



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	12 September 2018
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0022751

About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor.

The centre provides 24-hour nursing care to both female and male residents with a variety of needs that are predominantly over the age of 65 years. Most residents are in receipt of long-term care but the centre also accommodates residents for respite and convalescent care.

The following information outlines some additional data on this centre.

Current registration end date:	22/10/2020
Number of residents on the date of inspection:	36

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
12 September 2018	08:30hrs to 19:00hrs	John Greaney	Lead
12 September 2018	08:30hrs to 19:00hrs	Breeda Desmond	Support

Views of people who use the service

Inspectors met and spoke with residents throughout the inspection, both in the communal area and in bedrooms. All were very positive in their feedback in relation to the care and attention they received from staff. Residents stated that when they used the call bell to get attention from staff, staff attended to their needs promptly. Residents stated that they could retain the services of their GP and were very satisfied with the medical care they received.

Inspectors also spoke with a number of relatives throughout the inspection and the feedback was generally positive. They stated that if their relative was unwell, staff would keep them informed and they were welcome to visit at any time. Relatives stated that the food provided to residents is very good and if residents did not like what was on the menu, other options were made available. While the feedback from most relatives was positive, some relatives believed that complaints were not welcomed, particularly if the complaints related to the care that residents received.

Capacity and capability

This was an unannounced inspection and was carried out in response to information received by HIQA from a number of sources about staff performance and care delivery in the centre. Following the most recent information received by HIQA, a provider assurance report was requested from the provider and this inspection was carried out as a follow-up to that report. The findings of the inspection indicate that the information submitted to HIQA was partially substantiated.

Overall, inspectors found that care was provided to a good standard but areas were identified that required improvement. There was a clearly defined management structure and governance arrangements to monitor the quality of care delivered to residents. While the structure in place was satisfactory, its implementation required improvement as evidenced by the findings of this inspection.

There was an assistant nurse manager to support the person in charge to supervise care delivery. There were regular clinical governance meetings, which were attended by the registered provider representative, the person in charge, the assistant nurse manager, a staff nurse and healthcare assistants. The agenda for these meetings was based on headings that have been used in past inspection reports and included items such as governance and management, safeguarding, health and safety, health and social care needs, and complaints. There was a comprehensive programme of audits on topics such as medication management,

privacy and dignity, complaints management, manual handling, continence and catheter care, and food and nutrition. There was an associated action plan with each of the audits to address any required improvements identified in the audit process.

Improvements were required in relation to the provision of resources, particularly around staffing levels. On the day of the inspection there was one nurse on duty in the morning. Inspectors identified that this was inadequate to ensure safe and appropriate care to residents, particularly in relation to medication management. There were no housekeeping staff scheduled to work on the day of the inspection to ensure that the hygiene needs of the centre were addressed.

Recruitment practices did not adhere to regulatory requirements as documents listed in Schedule 2 of the regulations were not in place for all staff. Significantly, a vetting disclosure in accordance with the National Vetting Bureau Act 2012 was not available for all recently recruited staff members. The personnel record for one staff member contained one reference, when two are required. This reference was a character reference and not from the person's most recent employer, which would verify whether or not the person performed to a satisfactory standard in that employment. An urgent action plan was issued to the provider in relation to the requirement to comply with regulations when recruiting staff.

While there were some procedures in place for the induction of new staff, improvements were necessary to ensure a comprehensive orientation process. New members of staff were considered part of the staff complement on their first day of duty. The induction process could be enhanced by a more formalised supervision process and a system to record that new members of staff had demonstrated competence in all relevant areas prior to becoming part of the staff complement.

There was a comprehensive programme of training and most staff had completed mandatory training. In addition to mandatory training, staff had been facilitated to attend training in areas such as dementia and communication, end of life care, nutrition and hygiene, incontinence care, and infection prevention and control. There was an appraisal process and all staff underwent annual performance appraisals. The supervision process for staff could be enhanced in instances when it was identified that staff performance was not at the required standard.

Notifications required to be submitted to HIQA in accordance with regulations were not always submitted to demonstrate adequate oversight of the centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the relevant experience in care of the older person to be the person in charge of a designated centre for older people. She was engaged in the day-to-day governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were inadequate nursing staff on duty, particularly in the morning to meet the nursing care needs of residents in the centre. There were also inadequate housekeeping staff on duty to address the hygiene needs of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

A small number of staff required training in managing responsive behaviour, safeguarding and manual handling.

The induction process could be enhanced by a more formalised supervision process and a system to record that new staff members of staff had demonstrated competence in all relevant areas prior to becoming part of the staff complement.

The process of staff supervision could be enhanced by the addition of a period of supervision, that included frequent performance reviews, until it was identified that this was no longer needed.

Judgment: Not compliant

Regulation 21: Records

The duty roster did not accurately reflect the staff on duty on the day of the inspections or the hours that they worked.

While Schedule 2 documents were available for most staff, all staff did not have all of the documents required, such as garda vetting disclosures, a full employment history and appropriate professional references.

Judgment: Not compliant

Regulation 23: Governance and management

There were governance and management systems in place to support the effective delivery of care. While these systems were in place, the findings of this inspection indicate that they were not effective as demonstrated by the absence of a Garda vetting disclosure for all staff prior to commencing employment, inadequate supervision arrangements for staff when concerns were expressed about their performance and the non-submission of some notifications.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a signed and dated contract of care. The contract, however, did not always meet the requirements of the regulations. For example, the section detailing the fees to be paid was not always completed. Additionally, the contract did not include details of the room to be occupied by residents and the number of other residents, if any, in that room.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were a number of volunteers visiting the centre. Roles and responsibilities of the volunteers were set out in writing and a vetting disclosure was in place for each volunteer.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to HIQA in accordance with the regulations were not always submitted. These included notifications of allegations or suspicions of abuse and notifications of injuries to residents that required medical attention.

Judgment: Not compliant

Regulation 34: Complaints procedure

Discussions with residents and a review of the complaints log indicated that

complaints were recorded, investigated and addressed. Satisfaction or otherwise with the outcome of the complaints process was also recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre and recently reviewed.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of healthcare, including access to the services of allied health professionals based on their assessed needs. Improvements were required in relation to the occupation of residents, the quality of staff interactions between staff and residents and infection prevention and control practices.

Pre-admission assessments were completed for potential residents to ensure that the services available in the centre could meet the needs of proposed new residents. Following admission a detailed nursing assessment was completed and care plans were developed for relevant issues identified. Based on a sample of care plans reviewed, the care plans were personalised and supported staff to provide care to each resident on an individual basis. While care plans were reviewed and updated regularly, a review was required of the process for assessing residents prior to the use of bedrails and also to ensure that end of life preferences were assessed on an on-going basis.

Most residents had their meals in the dining rooms but some residents had their meals in the sitting room, predominantly those requiring increased supervision and assistance. Residents were complimentary of the food provided and the quantities available. The nutritional status of residents was monitored through regular weights and the use of a nutritional status assessment tool. Where there were concerns identified in relation to the nutritional requirements of residents, they were referred for advice to a dietitian or speech and language therapy as appropriate.

Infection prevention and control practices required enhancement to ensure they complied with recommended practice. The sluice room could only be accessed via the laundry room. This was identified as a potential risk for cross contamination on previous inspections and procedures had been put in place to minimise this risk, but these were not consistently followed. In addition to the risk of cross contamination

posed by the risk of having the sluice room in the laundry, the location of the sluice room was not convenient for staff to access due to its distance from residents' bedrooms. The location of the sluice room did not support staff to follow recommended guidance in relation infection prevention and control practices.

On the day of the inspection, there were no housekeeping staff scheduled to work and it was evident to inspectors that the centre was in need of cleaning. There was visible dust on carpets, and other areas of the centre required deep cleaning, such as shower trays and door surrounds of toilets, which were visibly soiled. Shampoos, creams and hairbrushes were observed in some bathrooms and were not labelled for individual use and commode inserts were seen sitting in a bath tub in one of the bathrooms. There was also a need for advisory signage to be placed over hand gel dispensers.

All staff had attended up-to-date fire safety training. While fire safety equipment was serviced in accordance with recommended guidance, the inspectors identified several issues relating to fire safety to ensure safe and appropriate care for residents.

There were adequate practices observed in relation to the management of medications. There was an up-to-date medication management policy in place to guide staff. Prescription and administration records contained all the required information, including photographic identification. There were procedures in place for monitoring and recording the receipt and administration of controlled drugs. Some adjustments were required to the manner in which the record was completed, to ensure it accurately reflected the process taking place. The length of time taken to administer morning medications also required review to ensure that all medicines were administered in accordance with the times stated on the prescription.

Residents spoken with by inspectors were all complimentary of the care provided and the responsiveness of staff. Most staff had attended training in recognising and responding to abuse, however, some staff were overdue attendance at refresher training. Of the nursing and healthcare assistants employed in the centre, all but one had attended training in caring for and communicating with residents with dementia. Inspectors spend periods of time observing staff interacting with residents in the communal areas and could also hear the interactions between staff and residents during the provision of personal care. Interactions were largely positive and staff were seen to respond to residents in a respectful manner. There was, however, opportunities for improvement in the manner in which some staff responded to residents' requests for attention. Not all requests for attention were responded to in a timely manner and on occasion the nature of the response did not demonstrate a person centred approach. Opportunities for positively engaging and communicating with residents when providing assistance were not always taken.

Feedback was sought from residents through residents' meetings. While these meetings were held approximately every three months, it was unclear if issues raised by residents were addressed to the satisfaction of residents. There was an activity programme on display in the main sitting room. The programme on display, however, did not accurately reflect the activities delivered to residents and

was not sufficiently varied to provide for the occupation and entertainment of residents living in the centre.

The privacy and dignity of residents was supported and protected. Most residents occupied single bedrooms and there was screening between beds in shared rooms.

Regulation 17: Premises

Most residents spent their day sitting in large armchairs in the sitting room. Due to the size of the sitting room, the size of the armchairs and the number of residents in the sitting room, the room appeared cluttered and crowded. The cluttered nature of the room posed potential trip hazards to residents, particularly residents that mobilise with a mobility aid.

A section of curtain was missing in one of the shared rooms and it would not be possible to provide personal care to the resident without compromising their privacy.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents nutritional status was assessed and were referred to speech and language services and dietetics as required. Food appeared nutritious and was available in adequate quantities. Choice of food was available at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and safety statement. The risk register identified risks, the level of risk and the control measures in place to mitigate the risks identified. Accidents and incidents were recorded and reviewed by the person in charge. The accident and incident log primarily comprised falls and there were regular audits completed to identify trends and recommendations to minimise recurrence.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices did not conform to recommended guidance to ensure the health and safety of residents, staff or visitors. For example:

- the sluice room was only accessible via the laundry
- shower trays required deep cleaning
- there were shampoos, creams, razors and hairbrushes stored in bathrooms for communal use
- toilet seat boosters were inappropriately stored in bathtubs
- urinals were incorrectly stored
- there was not advisory signage above hand gel dispensers to advise staff on their appropriate use

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety equipment was serviced annually and the fire alarm and emergency lighting were serviced quarterly. All staff had attended up-to-date fire safety training.

While fire evacuation drills were conducted by an external trainer on a number of occasions each year, these were a component of annual fire safety training for staff. Fire drills were not conducted by staff on a routine basis, separate from these sessions, to ensure that staff were competent in evacuating residents within the recommended time frame in the absence of an external trainer. Due to the design and layout of the premises, whereby residents were accommodated on three floors, an urgent action plan was issued to the provider to conduct regular fire drills.

Colour coded floor plans were on display at various locations throughout the centre identifying emergency evacuation routes. The orientation of a number of these signs was incorrect and a number of signs did not accurately identify where you were in the centre to enable a speedy and safe evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A review of medication management was required to ensure that:

- the controlled drug register was completed accurately

- medications were administered in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While most assessment tools were evidence-based, the tool used for assessing residents prior to the use of bedrails was not risk-based and did not guide the assessor to objectively assess the risk for each resident using bedrails. Additionally, while most assessments were reviewed regularly, for one resident, the end of life preferences in relation to resuscitation was not recently reviewed to ensure it reflected the resident's current wishes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents healthcare needs were met to a good standard. Residents could retain the services of their own general practitioner (GP) and were reviewed regularly.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Most staff had attended training in responsive behaviour. There were comprehensive records for residents who at times may exhibit responsive behaviour, including de-escalation techniques.

Judgment: Compliant

Regulation 8: Protection

While most staff had attended training in caring and communicating with residents with dementia, this was not always put into practice. For example:

- not all requests for attention by residents were responded to in a timely manner
- Staff interaction with residents was not always person centred

- opportunities for communicating and engaging with residents during care provision, such as at mealtimes, were not always availed of

In instances where there were suspicions or allegations of abuse, these were recorded and investigated. Records of the investigation, however, were not adequately comprehensive and did not demonstrate a robust investigation process. Additionally, safeguarding measures put in place during the investigation were not adequately outlined.

Judgment: Not compliant

Regulation 9: Residents' rights

The programme of activities on display did not accurately reflect the actual programme of activities delivered. The programme required review to ensure that there were meaningful activities scheduled and also the the schedule was implemented.

Procedures were not in place to ensure that issues raised at residents' meetings were addressed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0022751

Date of inspection: 12/09/2018

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1. Nursing staff on duty:</p> <p>We are aware that the second nurse is now necessary to comply with regulations. We had allocated a second nurse to work 5 mornings a week but due to recent shortage of nursing staff we had to roster that nurse to cover shifts for which we were short. Now our plan is to have an extra nurse every morning to cover the medication round. In order to ensure the right amount of staff we have decided to introduce a four-week notice period for nurses. Each new employee will be asked to sign a declaration stating that they agree to this before commencing employment. This will allow us a more reasonable time frame to recruit a nurse and give us time to train her in properly. By doing this we ensure enough staff for continuity of best care for our Residents in timely manners.</p> <p>2. Housekeeping staff on duty:</p> <p>It has now been decided that a second housekeeping staff will be employed to ensure the hygiene needs of the centre. We feel that employing the second person will improve in general standard of cleanliness n our centre. </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>1 Staff training</p> <p>The training matrix has been reviewed and all outstanding training is now being scheduled.</p>	

2. Induction process

We are currently reviewing our induction process. We will list the compulsory training for each new staff member and what training they have completed. From this we will access what training they need and draw up a plan whereby we will organise the necessary training within a clear time frame.

All new employees will be required to do a work experience in accordance with their position and experience. At the end of this period each employee will be assessed on performance and it will be decided if they are competent enough for the position and what other support they may need. A period of further supervision needed will be identified and recorded. A format will be drawn up for this and will be part of our induction system. |

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

1. Roster

We will ensure that the roster reflects accurately all staff on duty and if a staff member is unable to turn up for duty the nurse on duty will see to the necessary changes needed and organise a replacement.

2. Schedule 2 documentation

All staff have now garda disclosure in place, a full employment history and professional references are now being completed.

From now on a new staff will not commence employment in Blair's Hill Nursing Home until all Schedule 2 documentation are in place.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. Improvement needed with regards to provision of more awareness with certain aspects of the care provided.

Staff are not always proficient especially with regards to behaviour that challenges and lack of understanding when interacting with Residents so we have organized with St Luke's centre of education 2 sessions of workshop to discuss different forms of abuse and how to deal with behaviour that challenges to ensure that Residents rights are maintained at all times.

2 Staff files

Staff files will be audited regularly to ensure that all Schedule 2 documentation for each staff member is completed in accordance with regulations.

3. Staff supervision

At end of each year we carry out an appraisal of each staff member where we discuss their performance. We have decided now that we will include a more regular performance record of person centred care on any employee we have concerns about. This will be added to our current appraisal process. This also will be discussed at clinical governance meetings and will help us identify the areas of improvement required for staff performance.

4. Notifications

To ensure that all notifications are submitted in accordance with regulations we will create a daily record of any concerns of irregularities with regards to care of Residents. This will be discussed on daily basis with senior staff and management. If it is felt there is any signs of irregularities this will be notified immediately to HIQA.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contract of care is now being reviewed to simplify the section detailing the fees to ensure that the fees payable by the Resident are made clear. Additionally the contract will now include number of the room to be occupied by Resident and whether it will be single or double room.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Outstanding notifications have now been submitted.
From now on all notifications will be submitted to HIQA in accordance with regulations.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. Sitting room

We have decided to rearrange the sitting room to reduce potential trip hazards to residents:

- Remove some of the big arm chairs and replace with smaller more compact armchairs
- Remove the big table in the centre of sitting room and put a smaller table in place.
- Remove some of big chairs in centre of sitting room. This will free up a lot of space and reduce the possibility of trip hazards.

Also, we are going to ensure that the small tables are placed in a safer manner in at the side of the armchair

2. Curtains in the bedroom

A missing section of curtain in the shared room has now been installed to ensure privacy of the Resident.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. The sluice room:

The Registered Provider has spoken with the health and safety inspector in Alcam Health and Safety LTD company. He will inspect the building and he will suggest when the most suitable place would be to arrange the sluice room. This plan then in turn will be forwarded to HIQA for approval. The plan will be ready at end of November, showing suggestions and actions to be taken within a clear timeframe.

2. Deep cleaning of showers trays:

The Registered Provider has invested in a Robby 600 steam cleaner that will be used to clean these areas in a much more proficient manner.

3. Toiletries stored in communal bathroom:

We have system in place for this. We provided baskets and special shelving in bedrooms for holding Residents toiletries. We have discuss it on many meetings but we are still encountering problems. It has now been decided that one member of staff will do a daily round when all Residents are up to ensure that all their toiletries have been put in the baskets provided. Where this is found not to be in place we can follow up on staff member who was responsible and bring it to their attention.

4. Toilet seat boosters:

This will be brought to the attention of the staff not to store them in the bath tubes. This will be handed over to the staff at the morning reports for two weeks.

5. Urinals:

We have now installed special holders for urinals, were they will be stored correctly, upside down.

6 Hand gel signage:

Advisory signs on appropriate use of hand gel have now been displayed at various locations throughout the centre.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The Fire Drill Logbook is now in place. A fire evacuation drill will be carried out on the last Friday of every month as outlined in our Emergency Action Plan submitted to HIQA on 14/09/18.

2. An emergency evacuation routes signage has been reviewed and adjusted. The orientation of the signs is now correct to ensure efficient and safe evacuation.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We will discuss how we can improve on length of time taken to administer morning medication. We are hoping we will achieve this by having the extra nurse in the morning.</p> <p>The controlled drug register has now been rectified. </p>	
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>Preferences in relation to resuscitation for each Resident will now be reviewed annually or if needed before that.</p> <p>A new, risk- based assessment form for each Resident using bed rails is now being created. </p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>1. Communicating with Residents with dementia</p> <p>We have now organised 2 sessions of workshop with a tutor from St Lukes education centre for all healthcare staff to create more awareness in the need for good communication and interaction with Residents, especially with Residents with dementia. The workshop will highlights the importance of communicating and engaging with Residents during care provision as a part of person centred care. We will also discuss different forms of abuse and how to deal with behaviour that challenges.</p> <p>Also, we will organize monthly check session for 30 minutes, were the representative of management will sit and observe staff performance and how they interact with Residents. We will then use this as guiding tool to find areas we need to improve upon. This then will be brought to our monthly clinical governance meeting to discuss the plan of action.</p> <p>Our record of investigations of allegations of abuse will be reviewed and discussed to ensure that they are comprehensive and that the contain details of safeguarding measures put in place during the investigation. </p>	

Regulation 9: Residents' rights	Not Compliant
<p data-bbox="164 197 1445 241">Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p data-bbox="164 275 1445 398">We are in the process of reviewing and updating our activity programme to ensure Residents are gaining maximum benefit. The program displayed on the board will now reflect the actual activities provided.</p> <p data-bbox="164 432 1445 555">We will create a new Residents survey system that will address any issues that Residents or families have raised during these survey. We will record this and follow up will be added to the form to ensure these issues were addressed to the satisfaction of Residents.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Yellow	30/11/18
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/12/18
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/11/18
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Substantially Compliant	Yellow	30/12/18

	particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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.	Not Compliant	Red	14 September 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/18
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	30/11/18

	centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/11/18
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/18
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	14 September 2018
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	30/11/18

	medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/10/18
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/11/18
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	31/12/18

	exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/11/18
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/11/18
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/18
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/11/18