



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Beech Lodge Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Bruree, Limerick
Type of inspection:	Unannounced
Date of inspection:	16 October 2020
Centre ID:	OSV-0000408
Fieldwork ID:	MON-0030476

About the designated centre

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

Situated in the village of Bruree, County Limerick, Beech Lodge Care Facility offers long term care, rehabilitative care, respite care and convalescent care for older adults. The age range catered from is 18 to 65+. Our care facility is a 66-bed facility which is made up of 48 single en-suite bedrooms and nine double en-suite bedrooms. There is 24-hour nursing care available from a team of highly trained staff. Our mission is to promote the dignity and independence of residents. The designated centre consists of the following two units: elderly care unit: providing short & long-term care, respite/convalescence and palliative care, and the dementia unit: our secure 15-bed unit catering specifically for residents with dementia. This unit (the Daffodil Unit) is a 15-bed unit which includes a nurses' station, a kitchen and dining room. Residents can also access the physiotherapy room, activities area, music room and spacious garden. Here at Beech Lodge an individual programme of activities is tailored to each individual resident. Referrals for admission may come from acute or long-term facilities, community services or privately. Private admissions are arranged following a pre-admission assessment of needs including medical background, dietary requirements etc. We aim to provide the best care possible and use a variety of care assessment tools to help us to do this. We also involve both the resident and their representative in this process. We provide a G.P. and physiotherapy service to all residents. We aim to make dining a social experience. Individual dietary requirements are incorporated into the menu planning process. Catering personnel are trained in the appropriate skills and are supported by the dietitian and the speech and language therapist (SALT). The facility has its own mini bus for the use of residents. There is a monthly residents' meeting to discuss issues ranging from activities, improvements in daily life, the environment and other issues. Activities include: newspapers, exercises, brain games, music, mass, art, baking, hairdresser, bingo, Sonas, and much more. We are interested in feedback to ensure that our service is continually reviewed in line with best practice. Visitors are welcome and local community events are accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Friday 16 October 2020	09:15hrs to 16:30hrs	Mary O'Mahony	Lead
Friday 16 October 2020	09:15hrs to 16:30hrs	Ella Ferriter	Support

What residents told us and what inspectors observed

As found on the previous inspection in June residents praised staff in the centre and were delighted that family visits had resumed for short, planned visits. Residents thanked staff for keeping them informed and for enabling them to access family by video calls and mobile phones throughout the COVID-19 restrictions. They spoke with inspectors about the medical personnel who had come in to answer their questions about the virus. They found this approach very compassionate and welcoming. Residents were found to be very informed about COVID-19 through daily newspapers, conversations with staff and TV news.

For residents at end of life compassionate visits had been maintained throughout the crisis which had relieved anxiety for relatives, residents and staff. Inspectors observed staff interactions and found that staff treated residents with kindness and respect. Residents were seen to be very comfortable when speaking with all levels of the staff group including the management team.

Two activity coordinators continued to facilitate residents on a daily basis to engage in meaningful activities, including flower arranging, art work, quiz, knitting, bingo, newspaper reading, music and arts and crafts for Halloween. In the dome area a large number of socially distanced residents took part in singing, reminiscence, artwork, quiz and one to one activities.

The management team were very well informed about residents' social and medical needs and a cohesive, professional approach was evident within the team.

Capacity and capability

On this unannounced inspection of Beechlodge Care Facility inspectors found improvements in the management structure and in compliance with the regulations in order to provide safe and consistent care for the residents.

The person in charge who had been on temporary placement in another centre had returned to lead the knowledgeable team of clinical nurse managers, physiotherapist, staff nurses and staff in all roles. On the morning of inspection all members of the senior management team came on duty to support the inspection. The person in charge stated that she had daily and weekly management meetings with the registered provider representative (RPR) to discuss residents' needs, review incidents in the centre and plan the weekly management responsibilities. Minutes of these meetings were available to inspectors. Inspectors saw evidence of comprehensive audits and the actions taken as a result of audit outcomes.

Good systems of information governance were in place. Records required by Schedule 2, 3 and 4 of the Regulations were securely stored and easily accessible for inspection purposes. Fire safety drill reports, medical reports and any medicine error forms were also retained, as required by regulation.

Staff training records indicated that staff attended a range of training programmes including COVID-19 pandemic preparedness training and infection control training. Training was discussed under Regulation 16: Staff Training and Development, in this report. Rosters were reviewed and staff and residents confirmed that there were adequate staff on duty during the day.

Nevertheless, inspectors highlighted issues to be addressed under Capacity and Capability in relation to:

Staffing levels:

- staff nurse resource in the late evening, early night, which is discussed under Regulation 15 and 23 in this report.

The management team expressed a commitment to the maintenance of regulatory compliance and effective quality assurance systems. There was evidence found throughout the inspection that this approach had a positive impact on the quality of life and quality of care of residents.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. She was knowledgeable, responsive to regulation and supported staff development. Staff and residents held her in high regard for her kind approach and availability.

Judgment: Compliant

Regulation 15: Staffing

During the day of inspection there were sufficient staff and managers on duty to meet the needs of residents. The two clinical nurse managers (CNMs), came in to meet with inspectors as they said they were interested in the process of inspection and wished to support the person in charge. The roster was available to inspectors and it was seen to be correct.

Staff confirmed that they had received induction training. Staff appraisals were undertaken also and samples of these records were seen.

However, similar to findings on previous inspections, inspectors found that there

were not sufficient nursing staff on duty in the evening in particular during the busy hours between 18.00 to 22.00. This was discussed with the RPR and the person in charge at the feedback meeting following the inspection. Currently there were two nurses on duty to meet the needs of 58 residents after 18.00hrs, one of whom was responsible for the dementia specific unit of 15 residents. This meant that the other nurse was responsible for 43 residents in the other corridors at the time of the inspection and 48 residents if the centre was at full capacity. The nursing staff levels required further review particularly in light of the COVID-19 pandemic where adequate nursing staff would be required to facilitate the cohorting of residents if necessary.

The management team stated that they had commenced a rota of working on nights to audit residents' needs and the current staffing levels. This good practice was acknowledged by inspectors. The CNMs told inspectors that during this time they audited the delivery of nursing care, visitor phone calls, supervision of staff, administration of medicines, answering call beds and hand-over report at 20.00hrs.

The person in charge stated that discussions on increasing staff had commenced following the audits. Senior management gave an undertaking to increase nursing staff to address the finding.

The fact that this was a repeat finding of non-compliance impacted on the finding of non-compliance under this regulation, particularly in relation to COVID-19 when increased nursing care supervision was required.

Judgment: Not compliant

Regulation 16: Training and staff development

Training was seen to be scheduled on a regular basis and whenever a training need was identified, by the qualified in-house trainer. Staff training in mandatory and appropriate training had been undertaken by staff. For example, fire safety training, prevention of abuse training, and training in understanding the behaviour and psychological symptoms of dementia (BPSD).

In relation to the risks presented by the COVID-19 pandemic appropriate training had been provided as follows;

- training on infection control to included hand-washing techniques, application of personal protective equipment (PPE) and use of masks and gloves where appropriate
- the signs and symptoms of COVID-19
- update on the most updated guidelines from the Health Service Executive (HSE) and other bodies, on preventing and managing an outbreak of COVID-19
- safe-pass training

All staff were afforded refreshing training related to COVID-19 at each morning handover report. Records of these short information and practice sessions were maintained. This ensured that staff were consistently reminded of the serious risk posed by the virus and of their role in preventing infection in the centre.

Judgment: Compliant

Regulation 21: Records

The records required to be available in the centre were accessible and easily retrievable.

For example:

- Staff files including the required Garda (police) Vetting (GV) clearance certificates.
- Complaints and concerns including investigations reports and evidence of follow up meetings with the complainant.
- Medical records and signed prescriptions were maintained.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that, similar to findings on previous inspections, there were not sufficient resources in the centre to ensure the safe delivery of care particularly between 18.00hrs and 22.00hrs. Staffing levels were discussed in more detail under Regulation 15: Staffing.

The comprehensive management system was guided by the the person in charge and supported by the CNMs and the in-house physiotherapist. This ensured that the service was generally safe, consistent and effectively monitored. Audit, training and supervision, residents' needs assessment, residents' meetings and management meetings were undertaken. Weekly management meetings were held with staff and the registered provider representative (RPR).

The annual review of the quality and safety of care had been completed for 2020. This had been developed with input from residents and their families. The document was available to all in the front hall of the centre.

The COVID-19 contingency plan was detailed and was based on the most up to date guidelines from the Health Protection and Surveillance Centre (HPSC) and the Health Services Executive (HSE).

The person in charge had commenced an assessment of the centre for infection control and preparedness for a pandemic which was based on the Assessment Framework developed by the Health Information and Quality Authority (HIQA).

Judgment: Substantially compliant

Regulation 3: Statement of purpose

This document been updated and revised since the previous inspection in relation to the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

All the specified notifications had been submitted to the Chief Inspector in line with the regulations: these included sudden death and serious injury requiring admission to hospital.

Judgment: Compliant

Regulation 34: Complaints procedure

According to records seen by inspectors the complaints recorded had been resolved and followed up with the complainant where necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies were in place and reviewed within the three year time frame set out in Regulation.

New policies were updated to guide staff in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Notifications had been forwarded in a timely manner to the Chief Inspector in relation the return of the person in charge to the centre.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care was of a good standard in Beechledge Care Facility. This ensured that residents' rights and their safety were promoted. Areas of responsibility had been clearly defined, for example there were now two experienced CNMs in the centre and a full time physiotherapist who acted as the trainer and the health and safety officer. These staff supported the person in charge in their defined areas of health and safety, audit, medicine management, manual handling assessments and staff supervision.

Inspectors found that the health of residents was promoted through ongoing assessment using a range of recognised tools. Residents' cognition levels, skin integrity, malnutrition and falls risks were documented. Residents benefited from daily physiotherapy and input from a range of medical professionals such as the dietitian and the dentist. Care plans were found to be underpinned by information and knowledge from residents' life stories and preferences. Findings in relation to care plans and health care issues are described under Regulations 5 and 6 respectively, in this report.

Interaction and sociability for residents was enhanced by the choice of meaningful activities suitable for their preferences and abilities. It was evident to inspectors that there was a strong emphasis on creative art, as residents referred to this in conversation with inspectors. Residents said that due to the renovations and ongoing painting of the centre some items were in storage and would be displayed again when the work was completed. The inspectors found that resident's rights were upheld and that residents were encouraged to participate in decisions about their care plans and daily routines. This is discussed under Regulation 9: Residents' rights, in this report.

Residents' rights and safety were safeguarded by comprehensive systems which had been developed since previous inspections such as, psychotropic medication audit and the provision of regular appropriate training. Key performance indicators (KPIs) were measured to facilitate staffing plans, learning and audit.

Regulation 11: Visits

Visits had recommenced on a phased basis. Residents felt confident of access to their relatives at any time. Residents had opportunities for private visits within the nursing home in a defined area. Visitors signed the visitors' book on arrival in the centre and had a temperature check on arrival. Visitors were required to wear masks and adhere to social distancing guidelines. The protocol on visiting was flexible and changed in line with national guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Families and residents were kept informed about these changes.

Judgment: Compliant

Regulation 17: Premises

The entrance hallway was nicely decorated and there were various pictures and notices of interest displayed on the wall. These included a large number of photographs taken at garden parties and other events. The complaints process, COVID-19 precautions, the menu and the activity list for the week were displayed. The hallway was undergoing renovation and painting at the time of inspection. This created great interest and discussion among the residents about the colour used and about the hard work undertaken by the maintenance staff member.

The residents had access to a large dining room, the gym, a sitting room, the oratory and visitors' room for activity or peaceful relaxation. A well furnished, bright conservatory room provided alternative dining and sitting space. Bedrooms were spacious and there was adequate furniture available for the storage of personal items. Residents had access to en-suite shower and toilet facilities in their bedrooms, as well as accessible communal toilets in the hallways.

A specific unit in the home was set aside for specialist dementia care. This area had a large dining room, sitting room and spacious conservatory area for the use of residents. The conservatory room, which was accessible from outside, was used for 'social distance' visiting sessions. Doors to each bedroom were painted to resemble a 'front-door' and directional signage was clear. This decor was an advantage for people with dementia: the individual doorways added a home-like environment which was easy to navigate due to the signage. The sitting room area was nicely rearranged so that residents sat in social group around small coffee tables. Colourful decorations were hanging from the ceiling creating items of interest for residents. The staff member responsible for organising activities for this group of residents spoke enthusiastically about her approach and how residents' lives were enhanced by the focused activity sessions. The door to the enclosed, spacious garden was left open when the weather permitted. The garden was furnished with colourful seating

and a 'gazebo' for those who liked to sit outside on colder days.

The hairdressing salon was seen to be suitably equipped and decorated. Residents felt fortunate that a staff member had used her hairdressing skills on their behalf throughout the period of "lockdown".

Nevertheless, inspectors found that there were a small number of improvements to be undertaken to enhance the furnishings and the decor. These were discussed with the RPR who undertook to address these deficits in the interest of infection control and supporting effective cleaning of surfaces. This included repair to the work surfaces in the office area and replacement of stained fabric-covered office chairs which inhibited effective cleaning.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw that there were detailed documents available for transfer of residents to hospital or to home. This ensured that current and pertinent information was available to underpin medical care in hospital or follow up in the community.

Judgment: Compliant

Regulation 26: Risk management

The risk register had been updated and was reviewed at each management meeting. Risks had been added due to the risks associated with the COVID-19 pandemic. These risks were evaluated on an individual basis and for the centre as a whole. The health and safety statement was up to date and an emergency plan was in place.

Judgment: Compliant

Regulation 27: Infection control

The HSE had supported staff with COVID-19 with access to infection control expertise, daily public health team phone calls and supplies of PPE. Guidance documents from the HSE and the health protection and surveillance centre (HPSC) were available for all staff. COVID-19 precautions were displayed throughout the centre for staff, residents and visitors.

Specific training had been implemented and the COVID-19 contingency plan was comprehensive. Inspectors found that issues in relation to cleaning methods had been addressed since the previous inspection and social distance was maintained during activity sessions.

Information had been added to the statement of purpose in relation to the COVID-19 precautions in the centre and all relevant policies had been updated since the beginning of the pandemic. Infection control standards were available to staff and these were used to inform the centre's approach to infection control.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were found in this aspect of care in the centre. Medicine management was very good. Prescriptions were clearly written and signed. The general practitioner reviewed medicines on a weekly basis or in another case, three monthly. This was described as supportive to staff in the management of residents' care, records and medicine stocks. Comprehensive audit was conducted on a monthly basis on various aspects of medicine management such as the management and audit of the use of psychotropic medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were written on an electronic system and were accessible to inspectors. The nursing notes were personalised and included details of residents' lives both medical and social.

Communication with relatives was documented within the care plans and it was apparent that there was good communication established during the COVID-19 lockdown period.

Care plans for residents have been revised and staff had been upskilled in how to complete appropriate documentation.

Residents with nutritional challenges were seen to be well managed. These were seen to be followed up by the dietitian and the speech and language therapist (SALT).

Expert advice had been sought into the management of residents who had sustained pressure sores prior to admission, in order to support optimal healing.

Nevertheless, similar to findings on the previous inspection there was a lack of clarity in some aspects of the documentation in relation to the timetable for dressing the aforementioned wounds. This was discussed with the person in charge who agreed to address the deficiencies in the documentation. This was particularly significant during the pandemic as an agency staff member might be required to carry out wound care in the event of staff nurses testing positive for COVID-19.

Judgment: Substantially compliant

Regulation 6: Health care

Medical staff were always accessible to meet the needs of residents in the nursing home. The GP had met with residents to discuss the COVID-19 pandemic. As a result residents were found to be informed and aware of the latest news on the pandemic. Residents were supported to access hospital care if this was their wish or if it was clinically appropriate.

The geriatrician and a supportive health care team were accessed by staff on behalf of residents. A physiotherapist was employed full time in the centre. He also trained staff in manual handling techniques, the correct positioning of residents when seated and safeguarding.

The dietitian, the speech and language therapist (SALT), the optician, the dentist and the chiropodist were available on referral. Phone or video consultations with these health care professionals had continued through the lockdown period. Their input was made available on email.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place for residents who experienced behaviour changes as a result of the effects of dementia or other neurological injury.

Improvements were found in the development of these individualised care plans.

Staff were afforded appropriate training to safely and effectively manage residents experiencing this behaviour, in a non-pharmaceutical manner.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in the prevention and reporting of abuse. Issues of concern were addressed during staff appraisal meetings. Residents told inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Similar to findings on the previous inspection staff were observed to have very good relationships with residents. Residents were seen talking with members of the management team who treated them with kindness and dignity. This approach was promoted by the person in charge who led a professional and empathic team. One resident proudly showed the inspector her new bookshelves which had been arranged by one of the clinical nurse managers. Staff had explained to residents why masks were required and how improved hand hygiene techniques were taught to staff to enhance infection control. Residents were seen to be offered hand sanitiser to clean their hands at each meal time.

Visiting was encouraged within the restrictions. Residents' wishes in relation to their future care needs were recorded and revised as the need arose. Meetings were held and these minutes indicated that residents' concerns were listened to and acted upon.

Residents were seen to use the well maintained gardens whenever they wished.

Two activity coordinators were employed in the centre to facilitate a range of interesting and meaningful activities. These staff members recorded the social interaction with the care plans. Inspectors found that residents' well-being had been maintained during the most prolific phase of the COVID-19 virus.

Residents were engaging and talkative and were seen to support each other during the inspection. One resident had been appointed as the residents' representative. This resident was seen to deliver the post and to converse with individual residents throughout the day.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beech Lodge Care Facility OSV-0000408

Inspection ID: MON-0030476

Date of inspection: 16/10/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An immediate review of direct care hours and roster as well as skill levels was completed post inspection to ensure the best quality and safety standards are maintained.</p> <p>As part of our contingency staffing recruitment plan, 3 staff nurses have been recruited since the inspection and when induction completed a split shift will be introduced on 07/12/2020 (7.45-15.00/15.00-21.15).</p> <p>In the interim staff nursing hours were increased on 19/10/2020 to two twelve hour shifts by seven days. Supporting documentation sent to inspector 21/10/2020.</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>As outlined in Regulation 15, Management will be implementing a nursing split shift on 07/12/2020 to address this non-compliance. To ensure future compliance management will continue to support staff through observation audits, supervision on both shifts to monitoring standards of care, will provide training where necessary and continue to communicate all finding post audits at our weekly Clinical Governance meeting and with staff.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure on going IPC compliance, office chairs are scheduled for replacement on 09/12/2020 with impermeable material to allow decontamination and adequate cleaning.</p> <p>Repair to the work top surfaces in dementia dining area completed on 25/11/2020.</p> <p>Work top surface in nursing station scheduled for replacement on 11/12/2020.</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: Management and nursing staff reviewed and updated all wound assessments and documentation in relation to the frequency, defined intervals dates of changing wound dressings. Wound care plans have also been updated accordingly and will be audited to ensure ongoing compliance. Completed 30/10/2020</p> <p>To assist nursing staff in implementing an evidence-based approach to wound assessment and management, online wound training commenced 25/11/2020 and will be completed by 15/12/2020.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	07/12/2020
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		11/12/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	07/12/2020

	effective delivery of care in accordance with the statement of purpose.			
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	15/12/2020