



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Announced
Date of inspection:	15 October 2019
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0022713

About the designated centre

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

Roseville Nursing Home is a 30 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 28 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 October 2019	09:35hrs to 17:30hrs	Liz Foley	Lead
16 October 2019	09:30hrs to 15:30hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents told the inspector they were happy and well cared for in the centre. Some residents who could not express their own opinions were represented by family members.

Staff were highly complimented by residents and relatives who described them as 'superb, kind, attentive, wonderful and respectful.' Residents told the inspector they did not have to wait long for their call bell to be answered. Families were assured that residents were safe and well cared for in the centre. Residents and families were kept up to date with changes in their care and their choices and preferences regarding care and routine were respected.

Residents complimented the range of activities offered and were supported and encouraged to participate. Residents' rights were respected and they were supported to maintain their independence and autonomy.

Seven resident satisfaction questionnaires were returned before the inspection and generally reflected the feedback above. One family member would like tea/coffee making facilities in the visitors room however this facility was available in the dining room throughout the inspection.

Capacity and capability

This was an announced inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspector followed up on actions from the previous inspection which were all found to be completed. Unsolicited information had been received prior to the inspection in relation to poor management of complaints; this was unfounded.

There were effective governance arrangements in place. The management structure and lines of authority and accountability were clearly defined. Both the person in charge and the provider representative worked full time in the centre and were supported by an assistant person in charge and a care team. Staff feedback and communication was facilitated through regular meetings and daily handovers of care issues. While documentation of management meeting was poor the systems in place to monitor the quality and safety of care and feedback from residents was robust and informed ongoing improvements.

There were adequate resources available to ensure that care was provided in

accordance with the centre's statement of purpose. Staffing levels were adequate to meet the assessed needs of the residents. Over the two days of the inspection staff were observed providing dignified and person centred care. Staff were competent in emergency evacuation procedures, safeguarding procedures and had detailed and person-centred knowledge of resident's needs.

Complaints were well managed in the centre. The system for recording complaints required review to ensure that there was transparent recording and auditing of complaints to fully inform learning and ongoing improvements. Residents, families and staff were fully aware of the complaints procedures and had no hesitation in expressing concerns or complaints if warranted.

Regulation 14: Persons in charge

The person in charge was a registered nurse. Garda vetting was in place and there was evidence of her commitment to continuous professional development. The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurse on duty 24hrs per day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the training matrix and all staff were up to date with mandatory training which included fire safety, manual handling, safeguarding and infection control. Five staff were awaiting hand hygiene training.

Additional training was ongoing also, for example, all caring staff had recently received training in restrictive practices. Staff were appropriately supervised and

supported to perform their roles.
Judgment: Compliant
Regulation 19: Directory of residents
An up to date directory of residents was maintained in the centre which contained all of the information specified in paragraph (3) of schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
All records as set out in schedules 2, 3 & 4 were available to the inspector. Records were stored in a safe and accessible manner. Improvements were found following actions from the previous inspection and all staff now had any gaps in employment history recorded and references from their most recent employer. Further improvements were required to ensure all staff references were validated.
Judgment: Substantially compliant
Regulation 22: Insurance
There was a valid contract of insurance against injury to residents and additional liabilities.
Judgment: Compliant
Regulation 23: Governance and management
There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge was an experienced nurse manager who worked full time in the centre and was supported by an assistant person in charge and a care team. The registered provider representative worked full time in the

centre and was actively involved in the daily operations of the service.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. Improvements were required to the recording and auditing of complaints to ensure that all complaints made were audited and learning informed ongoing quality improvements. There was poor documentation of management meetings with only one meeting recorded in 2019. However there were regular staff meetings and it was evident from these minutes and the audits viewed that these informed ongoing quality and safety improvements. Action plans were not generated from these meetings and it was not always evident if the actions were completed. The annual review of the quality and safety of care for 2018 was viewed by the inspector and found to have been prepared in consultation with the residents' and/or their families'.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract for the provision of services had been revised and updated In July and contained most of the items as set out in regulation 24. The registered provider had plans in place to review this contract to bring it in line with new Competition and Consumer Protection Commission guidelines.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre; this was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints.

The centre's system of recording complaints required review. The inspector was

unable to view all complaints made in 2019 as they were recorded under the resident's room number and as a resident left the centre the record was archived with their file. It was therefore unclear how many complaints were made in one year and auditing was not effective as it did not capture all complaints.

Unsolicited information in relation to the management of complaints had been received prior to the inspection and was unfounded. There was robust evidence of effective management of the complaints viewed with appropriate responses and measures in place to manage the issues cited.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place and available to all staff in the centre. It was unclear that all policies had been updated and reviewed every three years, for example, the restraint policy was implemented in 2011 and the safety statement was implemented in 2015. There was no recent review date on either policy.

Updating of policies and procedures is important to ensure up to date evidence on best practice was available to guide staff.

Judgment: Substantially compliant

Quality and safety

This was a well-managed service which promoted the quality of life of its residents through a person centred approach to care. Residents' needs were comprehensively assessed and care plans guided staff on the detailed care and choice of all residents. Residents were regularly consulted with about their care which was evidence based and subject to regular review. Care observed was person-centred, respectful and staff were very familiar with resident's needs.

There was a good standard of healthcare provided to all residents. Residents were supported to access GP services and this service was further enhanced by the support of specialist psychiatry of old age and palliative care services where appropriate. Occupational therapy (OT) was available through a private provider and the HSE, however access to community HSE OT services was subject to long wait times. Residents were supported to access national screening programmes and services entitled to them under the general medical services scheme.

Residents with dementia who had 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 well cared for in the centre. These residents were cared for in a way that promoted their quality of life while maintaining their dignity and safety. Restrictive practices in use were low and they were monitored however review of two locked doors at the front of the centre was required to ensure the freedom of all residents was not negatively impacted on.

Residents felt safe in the centre and all staff had received training in the prevention detection and response to abuse. All staff in the centre had a valid Garda Vetting disclosure in place however some staff members had commenced work before a valid vetting disclosure had been received; this was not in line with the centre's recruitment policy.

There was a proactive approach to risk management. Quarterly risk walkabouts supported the service to maintain all areas of the centre and identify any new risks.

Fire precautions were adequate however the centre had not practised an evacuation drill in the most challenging conditions. The provider subsequently simulated an evacuation of the centre's largest compartment with night time staffing levels. Plans of the centre clearly displaying compartment zones were required to ensure all staff and emergency services were aware in the event of an emergency.

The centre was suitably furnished and bedrooms were personalised. Communal areas had comfortable seating and equipment for recreation was available. Residents' artwork and photos of special events were seen throughout the building. One area of the centre required review to ensure there were handrails to support residents with mobility problems.

Medication management practices were safe and nurses were supported in this role by comprehensive policies to guide their practice. Medicines were stored securely in the centre and returned to the pharmacy when no longer required.

Residents' rights and choice were respected. There was a variety of recreational and occupational activities offered to residents based on their assessed needs and preferences. One to one activities were offered to residents who were unable to participate in groups. Residents were supported to exercise their civil, political and religious rights and to participate in religious events. Residents were involved in the organisation of the service and could access independent advocacy services if desired. The centre used CCTV to monitor security in the centre however review of its use the day room was required to ensure all resident and visitor were informed.

Regulation 17: Premises

The premises largely met the needs of the residents in accordance with the centre's statement of purpose. There was adequate assistive equipment and appropriate

furnishings. The centre was warm and nicely decorated with interesting pictures, ornaments and flowers throughout.

Hand rails were required in one area of the centre near the dining room leading into bedrooms 8 and 9. Call bells were available in bedrooms and bathrooms throughout the centre. Storage for large pieces of equipment was limited in areas of the centre- a hoist was stored in an upstairs bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management

Good practices were seen around the identification and management of risks. The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. A quarterly risk walkabout of the centre ensured that the service was identifying and managing active risks and maintenance issues.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents which included falls, injuries to residents, medication management and wounds/pressure ulcers. Audits of incidents informed ongoing safety improvements. There was evidence of good falls management in the centre with control measures that promoted the wellbeing of the resident in a least restrictive manner.

Judgment: Compliant

Regulation 28: Fire precautions

The service had a proactive approach to managing fire safety. Risks associated with the evacuation of parts of the centre were identified and controls were in place to mitigate these risks. For example, on the upper floor of the centre two bedrooms which were accessible by six steps were restricted to residents who had good mobility and would be able to manage the steps in the event of an evacuation.

Suitable fire detection and fire fighting equipment was provided and maintained. Daily checks of emergency exits were completed and emergency lighting was maintained and inspected as per the requirements.

Fire evacuation drills had not been simulated in the largest fire compartment in the centre which accommodated 10 residents based on minimum staffing levels. The provider subsequently submitted a report of fire drills following the inspection which demonstrated good evacuation times in this compartment. All staff were up to date

with annual fire training. Personal evacuation plans for residents were up to date, accurate and concise.

Plans clearly identifying the centres fire compartment zones were also requested during the inspection to enable staff to identify safe zones to move residents in the event of an emergency. The registered provider assured the inspector that these plans would be clearly displayed beside the fire panel and in each compartment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Prescription kardex's were transcribed by nursing staff and checked by a second nurse. This high risk activity was guided by a policy and support from the centre's pharmacist.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were found in care planning documentation. Pre admission assessments were carried on each resident to ensure the service could meet their need. A care plan had been developed for each resident within 48 hours of their admission. Validated nursing assessment tools were used, for example, to assess nutrition, risk of pressure sore development, dependence, cognitive ability and risk of falling.

Care plans were comprehensive and described the person-centred care required to meet the needs of residents. Continuous re assessment of residents needs' was completed on a four monthly basis or sooner if warranted. Residents were regularly consulted with about their care needs and where a resident lacked capacity their care representative or next of kin was consulted with.

Judgment: Compliant

Regulation 6: Health care

There were good standards of healthcare provided in this centre. Nursing care provided was based on up to date evidence and best practice and was provided in accordance with the care plans prepared under regulation 5.

There was good access to local GP services and some residents retained the services of their own GP. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, chiropody, specialist wound care, dentist, audiology and optician services.

The centre engaged the services of a private occupational therapist (OT) as wait times for assessment by the community OT were excessive. One resident had been referred for urgent review by the community OT in June and the centre had not yet had received any response or acknowledgement. The provider had undertaken to contact the HSE manager for older people's services in the area to ascertain the level of community OT services that residents were entitled to.

Specialist services like psychiatry of old age and palliative care provided very good support to residents on site.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours' (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were completed and informed an holistic approach to managing residents' responsive behaviours. This resulted in opportunities to support staff to work therapeutically with residents and improve the quality of life for these residents through a reduction in the number and intensity of episodes of responsive behaviours.

The use of bed rails was low and all physical restrictions were risk assessed and subject to safety checks in line with the national policy on restraint and the centre's policy. Less restrictive options were trialled and equipment was available in the centre to support the reduction of restrictive practices, for example, low beds.

Review of environmental restrictions was required to ensure that all residents that did not require restrictive practices were not negatively impacted on. Two doors at the front of the centre were restricted, one by key code lock and the other by baffle lock. In addition to this, during office hours this area was supervised by

administration and management staff. When this was brought to the attention of the provider they undertook to review this practice. The restriction was not intended to restrain residents but was for the safety of those who were at risk of wandering. The impact of the restriction on residents that did not require it was not considered. There was open access to all areas of the centre beyond the front doors and open access to the enclosed garden.

There were good examples of positive risk taking with some residents observed leaving the centre and spending unrestricted time in the community as they wished.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff had completed up-to-date training in the safeguarding of residents and were familiar with the signs of abuse and with the procedures for reporting suspected abuse.

Residents monies were well managed by a robust and transparent system.

On review of staff files it was found that two staff had recently commenced work in the centre without a valid Garda vetting disclosure in place. While these vetting disclosures were now in place the provider was reminded of their responsibility to ensure all residents continue to be safeguarded by implementing robust recruitment procedures.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Resident's rights were respected in the centre and the ethos of care was person-centred. Observations of care made throughout the inspection were person-centred, dignified, discreet and kind.

There were facilities and opportunities for residents to participate in activities in accordance with their interests and capacities. A comprehensive assessment of social needs informed an individualised social care plan which staff were familiar with. Residents who could participate in group activities told the inspector they enjoyed the activities and were satisfied with the variety of activities offered. Residents with higher support needs were provided one to one sensory activities. There was opportunity for residents to leave the centre and enjoy the local amenities or a walk on a daily basis with one staff member allocated specific time to

facilitate this.

Residents attended regular meetings and contributed to the organisation of the service. Family members were welcomed and encouraged to attend these meetings also. There was access to independent advocacy through the national advocacy service.

There was access to daily papers, television and radio. Mass was facilitated monthly by the local parish priest. Ministers from other faith denominations were welcome and facilitated as per resident's wishes. Activities in house were complimented by external expertise for example, physiotherapy led exercise groups, arts and crafts and prayer group. Residents were supported to exercise their civil, political and religious rights.

Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Residents had a choice of meals and had the use of private communal rooms to entertain visitors or spend time alone. Residents in shared accommodation had their privacy and dignity protected by the use of screens.

CCTV was recording in corridors and in the communal day rooms however there were no signs in the day room to alert residents and visitors to this fact. It was unclear if all residents were aware of this and the provider undertook to review this.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0022713

Date of inspection: 16/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All new staff references are being validated verbally and per e-mail.</p> <p>Proposed Timescale: 18/11/2019 Completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All management meetings after 16/10/2019 has now been recorded and written in proper minutes-of-the-meeting format. Action plans in all future meetings will be clearly defined and attached with the minutes of the meetings, for purposes of audit or checks to ensure all of identified action plans has been implemented and/or carried out to meet set goals as discussed during these meetings. Previous management meetings recorded in Provider's/PIC and/or Nurse's diaries were now being collected and properly written down, audited and filed in the Meetings Register or file.</p> <p>Proposed Timescale: 29/11/2019 On going.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: New complaints for 2019 are now filed according to date of complaints and sectioned by month and audited accordingly.</p> <p>Proposed Timescale: 18/11/2019 Completed.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Policies and procedures are being reviewed regularly, in fact yearly, however, the date of the review has been written on a separate sheet. Policies and procedures are now being amended to meet the regulation, as set out in schedule 5 and updated versions will be made available to all staff in the centre.</p> <p>Proposed Timescale: 29/11/2019 On going.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Handrails near the dining room leading into bedroom 8 and 9 will be put in place before the end of the month, November 2019, as per HIQA standard 2.7.25. In the meantime, residents are supervised and assisted as usual, to ensure and safeguard their safety and wellbeing.</p> <p>Proposed Timescale: 29/11/2019 On going.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire compartment zones has been identified and brightly color-coded, using the centre's</p>	

<p>Floor Plan. This was completed on the second day of inspection. And it has been displayed clearly beside the fire panel, and in each compartment in the centre.</p> <p>Proposed Timescale: 16/10/2019 Completed.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Environmental restrictions were immediately reviewed to ensure resident's that do not require restrictive practices are not negatively impacted on restrictions set upon very few residents. The key coded lock in one of the front doors was immediately removed on the second day of HIQA inspection to be in compliance with the regulations and HIQA Standard 3.5.</p> <p>Proposed Timescale: 16/10/2019 Completed.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The provider has reviewed and implemented a robust recruitment procedure to safeguard all residents living in the centre in accordance to HIQA Standard 7.1. Newly hired staff members are Garda vetted prior to commencement of work.</p> <p>Proposed Timescale: 18/11/2019 Completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents and their representatives were again made aware of the presence of CCTV in corridors. Consultations were carried out with residents, and representatives and their views and consent were sought. More signs were posted around the care facility to further alert residents and inform visitors with CCTV recordings.</p>	

CCTV will be deactivated in communal rooms.
Proposed Timescale: 01/12/2019'.

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 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	29/11/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	18/11/2019
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	Substantially Compliant	Yellow	29/11/2019

	effectively monitored.			
Regulation 28(1)(d)	The registered provider shall make 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.	Substantially Compliant	Yellow	16/10/2019
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.	Substantially Compliant	Yellow	18/10/2019
Regulation 34(2)	The registered provider shall	Substantially Compliant	Yellow	18/11/2019

	ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	29/11/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	16/10/2019
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	18/11/2019

	measures to protect residents from abuse.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/12/2019