



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Elmgrove House Nursing Home
Name of provider:	Catherine Gallagher
Address of centre:	Syngefield, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	04 October 2018
Centre ID:	OSV-0000035
Fieldwork ID:	MON-0025072

About the designated centre

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

Elmgrove Nursing Home provides accommodation for a maximum of 24 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The centre is located on a mature site, at the end of a short avenue and within walking distance from Birr town centre. The premises is a listed period building. Residents' accommodation consists of 24 single bedrooms, located over three split floor levels. Shared toilets and washing facilities are available on each floor. The upper floors are accessible by stairs and stair lifts. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, activity, housekeeping, administration and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
04 October 2018	10:15hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

Residents who spoke with the inspector spoke positively about the staff and the service they provided. They told the inspector that their every need was attended to, as they wanted. Some residents said that although the centre was very comfortable and all their needs were met, they would still prefer to live in their own homes. Residents said they enjoyed and were interested in the activities available to them but some residents said they missed the activity coordinator, who was on extended leave and they were looking forward to her return. Residents said they felt comfortable and safe in the centre and some told the inspector that staff were the 'kindest people they ever met.

Residents were up-to-date on the news and current affairs. They chatted with the inspector about the upcoming presidential election and wondered why none of the candidates came to talk to them in the centre. All spoken with said they were going to vote and would be facilitated to cast their vote in the centre.

When asked about their accommodation, residents said they were satisfied with the accommodation and told the inspector they were delighted to have single bedrooms. One resident was worried about how she would get down the stairs when she got older.

Residents said they knew the person in charge and all staff well. Residents told the inspector that they knew they could make a complaint if they were dissatisfied with any aspect of the service and felt that they were always listened to. They singled out various staff members they said they would be happy to talk to regarding any issues of concern or if they were worried about something.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations. The inspector followed up on progress with completion of the compliance plan from the last inspection in April 2018. The inspector's findings confirmed that satisfactory action was taken to address issues relating to the use of bed-rails. However, the other actions in the compliance plan were not progressed to address the non compliances found. For example, staff training and plans to improve risk assessments, care plans and systems to monitor and review of the quality and safety of the service had not been implemented. Consequently these regulatory non compliances were found again on this inspection and are restated under the relevant regulations in the the compliance.

Although there was a clearly defined management structure in the centre, the governance and management of the centre was weak. The system in place for monitoring the quality and safety of the service and the quality of life for residents in the centre was not comprehensive and did not inform continuous quality improvement. Staff supervision required improvement to ensure that nursing records and records of care interventions were appropriately completed. These were findings on the previous inspection.

There was sufficient staff available to meet the needs of residents. There was a low turnover of staff with several staff working in the centre for many years. Staff knew residents well and ensured they met their preferences regarding their care to a high standard. Residents has access to medical and allied health professionals but specialist recommendation to refer a vulnerable resident for a medical social work assessment had not been followed up.

Required information to be held in the centre in respect to each staff member employed was complete. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Sufficient resources were provided to effectively deliver an appropriate service to residents in accordance with the centre's statement of purpose. Issues raised by residents and relatives were addressed in a timely manner before they escalated. Appropriate policies and procedures were in place to manage complaints. There were no complaints received in 2018.

Regulation 15: Staffing

There was sufficient staff provided to meet the assessed nursing care needs of residents. A registered nurse was on-duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The compliance plan from the last inspection in April 2018 had not been implemented. Staff were facilitated to attend mandatory training but the systems in place to ensure that staff attended refresher training were not effective. The training records showed that several staff had not completed refresher training in safeguarding, safe moving and handling procedures and five staff had not completed fire safety training. Most of the staff had completed training in cardiopulmonary resuscitation procedures and some staff had completed training in dementia care.

The inspection findings in relation to incomplete residents' care plan documentation did not provide sufficient assurances that staff were appropriately supervised according to their role.

Judgment: Not compliant

Regulation 21: Records

Fire drills were held regularly but the records of fire evacuation drills were inadequate. The records did not reference the fire scenario simulated, the compartment evacuated, the length of time taken for evacuation of residents or any problems or deficiencies identified during the drill.

A signed and dated nursing record of each resident's health and condition and treatment given was not completed on a daily basis by the nurse on duty in accordance with relevant professional guidelines. This finding was also identified as a non-compliance with the regulations on previous inspections in February 2017 and April 2018.

A sample of four staff files examined by the inspector were found to contain all information including completed Garda Síochána vetting as required by schedule two of the regulations.

Judgment: Not compliant

Regulation 23: Governance and management

The person in charge or her deputy were not on duty on the day of inspection. A registered nurse and the administrator facilitated the inspection. The inspector was told that the quality and safety of the service and the quality of life of residents in the centre was reviewed regularly. There was no documentation to support this and no evidence that the providers' compliance plan following the previous inspection had been progressed, and that a standing agenda informed governance and management meetings. Minutes of these meetings or actions taken as outcomes from review of the service were not available for review.

The system in place for monitoring the quality and safety of the service and the quality of life for residents was not sufficiently comprehensive. Environmental audits were not conducted to ensure that all environmental risks were identified and proactively managed. Audits were carried out for three aspects of care including medication. Medication audits completed did not identify incomplete medicine management procedures as found on the inspection. Action plans were not developed to address areas which required improvement. This was identified in the

compliance plan from the last inspection in April 2018 and was not completed.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents' contracts for provision of service did not include details of the services to be provided whether under the nursing home support scheme or otherwise and did not detail the fees to be charged to each resident. The document referred to as the resident's contract did not include the terms relating to the bedroom provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose document required revision to include the following information;

- the expiry date on the information set out in the certificate of registration needed updating to reference the centre's current registration certificate
- the description of the rooms in the centre, including their size and primary function required revision
- the arrangements for the management of the centre where the person in charge is absent from the centre was not described.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The person in charge is the designated complaints officer in the centre. Arrangements were in place to record and investigate any complaints received. The complaints procedure was available to residents and residents confirmed that they knew they could make a complaint if dissatisfied with any aspect of the service. No complaints were logged for 2018.

Independent advocacy services were available to assist residents with making a

complaint if they wished. This service was supporting a resident in the service.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were encouraged and facilitated to optimise their quality of life in the centre and to continue to enjoy their independence. Residents' nursing needs were provided to a high standard in practice. However, incomplete documentation regarding residents' needs in some areas of service provision required improvement. For example residents' care plans did not describe their preferences and wishes regarding their care and support interventions.

The centre was homely, comfortable, bright and visibly clean throughout. With the exception of damaged floor covering in the residents' dining room and some minor damage to carpets in areas used by residents, the centre was well maintained and decorated in a traditional style that was in keeping with the age profile of the residents. The provider had repainted the exterior of the centre and upgraded the surface of the roadway into the centre since the last inspection in April 2018. Residents were provided with sufficient physical space to meet their assessed needs and had a choice of a comfortable and spacious communal room on each floor level to meet their rest and relaxation needs. Stair-lifts were available to assist residents with access between floors in the centre. To ensure residents' safety and accessibility, the provider had arrangements in place whereby only mobile residents were accommodated on the first floor levels. This was reflected in the centre's statement of purpose. Nurses assessed residents to ensure that they could use the chair lift safely but there was no documentation of the assessment or to identify what level of support a resident required.

The procedures in place to ensure residents were protected and could be safely evacuated in the event of a fire required improvement. Assurances were required to ensure that smoke and fire could be contained and that residents could be safely evacuated in the event of a fire.

Residents' bedrooms were all single occupancy and personalised with their photographs, ornaments and plants. All residents had access to shared toilets and washing facilities. Although, there was a low incidence of residents falling or developing pressure related skin injuries in the centre, improvement in proactive risk management procedures was necessary to ensure any risks to residents were identified and mitigated. For example, assessments and care procedures evident in practice were not described in controls to mitigate the level of these risks to residents occurring. Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents

from abuse. However, staff training in managing responsive behaviours and protection from abuse required improvement. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told inspectors that they felt safe in the centre.

Residents could access a external enclosed garden area and a large mature garden surrounding the centre. The security of the enclosed garden was not assured, in that some residents were capable of climbing over the garden gates. A vulnerable resident had not been assessed to determine the suitability of the secure garden and a comprehensive risk assessment had not been undertaken to ensure their safety.

Residents had access to meaningful group and one-to-one activities to meet their interests and capabilities. The activity coordinator kept the activity programme under review and revised it in response to feedback from residents. The activity coordinator was on extended leave at the time of the inspection. Care staff facilitated activities for residents on the day of the inspection.

A restraint-free environment was promoted in the centre and practice reflected national policy guidelines.

Residents' medicines were dispensed by a local retail pharmacy and overall residents were protected by safe medicines management procedures and practices. Areas for improvement included:

- * documentation of checking procedures for medicines controlled by misuse of drugs legislation.

- * follow up to ensure that all faxed prescriptions that were prescribed were signed into residents' prescription records within 72 hours

Regulation 11: Visits

Residents' visitors were welcomed to the centre. A policy of unrestricted visiting was in place. Comfortable areas on each floor other than residents' bedrooms were available to them to meet their visitors in private if they wished.

A record of all visitors to the centre was maintained.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain access to and control over their personal belongings. Residents had sufficient space to store and display their personal belongings and possessions. Some residents were provided with additional wardrobe space for their clothing.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises met residents individual and collective needs and was in accordance with the centre's statement of purpose. Floor covering in the residents' dining room on the ground floor was intact but heavily stained. This was a finding on the previous two inspections in February 2017 and April 2018.

Frames were in place over each toilet used by residents. However in the absence of appropriate fitted grab rails, this equipment was not stable and posed a risk of to residents of falling.

Judgment: Substantially compliant

Regulation 26: Risk management

Risk Management policies and procedures were available to inform risk management in the centre. The risks as specified in regulation 26(1)(c) were identified and included measures to control these risks. While risk of residents falling was well managed in practice, the controls describing the interventions to mitigate the risk of this accidental injury to residents were incomplete in the risk management policy document.

Not all hazards to residents' safety were identified and assessed in the risk management policy. For example,

- residents who smoke,
- residents using the stairs and stair-lift,
- security of the external enclosed garden,
- risk of scald to residents from hot water,
- seated frames placed over toilets in the absence of grab rails.

The inspector was told that the safety needs of individual residents using the stairs and stair-lifts was appropriately assessed in practice but documented evidence was not available. Assurances were also not available that these assessments were completed by an appropriate professional. These non-compliant findings were

identified on the last inspection in April 2018.

A safeguarding plan was not developed for residents at risk of self-harm setting out the measures and controls to mitigate the risk to their safety. An urgent compliance plan was issued to address this matter.

Judgment: Not compliant

Regulation 28: Fire precautions

Regular fire drills were held as required. However the records examined by the inspector did not contain sufficient detail to provide assurances that residents could be evacuated to an area of safety in the event of a fire within recommended timescales. The inspector noted that only one resident had a personal evacuation plan completed detailing their evacuation needs.

Staff who spoke with the inspector were aware of the fire safety procedures in the centre. However according to the records of staff fire safety training, five staff had not attended mandatory fire training.

While all fire exits were clear of any obstruction, the daily safety checks were not documented. The record was last updated on 31 January 2018

Servicing records of the fire system and equipment were available and routine weekly fire safety checks were completed.

Some residents preferred to keep their bedroom doors ajar and units were fitted to ensure the self closure devices operated in the event of the fire alarm sounding.

Cold smoke seals and intumescent strips were not fitted on fire resistant doors on bedrooms and corridors.

Although procedures to follow in the event of a fire were displayed, they were not centre specific and did not include sufficient detail to direct staff, residents and others.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents medicines were stored securely in a designated locked room. Residents' prescriptions were transcribed by staff. Medicines requiring refrigerated storage were stored appropriately and the records confirmed that temperatures were

checked daily.

The pharmacist was facilitated to meet their dispensing obligations and were available to residents. Procedures were in place for returning unused or out-of-date medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Non-compliances found in February 2017 and April 2018 relating to assessment and care planning were repeated on this inspection.

Residents' care plans lacked sufficient detail about care interventions or residents' individual preferences and wishes regarding their care. For example, there was insufficient detail in residents' personal care plans regarding how they wanted their personal care needs met. Supportive care for a resident with increased supervision needs especially when going out of the centre was not described in their care plan.

Some residents' care plans were not updated in response to their changing needs.

Care plans for residents with diabetes did not describe the parameters their blood glucose levels should be maintained within to optimise their health and wellbeing.

Care plans for residents at risk of inadequate fluid intake and dehydration did not describe the optimal amount of fluid they should take in each 24 hours to ensure their hydration needs were met.

While residents or their family were involved in the development of their care plans and subsequent reviews, there was an absence of information regarding any changes made.

Judgment: Not compliant

Regulation 6: Health care

Faxed prescriptions, transcribed by nursing staff into residents' prescriptions were not signed by the prescriber within 72 hours. While staff told the inspector that the balances of medicines controlled under misuse of drugs legislation were checked twice every 24 hours, these checks were not recorded. This was an area of practice that was improved on the last inspection in April 2018 but the improvement was not sustained.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were assessed. Records of episodes of the behaviours were maintained but were not sufficiently analysed to inform triggers to the behaviours or effective de-escalation strategies. There was insufficient management procedures in place where a resident's responsive behaviours posed a risk to their safety. While residents' behaviour support care plans were developed, they were unclear and did not describe the most effective person-centred strategies to be used to support individual residents and ensure their safety needs were met. This finding posed a risk to the safety of individual residents with responsive behaviours that had the potential to cause them harm.

Staff training in care and management of residents with responsive was not completed. This was an action identified on previous inspections in February 2017 and April 2018.

Improvements were made since the last inspection to ensure use of equipment that posed restrictions on residents reflected National Restraint policy guidelines. No full-length bed rails were used. Modified (partial length) bed rails were in use for two residents. Residents' need for and safety using bed rails was assessed.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected and safeguarded from abuse in the centre. Residents who spoke with the inspector confirmed that they felt safe and that staff were respectful and kind towards them. All interactions observed by the inspector between staff and resident were courteous, respectful and kind. Staff were facilitated to attend training on safeguarding residents from abuse however not all staff had attended up-to-date training. Staff who spoke with the inspector clearly articulated their responsibility to report any suspicions, disclosure or incidents of abuse they may witness.

Access to the centre was controlled and a record of all visitors was maintained.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to participate in the running of the centre with regular residents' committee meetings.

Residents with assisted decision making support needs due to their medical conditions had access to independent advocacy services.

Residents' privacy and dignity needs were met by staff to a high standard and residents' care and personal needs were met discreetly.

Residents were supported and facilitated to participate in meaningful activities that reflected their interests and capabilities. Information about each resident's previous life, significant events, special places and their interests were collated and used to support social engagement and to inform an activity programme that met their needs. Facilitation of activities for residents was an integral part of the role of care staff members. In the absence of activity coordinator staff on the day of inspection, care staff facilitated a group activity in one of the communal sitting rooms. A member of care staff was allocated responsibility for facilitating one-to-one activities for residents who were unable to participate in group activities. A number of residents were supported to continue to integrate in the local community by attending a day service and going to the shops, the hairdresser and the post office within walking distance from the centre. A hairdresser also provided a service to residents in the centre.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their civil, political and religious rights. Preparations were under way to facilitate residents to vote in the upcoming presidential election.

Residents were supported and encouraged to make independent choices regarding how they spent their day. Residents bedrooms were personalised with their personal possessions and each bedroom reflected how each resident wanted it to be and what they liked around them. Residents had access to well maintained gardens. Outdoor seating was available in the enclosed garden and in front of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmgrove House Nursing Home OSV-000035

Inspection ID: MON-0025072

Date of inspection: 04/10/2018

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 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 booked SOVA training for all staff on the 27.11.18 and Challenging Behaviour on the 04.12.18</p> <p>Two nurses have attended suicide training 'Safetalk' on the 23.10.18</p> <p>A new matrix has been devised to record all staff training.</p> <p>Of the five staff that the inspector noted had not had their fire training, one of the staff members was off sick (she has been with us over 20 years} and the other 4 staff members had joined after the fire training in April and have undergone inhouse fire training as part of their induction.</p> <p>All staff have had fire training at Elmgrove.</p> <p>All staff have had Manual handling/People Handling training which took place in May 2018.</p> <p>Healthcare Staff are always supervised by the nurse on duty.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff have had fire drills and evacuation training. This paperwork is now available to include scenario, compartment and length of time/problems.</p> <p>Our Dailyflow chart, includes activities, meals, percentage taken, fluids, personal care, evacuation, wounds & condition of skin, mobility, rest and pain, alertness. And is signed</p>	

by the nurse on duty and care assistants on each shift.
 If anything untoward happened or if visited by doctor or any other professional this would be recorded in narrative notes & signed by the nurse on duty on each shift.
 If anything untoward happened or if visited by doctor or any other professional this would be recorded in narrative notes & signed by the nurse on duty on each shift.
 We have implemented a daily nursing record in addition to the above as requested.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 We constantly review the quality of service and the quality of life of the residents.
 The residents careplan is full of the service and care given and reviewed when and if a problem arises and if not three monthly.

Residents meetings are recorded as well as food satisfaction surveys and action taken if needed.

Action plans for the audits are now in place to record as and if any action is required, this was recorded previously in the narrative notes.

We will commence monthly management meetings/ Quality Assurance with the PIC, PPIM and administrator which we will document and action accordingly, more often should the need arise.

We have had no medication errors and have since been audited by the Chemist who concurs and will continue to audit quarterly.

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 The contract of care is currently with our solicitors for review and renewal.
 Timeline for 1st draft is 30.11.18

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of purpose has been updated as requested.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have heavily invested in the safety and protection of our residents this year with re tarmac the grounds and installing CCTV. We have also replaced windows. The dining room floor is on our agenda to update, but does not pose a threat or risk to the safety of the residents so the aforementioned improvements took priority.</p> <p>We will be replacing the toilet frames for grabrails as requested.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>These 5 hazards now have risk assessments in place and an environmental audit will take place annually.</p> <p>Stair & Stairlift risk assessments are in place for all upstairs residents and will be constantly reviewed as necessary.</p> <p>The safeguarding plan was emailed on the 12th October as requested.</p> <p>Safeguarding plans will be kept under review and updated as necessary.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Assistant Chief Fire Officer (Building Control Officer) will be carrying out an inspection on the 21.11.18 and further fire training will take place by the end of the year.</p> <p>PEEP plans are in place now for all residents.</p> <p>The daily check list was not in the file at the time of inspection but is always carried out as the inspector could see from the weekly check sheets. All sheets are now filed correctly.</p> <p>The cold smoke seals are on all but one door in the hallway, which is a listed decorative door, not a fire door, this is currently being undertaken.</p> <p>We are working alongside the architects to come up with centre specific fire exit detailing floorplans, although all fire signage is up to regulations with signage, directions and lighting.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Inhouse careplan training is underway to ensure all careplans are accurate, up to date and more resident centered. This will include all nurses , Person in charge and PPIM.</p> <p>Personal Care Careplans have been updated. Diabetic Careplans have been updated. Hydration Careplans have been updated. Three monthly review of residents/ family members has been amended to include any changes made. We have employed an auditor to audit all careplans, analyse, report and devise actions where required.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Specialist medical advice to refer a vulnerable resident to social worker was followed up as per email sent on the 12.10.18.</p>	

We endeavor to have all prescriptions signed by the prescriber within 72 hours.	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The safeguarding plan is in place for the one resident with responsive behaviour as emailed 12.10.18</p> <p>SOVA course is booked for the 27.11.18</p> <p>Challenging Behaviour training is booked for the 04.12.18</p> <p>Nurses have received training on Enhancing & wellbeing for persons with dementia.</p> <p>5 Nurses will have completed training on 'Safetalk' by the end of November.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff will receive training on Safeguarding on the 27.11.18</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	05/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	23/11/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2018
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	Not Compliant	Orange	31/12/2018

	for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2018
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 centre.	Not Compliant	Yellow	31/12/2018
Regulation 24(2)(a)	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 services to be provided, whether under the Nursing Homes Support	Not Compliant	Yellow	31/12/2018

	Scheme or otherwise, to the resident concerned.			
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.	Not Compliant	Yellow	31/12/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	23/11/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	23/11/2018
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental	Substantially Compliant	Yellow	23/11/2018

	injury to residents, visitors or staff.			
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	23/11/2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant		23/11/2018
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	31/10/2018
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	23/11/2018
Regulation 28(1)(d)	The registered provider shall make	Not Compliant	Orange	31/12/2018

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 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	31/10/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Red	31/01/2019

	persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/11/2018
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	23/11/2018
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	23/11/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Not Compliant	Orange	23/11/2018

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not 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.	Substantially Compliant	Yellow	31/01/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	23/11/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date	Not Compliant	Orange	31/12/2018

	knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	31/12/2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/12/2018