



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

Issued by the Chief Inspector

Name of designated centre:	Greenhill Nursing Home
Name of provider:	Saivikasdál Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	26 November 2020
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0030920

About the designated centre

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

Greenhill Nursing Home is situated in a residential area approximately half a mile from the centre of Carrick-on Suir on the main Waterford road. Local amenities are all within easy access of the centre. The registered provider of the centre is Saivikasdal Ltd and Greenhills Nursing Home is purpose-built and residents' accommodation comprises of single bedrooms and one twin bedroom, most with en suite facilities. The layout of the centre comprises of three wings, each with it's own large day room. Day rooms are arranged with a comfortable lounge area and a dining area. The main dining room is located by the main reception, this is a large room with views of the enclosed landscaped garden. Residents have access to the garden via many exits. The garden has walkways, seating areas, a smoking shelter, raised flower and vegetable beds for residents' enjoyment. Greenhills Nursing Home provides accommodation for 55 residents. The centre employs approximately 49 staff and full-time nursing care is provided for both male and female residents with low to maximum dependency. It caters for long-term care, convalescence care and for people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 26 November 2020	09:20hrs to 18:00hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

Overall residents reported to having a good quality of life in a homely environment with care provided by friendly, kind and caring staff. The inspector met the majority of the 49 residents present on the day of the inspection and spoke in more detail to eight residents and also met two relatives.

The inspector arrived unannounced in the morning to a homely centre, where a number of residents were up and moving around. The staff nurse guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature check. The inspector observed these took place with all visitors to the centre. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre. The inspector saw that a number of residents were having breakfast at tables in the dining room. Residents confirmed that they had choice of when and where to have their breakfast. Some residents had breakfast in bed or beside the bed, but other residents had breakfast when they got up. The inspector observed residents sitting enjoying their breakfast and being assisted by staff as required. A couple of male residents were seen to relax in chairs in the foyer of the centre after breakfast reading the newspapers. One resident told the inspector he liked to sit there to watch people coming and going and watch the world go by. He was observed to have the chat with the staff as they went about their work.

Following an opening meeting the inspector took a tour of the premises accompanied by the person in charge. The inspector observed that the centre was made up of three distinct units. Each unit had their own day/dining room and because of the COVID-19 pandemic residents stayed in the units for meals and activities and were able to maintain social distances. The inspector saw that these day rooms were a hub of activity particularly on two units. Residents from the other unit tended to use the dining room and the main areas of the centre. The inspector saw the activity staff providing different activities, from arts and crafts in preparation for Christmas to a lively game of bingo in the afternoon. One of the residents was seen to call the bingo numbers and said she enjoyed the role. The inspector saw that there was easy access to the enclosed garden area which was a mature garden with seating and walkways for resident use. The garden was home to a bird table and two cat houses where the centres cats lived. One resident in particular took ownership of the cats and fed them daily. Residents told the inspector that they had used the garden on a very regular basis during the summer and when the weather was fine.

The inspector observed the centre to be in a good state of repair with lovely pictures and age appropriate ornamentation seen throughout. There was a beautiful grandfather clock in the main entrance foyer which was admired by all. The person in charge explained that they were in the process of redecorating

throughout the centre with some units completed and another to be finished. The inspector saw that directional signage was pictorial as well as written this assisted residents with cognitive difficulties to find areas of the centre and residents bedrooms had names of residents and an appropriate picture guiding them to their room. Overall residents were complimentary about their home. However the inspector did see the flooring in one room that required repair and the management team said they would address this as soon as possible.

Residents were extremely complimentary about staff saying, that staff are "the finest" and will do anything for you. Another resident said the "boss lady" referring to the person in charge, is great, she is always around and she keeps all the staff in line. The inspector observed resident and staff interactions throughout the day and observed kind and caring interactions. It was obvious that staff knew the residents well and vice versa, residents were heard telling staff their lift was there when they saw a car pull up. Staff were heard discussing horse racing and betting and there was good banter around supporting certain GAA teams as the centre had residents from many counties. During the activities, the care staff were observed to bring out the best in residents encouraging them to participate. Residents were extremely complimentary about the member of care staff that had taken on the role of resident hairdresser during the pandemic. The inspector saw residents calling to her requesting their hair done. Then saw the delight when she fitted them in and the job was completed. One resident said she is like my friend and I enjoy the chat as well as having my hair done.

The inspector observed frequent tea and drinks rounds and residents were complimentary about the food and choice of food. The inspector saw that modified diets were attractively presented for both lunch and tea time. The person in charge was seen to oversee the care of residents and was a visible presence on the floor. Residents said they were aware of COVID-19 and the effects of it and regularly discuss it with the person in charge and the staff. They were made aware of visiting restrictions and a number of residents said they had missed their families as level 5 restrictions had been imposed with no internal visitors. However, the inspector saw window visits were facilitated and the centre had put in a shelter outside the visitors room with seating and protection for visitors. The inspector met a number of visitors using this facility and said it was great. Residents also spoke to their families via phones, Watt Sapp and other forms of technology. Visiting on compassionate grounds was also facilitated.

There was evidence that the centre is embedded in the local community and local businesses, organisations and shops had donated treats for the residents during the pandemic such as Easter eggs, toiletries, books and food items, to let them know that people are thinking of them and prior to the pandemic schools and choirs were regular visitors to the centre. The person in charge and residents told the inspector that country music stars in the area visited the nursing home on three occasions throughout the pandemic to play music for residents outside. The residents really enjoyed these experiences and celebrated these occasions with monthly parties outside.

Residents and relatives were very complimentary about the management team

and said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were required in the provision of mandatory training in management of responsive behaviours.

The centre was operated by Saivikasdal Ltd who was the registered provider. There was a clearly defined management structure in place. The company is made up of two directors, one of which is the Registered Provider Representative (RPR). The directors are both medical staff and are fully active in the management of the centre and are both registered as persons participating in management of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by a nursing and healthcare team, as well as administrative, catering and household staff. The role of Clinical Nurse Manager was currently vacant but there were plans in place to fill that role. 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 and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

The inspector reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, falls prevention, nutrition and restraint. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge received feedback from residents and relatives via the resident's forum and surveys undertaken. The management team had completed 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 HIQA under section 8 of the Act for 2019. The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the residents COVID-19 free. There was a comprehensive preparedness plan in place in the case of an outbreak of COVID-19 and there was evidence of an

ongoing review and updating of the plan in response to changes in the guidance from the HPSC and HSE.

The arrangements for the review of incidents within the centre had continued and the inspector noted that there were robust arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was suitable recruitment practices including the verification of written references and the on-going staff appraisal and supervision to ensure good quality care provision and improve practice and accountability.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the current residents. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work, there was low staff turnover and staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively.

There was a comprehensive training matrix in place which outlined other ongoing training and was made available to inspector. There were high levels of training provided. Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through in house and HSE. Mandatory training for safeguarding, fire training and moving and handling training were in place for staff. However training to support people who had responsive behaviours was not in place for staff as required by the regulations.

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 were a minimum of two nurses on duty during the day plus the person in charge and two nurses at night, with a regular pattern of rostered care staff. Cleaning, catering, activity, administration and laundry staff were also on duty on a daily basis. Staff were allocated to work in separate teams to minimise contacts with the residents and other staff members. Staff facilities were extended to meet social distancing guidelines.

Judgment: Compliant

Regulation 16: Training and staff development

Training to support people who had responsive behaviours was not in place for staff as required by the regulations.

Judgment: Not compliant

Regulation 21: Records

Records as requested during the inspection were made available to the inspector. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was not in place for one newly recruited staff from another country but a police clearance was in place. The centre was informed that this was not acceptable and vetting was applied for immediately. The inspector saw evidence that this was in place following the inspection and the person in charge assured the inspector that no staff member would be recruited without satisfactory Garda vetting in the future. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2020 for nursing staff were seen by the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was a comprehensive preparedness plan in place in the case of an outbreak of COVID-19 and in the current absence of a CNM a named the senior staff nurse forms part of the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found good management of incidents with areas of learning identified and actioned.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

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 ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required with the oversight of fire drills, oxygen storage and in care planning.

The inspector saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding all aspects of life and care in the

centre. 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. It was suitably decorated with an ongoing programme of painting and maintenance in place. . There was a comprehensive programme of activities available to residents taking into account the requirement for social distancing in this current pandemic. There was a full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. Overall the inspector found that an ethos of respect for residents was evident. 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 out-patient services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred and generally to direct care. However there was some duplication of care plans and when treatment plans were superseded for example in the case of a catheter care the older interventions were not marked as no longer required and this could lead to errors. 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.

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 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 had reduced 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.

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. However, the inspector identified risks during the inspection including oxygen cylinders stored inappropriately in the person in charge's office and flooring in one bedroom that was damaged. The provider assured the inspector she would take immediate action to mitigate these risks. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire

training was completed annually by all staff. Fire drills had been undertaken on a regular basis and although drills had taken place with night time staffing levels the person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels.

Following the inspection the person in charge assured the inspector drills of a full compartment were undertaken. Two drill reports were sent to the inspector and these drills indicated that, although good times were found some improvements were required and ongoing practice with all staff is required. This is to ensure that all staff are competent and familiar with the evacuation needs of residents and a full compartmental evacuation is required on an ongoing basis.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic the centre was currently closed to visitors except in exceptional and compassionate circumstances for end of life. Garden and window visits had been facilitated and inspectors saw that the provider had put a glass shelter outside the visitors room window to protect visitors from the elements when visiting.

The inspector met visitors in the centre during the inspection. Staff were also committed to ensuring residents and their families remained in contact by means of technology and other video and telephone calls.

Judgment: Compliant

Regulation 17: Premises

Overall the premises and external gardens were suitable for the centers stated purpose and met the residents' individual and collective needs in a very homely and comfortable way. Residents had easy access to enclosed garden areas with lovely seating areas. Adequate communal space was available to facilitate social distancing in this current pandemic.

Judgment: Compliant

Regulation 26: Risk management

Oxygen cylinders were seen to be inappropriately stored in the nurses office and

other areas in the centre.

The floor in one bedroom was seen to be damaged and in need of repair.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was observed to be clean and regular hygiene audits were conducted by the person in charge. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

There were three cleaning staff on duty daily, one allocated to each unit. Other staff who were trained took responsibility for cleaning high touch areas in the evenings and night time in the absence of cleaning staff.

The centre had a comprehensive preparedness plan in place for an outbreak of COVID-19 and staff were all trained in infection control, hand hygiene and the correct use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Further assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation had been undertaken following the inspection with night time staffing levels, further full drills are required to ensure the competency of all staff .

Judgment: Substantially 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, contained appropriate identifying information. Good medication

administration practices were in place and were supported by effective pharmaceutical services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector required review to ensure only information that was relevant to direct care was documented and older interventions no longer in use were discontinued. The inspector also saw some duplication of care plans for example there were a number of care plans in relation to a resident who had an indwelling catheter. The inspector saw that when a change to residents dietary requirements took place only one plan may be updated and this could lead to errors.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector saw that residents were supported to retain the services of their own GP's. Records confirmed that residents were assisted to achieve and maintain good health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, physiotherapy, occupational therapy and chiropody. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians and a number of residents were visited by the community psychiatric team.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support

residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents. However as actioned under training responsive behavior training had not been provided to all staff.

There were eight residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment done to ensure it was used for the minimal time and as a least restrictive method. The inspector saw that some alternatives to bedrails were trialled and the person in charge was actively reducing restraint and aiming towards a restraint free environment

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. During the COVID-19 pandemic residents told inspectors activity sessions, particularly bingo, crafts and external activities such as music session provided by local country singers were particularly important to keep their spirits up. One-to-one activity sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

Residents views were elicited through residents committees and through surveys conducted during COVID-19. There was evidence of support from the local community in the form of letters cards and gifts sent in for residents.

Advocacy services were available for residents who required this service. Residents had access to media and aids such as radio, televisions, telephone and wireless Internet access were also readily available. This was used to keep in contact with their families during the period of restricted visiting.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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 9: Residents' rights	Compliant

Compliance Plan for Greenhill Nursing Home OSV-0004584

Inspection ID: MON-0030920

Date of inspection: 26/11/2020

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Responsive Behaviours training was completed on 12th and 16th December for all staff that have contact with residents within the centre. This will be monitored on the training matrix and will be completed every 2 years.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Works to the floor in room 15 B have been completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire evacuation drills have been completed within the largest compartments with lowest staff levels. Drills will continue at regular intervals. We shall continue to incorporate all staff in fire drills to improve the competence of all staff to safely carry out an evacuation if the need arises. More detail will be included in the fire drill document including learning, timing, staff numbers and resident numbers (those that wish to participate).</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A new named nurse concept has been adapted. Each nurse will have maximum of 6 residents care plans to review on a 3 monthly basis. All nurses are accountable for updating care plans if a resident under their care has had a change to their care plan. Care plan documents now have a discontinued section in all plans to make it very clear when a plan has been discontinued. When 2 or more changes have been made to the initial document a new one will be compiled with most recent and relevant information. PIC will audit and evaluate the effectiveness of changes made to documentation.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	16/12/2020
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.	Substantially Compliant	Yellow	04/01/2021
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	Substantially Compliant	Yellow	05/01/2021

	aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant		05/01/2021
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	05/01/2021