



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rockshire Care Centre
Name of provider:	RCC Care Limited
Address of centre:	Rockshire Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	25 March 2019
Centre ID:	OSV-0000688
Fieldwork ID:	MON-0022358

About the designated centre

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

Rockshire Care Centre is a two story purpose built nursing home that was constructed in 2007. The centre is registered to provide care to 38 residents and resident accommodation is provided in 32 single en suite bedrooms and three twin en suite bedrooms. There is a number of additional bathrooms and toilets suitably located and accessible. Communal accommodation is provided in a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the first floor is called the Parlour and is available for family events, birthday celebrations or private meetings. There is a large sitting room on the ground floor which leads to a well maintained, secure and sheltered garden. There is a separate large dining room, quiet room, hairdressing room, activities room and physiotherapy treatment room.

The first floor was accessible by a lift fitted with a handrail fitted to support residents mobility needs while the lift was moving. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. It has one specific respite bed for residents with dementia. It is a mixed gender facility catering for all dependency levels. The centre provides 24-hour nursing care and nurses are supported by care, catering, household and activity staff. Staff are supported by the person in charge and the management team. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Current registration end date:	15/09/2020
Number of residents on the date of inspection:	37

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 March 2019	09:50hrs to 17:40hrs	Caroline Connelly	Lead
26 March 2019	09:30hrs to 16:30hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents and a number of relatives throughout the inspection. Feedback from residents was consistently positive about care and communication with staff at the centre. Residents and relatives were very complimentary about staff saying staff were very caring and helpful and that they answered when they rang the bell morning and night. Residents said they were consulted with on a regular basis and regular residents' meetings were facilitated. Some residents said they felt very at home and confirmed that they felt they had good choice around how they spent their day, when they got up and what they liked for breakfast for example, or whether they would participate in the activities that were provided. Residents were particularly complimentary about the activities and the activity co-ordinator. They said there was always something to do and enjoyed the group and one to one activities.

The majority of residents reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had plenty of drinks and snacks. There was general approval expressed with the updated laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Capacity and capability

There was evidence of improved governance and management arrangements that promoted positive outcomes for residents. Care was provided in accordance with the centre's statement of purpose and function. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had generally been addressed and rectified. However some improvements continued to be required in staffing levels and supervision of residents.

The centre was operated by RCC care ltd who was the registered provider. The provider also operates another nursing home in Waterford and there is evidence of support and sharing of good practice between the two centers. There was a clearly defined management structure in place, the provider representative who is also the general manager is supported in his role by a human resource manager. The centre was managed on a daily basis by a newly appointed and appropriately qualified person in charge responsible for the direction of care. She was supported in her role by a Senior Nurse Manager (SNM) and a nursing and healthcare team, as well as administrative, catering and household staff. There were regular management meetings held in the centre that were attended by the person in charge and members of the senior team. Minutes of the management team meetings were

reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge met formally with nursing staff, care staff, catering and household staff and informally on a daily basis with staff and minutes of staff meetings were seen. Most staff spoken to reported that the person in charge and management team were approachable and supportive.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training. Good governance was evident through the regular review of the service through a comprehensive auditing process and the collection of key performance indicators in areas such as falls, infections, medication errors, wounds and restraint. Residents and relatives views were elicited through the residents committee and through surveys conducted throughout 2018. All of the findings from the above were detailed however although the annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2018 had been commenced it had not been completed.

Areas of concern identified in the last inspection had been addressed or were in the process of being addressed. There were improvements seen in the premises, medication management, fire precautions and infection control. The inspector saw further improvements were planned.

The office of the chief inspector had received information of concern in relation to staffing issues in the centre and about a high turnover of staff. This was looked into by the inspector throughout the inspection. The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the 37 residents and the service was appropriately resourced with staffing levels in line with that described in the statement of purpose. The person in charge informed the inspector that they recently had a full review of staffing levels and staff practices and had implemented a number of changes. A number of staff had left the centre and a number of new staff had commenced. There was evidence of induction for new staff and staff confirmed this to be the case. On the first day of the inspection the person in charge was interviewing for bank care staff to ensure all vacancies were filled. Since the staffing review staffing levels had increased during the day with an extra care staff on in the morning. The inspector noted that staffing levels reduced in the evening and requested that this was kept under review. The majority of staff spoken to reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However there were some gaps identified in the provision of mandatory training for staff.

Good systems of information governance were in place and the records required by

the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained.

Residents and the visitor spoken with said that they could bring issues to the person in charge if needed and this was observed in practice. The complaints log was examined and it detailed complaints and actions taken but further review was required to the complaints policy which was updated during the inspection.

Regulation 14: Persons in charge

There is a new person in charge since the previous inspection. She had been a senior nurse manager in the sister nursing home and had acted up for the person in charge there. An interview was conducted with the person in charge who had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She had completed some management training and had scheduled and booked further training to assist her in her managerial role.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of one nurse on duty at all times with a second nurse for the majority of the day. There was a regular pattern of rostered care staff, catering staff and cleaning staff. Staffing levels had increased since the previous inspection with an extra care staff in the morning and some changes to shift patterns had been implemented to ensure increased supervision and care for the residents. However, staffing levels at night required review to take into account the size and layout of the centre as the staffing levels reduced at 20.30 to one nurses and two care staff for both the upstairs and downstairs and the nurse also had to undertake the medication round.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy and medication management. There was evidence that training was scheduled on an ongoing basis. However there were a small number of staff that required training and others that required updating in safeguarding. A number of staff had not attended dementia training and the activity staff required updating in specific areas. The person in charge showed the inspector that mandatory had been booked and scheduled and other training was in the process of booked.

There was good evidence of induction of staff and regular staff appraisals.

Judgment: Not compliant

Regulation 21: Records

A sample of staff files viewed by the inspector were found to be very well maintained and to contain all the requirements of Schedule 2 of the regulations. Other records reviewed were found to be securely stored and easily retrievable.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined effective management structure in place. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. The annual review of the quality and safety of care delivered to residents in the centre for the previous year was commenced but was not completed for 2018.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and found that they contained information on the room occupied by the resident and the fee to be paid, they also clearly outline what the charges were for additional services not included in the fee.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were seen in complaints management and there was evidence that complaints were recorded, investigated and actions taken. The complainant's satisfaction with the outcome of the complaint was recorded. The procedure to follow in making a complaint was updated during the inspection and

met the criteria of legislation.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre generally ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Residents were consulted with on regular basis by the person in charge and staff. Formal residents' meetings were facilitated and residents could practice their religious beliefs.

There was a good level of visitor activity throughout the inspection and visitors said they felt welcome and had open access to visit their relatives. There was a visitors' area in the main sitting room downstairs and the parlour room was available upstairs where residents could receive visitors in private if they wished. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish, while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Bedrooms provided were mainly single en-suite bedrooms with a smaller number of twin en-suite rooms. The bedrooms were found to be personalised and homely. Some improvements were made to the very large lounge area to try to divide into smaller sections. Chairs were placed in smaller circles to encourage engagement and conversation and large dividers were used to section off the room to try to reduce noise levels. The person in charge told the inspector of the plans to add a kitchen area to the dining room to make it more homely. This will also facilitate baking groups for the residents and easy access for residents and relatives to make tea/coffee. This renovation had not commenced at the time of the inspection. The inspector noted that there was signage guiding residents to day rooms and toilets however this was written only and taking into account the high percentage of residents with a cognitive impairment in the centre the addition of pictorial signage was required to ensure residents could find their way around.

There was a full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. There was a comprehensive programme of activities available to residents which included Sonas, art and crafts, bingo, sing-songs, exercise sessions, religious activities, trips out and other more individualised activities. The inspector saw many different activities taking place during the inspection led by the co-ordinator, other staff also could be involved in fulfilling the social needs of

residents. Residents and relatives told the inspector how much they enjoyed the activities and the trips out.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and outpatient services. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The community mental health nurse was visiting the centre during the inspection and also co-ordinated the respite bed for dementia care which she said was always in demand. The centre provided in-house physiotherapy where every resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre three days per week and provided exercise classes for residents. The dietician visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

Since the previous inspection, improvements were seen in assessments and care planning particularly in relation to oral care plans as required on that inspection. The assessment process involved the use of a variety of validated tools and care plans were found to be person centred to direct care. However the inspector did see some duplication of care plans and required that this was reviewed to prevent errors. Improvements were seen in the monitoring of wounds and nursing care provided was evidence-based. Systems were in place to make sure that care plans were reviewed and updated on a regular basis to ensure that residents' up-to-date care needs were met. Care plans audits were in place identifying any deficits.

Ongoing improvements were seen in medication management. Written operational policies advised on the ordering, prescribing, storing and administration of medicines to residents which were adhered to by staff. Medications that required special measures were all counted at the start of each shift as required from the previous inspection. Audits of medication management were taking place and errors were being recorded and actioned appropriately.

There were systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of meals at mealtimes and the inspector saw staff assist residents with eating and drinking. This was undertaken in a discreet and sensitive manner. Residents were generally complimentary about the food and choice provided. Pictorial menus were made available since the previous inspection however further use and display of these would be recommended.

Measures were in place to protect residents from being harmed or suffering

abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There were systems in place to safeguard residents' money handed in for safekeeping.

There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the centre was in the process of reducing its bedrail and lap belt use at the time of the inspection, and there was evidence that other alternatives such as low-profiling beds and alarm mats were in use to prevent restraint. However there continued to be six residents using lap belts with little evidence of these being the least restrictive alternative or being used for the shortest duration of time.

Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. The inspector saw adequate precautions against the risk of fire. Fire fighting equipment, alarms and emergency lighting were all provided and serviced at appropriate intervals. Training was provided to staff and the procedures to be followed in the event of a fire were displayed throughout the centre. Fire drills were taking place at regular intervals during day and evening time and fire induction training was provided to all new staff.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area where a designated visitors' area was available. Visitors also visited in the parlour, quiet room and in some residents bedrooms. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 17: Premises

The premises and external gardens had undergone a programme of refurbishment since the last inspection. Overall the premises were generally suitable

for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Further improvements were required in the dining room and in the provision of appropriate signage to guide residents with cognitive impairment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

Regulation 26: Risk management

Equipment service records were available showing servicing was in place and date for hoists and other equipment. Improvements in risk assessments were in place since the previous inspection. However there continued to be large amounts of chemicals stored on open cleaning trolleys which had to remain on the corridor when floors were being washed. There continued to be a risk to residents taking chemicals from the trolley and more secure storage was required .

Judgment: Not compliant

Regulation 27: Infection control

Significant improvements were seen in the cleanliness of the centre and the centre was observed to be very clean. Hygiene audits took place on a regular basis. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, regular fire training was delivered in the centre. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Staff demonstrated an awareness of what to do in the case of fire and regular fire drills took place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

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

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and generally detailed residents wishes at end stage of life. Some duplication of care plans was evident which could lead to errors if the correct information is not updated in all areas. Further availability of care plans for the care staff is required to ensure residents are receiving the correct prescribed care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met.

There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the dietician, speech and language, chiropody and mental health as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy on managing responsive behaviours was in place. Training records confirmed that most staff had received responsive behaviour training and further training was planned. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans.

Restraint in the centre required review to be compliant with the requirements of the national DoHC restraint guidelines. There were six residents using lap belts at the time of inspection further exploration of alternatives and time limited restraint was required.

Judgment: Not compliant

Regulation 8: Protection

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

Improvements were seen in the management of residents' finances and a more robust system was implemented with regular auditing of residents monies handed in for safekeeping. However there was not evidence of sign off by staff on invoices sent in by the chiropodist and hairdresser to confirm the service was provided. The person in charge implemented the system and informed staff of the change during the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld and residents had facilities for occupation and recreation in accordance with their interests and capabilities. There was a comprehensive programme of activities and external musicians attended the centre on a Saturday. Residents were consulted about and participated in the organisation of the centre through regularly held residents meetings and resident surveys. Some update training was required by the activity coordinator which is actioned under staff training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rockshire Care Centre OSV-0000688

Inspection ID: MON-0022358

Date of inspection: 26/03/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: -The evening shift pattern changed 04/03/19 to a finish at 8.30pm with a positive impact on supervision and care of the residents' experienced. -Regular review of the assessed needs of our Residents will indicate what other changes may be required.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: -A Dementia course has been booked with Dementia Courses Ireland for staff that have not yet received training. -Relevant staff will update training in Adult Safeguarding. -The Activities Co-ordinator will attend a Cognitive Stimulating therapy workshop.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

<p>management: Annual review of the quality and safety of care delivered to residents in the centre for the 2018 will be completed by 19th April 2019.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: -Further dementia signage has been placed at an appropriate height to guide residents with cognitive impairment. -A residents' kitchen has been installed in the dining room to improve the overall dining experience. It will also be used for cooking classes and serve as a visual stimulus for residents' while dining. -It is planned to further incorporate the space into the daily living of Residents.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: -A secure container for the storage of spray bottles and similar has been sourced for the cleaning trolley. -A memo has been given and signed by all cleaning staff regarding same. -Necessary policies and procedures have been updated to reflect this change.</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: -Essential care plans have been reviewed to avoid duplication. -Care plans are available on the touchscreens located on corridors for care staff to review. -Individual care plan meetings will be held with all named nurses to discuss this issue, implement change and provide training where required.</p>	

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:</p> <ul style="list-style-type: none">-A responsive behaviour course has been organised for May, also a personal safety and de-escalation training has been organised for June, all staff have been encouraged to attend-Since the inspection, lap belt restraint has been reduced to three residents. Further exploration of alternatives to reduce restraints in accordance with HSE guidelines are being considered. We will continue to strive for a restraint free environment in line with best practice	

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.	Substantially Compliant	Yellow	16/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/06/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with	Substantially Compliant	Yellow	19/04/2019

	the statement of purpose prepared under Regulation 3.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	19/04/2019
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	05/04/2019
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	Substantially Compliant	Yellow	30/06/2019

	concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/04/2019