where residents had known responsive behaviours, there was a care plan in place. This identified possible triggers and interventions. Staff were familiar with the residents and understood their behaviour. Support and advice were available from the psychiatric services.

The inspector found that the overall use of restraint remained low, and additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed and adequate guidance was outlined in care plans. However, there was limited evidence that safety checks were carried out when lap belts were in use, as required by the policy in place. This was discussed with the person in charge who was addressing it before the end of inspection.

**Judgment:** Substantially compliant
Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

The provider had clear processes in place to protect residents' finances. The provider did not act as a pension agent for any resident. Some pocket monies were managed and the inspector saw that recent changes had been introduced to make this system more robust.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' privacy and dignity was respected. Improvements required from the previous inspection had been addressed. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

Residents' meetings were held on a regular basis. Currently, the centre are having two types of meetings to meet residents' needs. The inspector saw where suggestions made by residents had been taken on board. For example, residents had indicated that they would like a regular movie afternoon and this was now up and running. Residents were also involved in choosing the movie shown.

The inspector noted that four full-time and some part-time activities coordinators were employed. Activities were therefore available all day, seven days a week, on each floor. The activity coordinators were very committed to meeting the needs of the residents. 'A key to me' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. A range of dementia appropriate activities were available and a programme of activities was on display on each floor.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Views of people who use the service</td>
<td></td>
</tr>
<tr>
<td>Capacity and capability</td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Quality and safety</td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
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Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:
An audit is being undertaken to review the care plans and assessments of all Residents with identified communication needs. The care plans of the subject Residents will be reviewed to ensure that:

- all communication needs are appropriately identified
- suitable communication aids are identified (where required) and a check is undertaken to ensure that these have been implemented in practice
- all appropriate referrals have been made to relevant allied health professionals e.g. SALT, audiology, optician etc.

Status: to be completed by 29/03/19.

The Director of Nursing undertakes a monthly observational audit on verbal and non-verbal communication between Residents and staff. This audit tool has been amended to incorporate the sub-heading ‘Communication Aids’. The additional audit questions will address whether care plans appropriately identify specific communication needs and will involve a follow up check to ensure that communication aids are in place and that staff are aware of same. This is supplemented by a quarterly ‘Dementia’ audit which addresses communication with Residents with dementia. Any non-compliances identified from audits are communicated to staff at the monthly Staff Meetings.

Status: Actioned.

New pictorial aids have been introduced to aid Resident choice with mealtime options, activities and use of restraints.

Status: In progress; to be completed by 30/04/19.

The ‘Communication’ section of the Resident Pre-Admission Assessment Form has been expanded to prompt information in relation to the specific communication aids in use e.g. hearing aids, glasses, electronic devices, pictorial aids, illustration boards, specialist
referrals etc. This information will be used to create a Communication care plan on admission.
Status: Actioned on 25/03/19.

The Weekly Staff Policy Schedule has been revised to prioritise discussion of the policy ‘Availability & Communication of Information to the Resident’ and ‘Respecting the Privacy & Dignity of the Resident’.

The lessons learned from the inspection and subsequent action plan will be highlighted at upcoming Staff Meetings.
Status: to be actioned at upcoming staff meetings on 29/03/19 and 10/04/19.

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</td>
<td></td>
</tr>
<tr>
<td>The Restraint form template has been revised to ensure that it is easy for staff to use, clearly identifying the type of restraint e.g. bed rail, lap belt.</td>
<td></td>
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<tr>
<td>Status: Actioned 12/03/19.</td>
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<tr>
<td>A review was undertaken of all Residents subject to the use of restraint to ensure that the appropriate restraint form was in use. The Director of Nursing and Assistant Director of Nursing audited staff knowledge on the use of restraint and safety measures implemented for subject Residents.</td>
<td></td>
</tr>
<tr>
<td>Status: Actioned on 15/03/19.</td>
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</tr>
<tr>
<td>A monthly audit is undertaken in relation to the use of restraints. The audit tool has been amended to include checks that the restraint forms are being correctly completed by staff. A quarterly audit is undertaken in relation to dementia which incorporates managing behaviour that is challenging. Any non-compliances / lessons learned from audits are highlighted at monthly Staff Meetings to drive continuous improvement.</td>
<td></td>
</tr>
<tr>
<td>Status: Restraint Audit tool amended on 15/03/19; audit schedule ongoing.</td>
<td></td>
</tr>
<tr>
<td>A pictorial image demonstrating the use of restraint has been devised to assist in communicating with Residents with communication difficulties.</td>
<td></td>
</tr>
<tr>
<td>Status: Actioned on 15/03/19.</td>
<td></td>
</tr>
<tr>
<td>KPI’s, which include restraint and responsive behaviour, are trended monthly by Clinical Nurse Managers with findings discussed at monthly Staff Meetings.</td>
<td></td>
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<tr>
<td>Status: Actioned &amp; ongoing.</td>
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The Weekly Staff Policy Schedule has been revised to prioritise discussion of the policy 'Use of Resident Restraint / Restrictive Procedures’ and ‘Meeting the Needs of Residents
with Responsive Behaviour (Including the use of psychotropic medication).’

The lessons learned from the subject inspection, and actions arising therefrom, will be communicated to staff at the upcoming Staff Meetings.
Status: to be actioned at upcoming staff meetings on 29/03/19 and 10/04/19.
**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 10(3)</td>
<td>The person in charge shall ensure that staff are informed of any specialist needs referred to in paragraph (2).</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2019</td>
</tr>
<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/03/2019</td>
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</tbody>
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