



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

## Issued by the Chief Inspector

Name of designated centre:	Beneavin Manor
Name of provider:	Firstcare Beneavin Manor Limited
Address of centre:	Beaneavin Road, Glasnevin, Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	10 December 2020
Centre ID:	OSV-0005756
Fieldwork ID:	MON-0031302

## About the designated centre

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

Beneavin Manor is a purpose-built centre in a suburban area of north Dublin providing full-time care for up to 115 adults of all levels of dependency, including people with a diagnosis of dementia. The centre is divided into three units, Ferndale, Elms and Tolka, across three storeys. Each unit consists of single bedrooms with accessible en-suite facilities, with communal living and dining areas. There is an enclosed outdoor courtyard accessible from the ground floor. The centre is in close proximity to local amenities and public transport routes.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	80
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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
Thursday 10 December 2020	09:00hrs to 18:30hrs	Michael Dunne	Lead
Thursday 10 December 2020	09:00hrs to 18:30hrs	Niamh Moore	Support

## What residents told us and what inspectors observed

Inspectors met with residents throughout the day with all expressing high levels of satisfaction about the care and support delivered to them by the staff team. The inspectors observed that staff knew the residents well and were familiar with their needs and preferences for care and support. Interactions observed between residents and staff were positive and respectful with staff observed to give residents time and space to make their views known. All residents seen on the day were well dressed in appropriate clothing and footwear.

The centre had temporarily changed the use of some rooms to allow for sufficient space to facilitate visits. Inspectors were informed the centre also had a supply of computer tablets to allow for video calling. Indoor visits were also taking place on the day of the inspection. Relatives told the inspectors that they were happy to be able to see their loved ones face to face. A number of residents mentioned that they were aware of why visits had been restricted and that they were able to discuss these views with the staff team.

Residents said that they were happy with their bedrooms and that they could personalise this space if they wanted. Residents were also complimentary of the cleaning staff who kept their personal spaces clean and tidy.

Residents mentioned they were content with the food provided and added that they could ask for something different if they did not like the food on offer. Seating areas within dining and communal areas had been set up to arrange for social distancing.

The premises were warm and comfortable with seasonally appropriate decoration in communal areas. Inspectors observed cleaning staff adhering to infection, prevention and control protocols when cleaning living areas. There was clear signage placed throughout the centre informing staff, residents and visitors of the correct protocols to follow regarding COVID-19.

## Capacity and capability

Inspectors found that the centre was working towards ensuring compliance with the regulations and standards however there were a number of areas that required additional input to achieve full compliance, these areas are reviewed below. Inspectors did note that there had been an improvement overall in the governance and management of the centre to ensure consistent delivery of services to the residents.

This was a short notice announced risk inspection, with the person in charge being

advised the previous day. This was done to ensure that key staff were available if required and to ensure that the inspection could be carried out efficiently with minimum interruption for the people who live in the centre.

The purpose of the risk inspection was to monitor ongoing compliance with infection prevention and control protocols and national guidance regarding COVID-19 and to follow up on the compliance plan submitted from the previous inspection held in February 2020. In addition inspectors followed up on concerns raised through the receipt of unsolicited information which was focused on the restriction on visits, communication with families and communication regarding care delivery.

The designated centre had an outbreak of COVID-19 from 13 April 2020 until 31 July 2020 when public health declared the outbreak over. A total of 48 residents and 27 staff were affected during this period. Sadly 13 residents passed away from COVID-19. Inspectors acknowledged that this had been a difficult time for all concerned. Records reviewed during the inspection indicated that there were measures in place to manage a COVID-19 outbreak which are described under regulation 27.

There was a clear management structure within the centre, with oversight from the provider and a group of senior managers. The person in charge commenced their post in March 2020 and there was evidence of their engagement in the effective governance, operational management and administration of the centre on the day of inspection. The person in charge was supported in their role by an assistant director of nursing.

From an examination of the staff duty rota and observations on the day of inspection, inspectors found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of the 80 residents accommodated in the centre. There was one social care leader out of three available on the day. Their particular role was to lead on the provision of activities to the residents, on the day of the inspection this was provided by care and nursing staff.

The centre was not at full occupancy for their registered 115 beds and the provider was actively recruiting to fill staff vacancies in order to facilitate reaching full occupancy. The provider was trialling an additional staff member on one unit on the ground, inspectors requested that staffing resources were reviewed again on the second floor.

Staff had access to appropriate training and the records showed that staff had participated in mandatory and supplementary training.

A sample of resident contracts for the provisions of services were reviewed and inspectors found that improvements were necessary to meet the requirements of the regulations.

Inspectors found the centre was actively involved in managing complaints received and were keen to learn from these in the future.

## Regulation 15: Staffing

The centre had 70% occupancy of their registered 115 beds on the day of inspection. Inspectors found that the number and skill mix of staff was appropriate for the needs of the residents on the day of inspection. This was assessed in accordance with Regulation 5, and the size and layout of the designated centre.

Staff were allocated to floors to ensure appropriate segregation of staff into groups to minimise the risk of the infection spreading throughout the centre during the COVID-19 pandemic.

Inspectors were told by the person in charge that there were vacancies within the staff team on the day of inspection. The centre were actively recruiting for additional staff including a clinical nurse manager and health care assistants.

Inspectors followed up on the centres previous compliance plan where the provider had committed to an additional staff member on the second floor from 10.00-22.00 to monitor the corridors due to the layout of this unit. The person in charge informed inspectors that they had reviewed the care needs of the residents on the second floor and their needs had changed and did not require the extra staff. The person in charge informed inspectors that the centre were trialling an additional health care assistant on the rota in one of the units on the ground floor from 7am-7pm due to the care needs of these residents. The registered provider agreed to keep staffing arrangements on the second floor under review.

There was a minimum of one nurse on duty within each area during the day and night for each unit. Nursing staff were supported by team leads, health care assistants, social care leads, household, catering, administration and maintenance staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors reviewed staff training records and noted high levels of attendance at mandatory training. Records indicated that all staff had up to date training on fire safety, manual handling, safeguarding and infection prevention and control. Inspectors observed that there was a high compliance levels with personal protective equipment (PPE) and hand hygiene throughout the inspection.

Supplementary training was also offered to staff on challenging behaviour, cardio pulmonary resuscitation (CPR), food safety, palliative care and medication management.

Inspectors reviewed the orientation booklets for new staff members and could see

there was a robust induction for new staff with regular reviews built into this process.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that the records set out in Schedule 2 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 were made available to the inspectors. Inspectors reviewed a sample of staff files and these were found to contain the requirements of schedule 2.

Judgment: Compliant

### Regulation 23: Governance and management

There were changes to the provider entity and the person in charge since the last inspection. The management team had been strengthened as a result of these changes and reflected a management structure that identified clear lines of authority and accountability.

There were sufficient resources available to ensure that the centre was well maintained and staffed to meet the needs of the residents. The provider was currently recruiting to ensure all staff vacancies were filled. The provider had planned to review the staffing and the layout of the second floor however due to the emergency of COVID-19 this did not occur. In addition the provider informed inspectors that there has been a change in the cohort of residents now living on the second floor which resulted in a reduction in the levels of need.

A range of audit and management review systems were in place to promote the delivery of safe and effective care however it was noted that care plan audits had not registered errors in care records seen for some residents. A range of internal meetings such as handovers, management overview meetings and staff meetings ensured that there was effective communication within the designated centre.

There was a preparedness plan in place which clearly described the steps the designated centre would take in managing a COVID-19 outbreak. Records reviewed on the day indicated the designated centre responded in a positive and proactive manner to advice issued by public health in managing the COVID-19 outbreak earlier in the year.

There was an annual review of quality and safety in place for 2019. While this document referenced key data it did not reflect all the information the designated



centre collated regarding residents views of the services provided.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a number of resident contracts and found that there were improvements required to ensure accuracy and compliance with the regulations. Records reviewed showed that there was a written contract in place between the provider and the resident but not all contracts identified the room being offered to the resident.

Some contracts contained an addendum to indicate the changes in fees as a result of changes to transitional funding but it was found that this was not always attached to the original contract. The provider was made aware of these issues during the inspection and confirmed that all contracts would be reviewed and updated to contain current information and would also reflect updated details of the new provider entity which changed in November 2020.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place which met the requirements of the regulations. This policy was advertised in a prominent location near to the centres reception area and was also contained in the resident's handbook which residents received upon admission.

Inspectors followed up on information received about the designated centre since the last inspection and focused on areas such as communication, visits and resident care issues which formed the majority of concerns reported to the Chief Inspector.

There were a number of complaints received during the pandemic concerning restrictions to visiting and poor levels of communication from the centre with families. The provider stated that there had been an increase in complaints since the pandemic began.

There was evidence of good record keeping with relevant records completed according to the centres own policy. These records also reflected resident's satisfaction levels and family satisfaction levels with how complaints were handled. All complaints seen contained an outcome apart from a small number of complaints which were currently being investigated.

The provider was keen to learn from complaints received and analysed complaints

on a monthly basis. There was evidence seen which indicated that communication with families was a topic discussed at internal meetings with guidance issued on how this area could be improved in the future. Records seen on inspection indicated that 59% of complaints received by the centre were not upheld upon investigation.

Judgment: Compliant

## Quality and safety

Overall the findings on the day of the inspection indicated that the provider was delivering good quality support to the residents. There were a number of areas however that required additional focus particularly in the area of documenting accurate care records for residents. This was identified at the last inspection and although improvements have been made these issues were still not being identified in care plan audits.

Care plans were reviewed for residents with particular supports including falls, weight management, behavioural support and safeguarding. Care plans were found to be reviewed at appropriate intervals, however improvement was required in the accuracy of these plans. Examples were reviewed of care plans which contained other residents' names and information that was no longer accurate. Some residents who experienced behaviours that challenge did not have up to date risk assessments.

The provider had arrangements in place to support residents to receive their visitors whilst adhering to national guidance on visiting. Inspectors noted there were arrangements in place to accommodate visits for residents on compassionate grounds.

There was evidence of ongoing input from relevant medical professionals such as the centres general practitioner. A system of clinical audits were in place to ensure resident health needs were monitored on a regular basis with care input decisions formalised during regular multi-disciplinary team meetings.

Residents were supported with their activation needs, however inspectors were not assured that the organisation and provision of social activities best met the needs of the residents. For example there was no activities roster in place which identified the range of activities provided on any given day.

There was a robust health check and screening by reception staff prior to entrance into the designated centre. Inspectors observed good hand hygiene and Personal Protective Equipment adherence by staff. This was in line with the current 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.

Residents were complimentary about the food they received and also mentioned that they found the premises suitable to their needs. There was a good appreciation of risk with the provider taking an active role in insuring risks were identified and that there were measures in place to manage and mitigate risks.

### Regulation 11: Visits

There were arrangements in place to facilitate visitors to the home. The provider had re-purposed three existing rooms in order to facilitate safe visiting. Visits to the home were arranged in advance where family members booked a visit slot which normally lasted for 35 minutes.

The provider had dedicated personnel in place who ensured that infection, prevention and control measures for visitors were in place and incorporated a COVID-19 questionnaire. The taking of temperatures and a requirement to adhere to personal protective equipment (PPE) advice, such as the wearing of a face covering, hand hygiene procedures and the maintenance of social distancing was also in place.

On the day inspectors saw visitors being facilitated to use the visitor's rooms with visitors informing the inspectors that "it was great to see their loved ones face to face". The provider stated that a number of complaints received were in relation to family members not being able to visit their loved ones, however they went on to add that the centre followed national guidance regarding restricted visits to the home.

The home facilitated visits on compassionate grounds and when restrictions were in place residents were assisted to keep in contact with their families through the use of social media tools.

Judgment: Compliant

### Regulation 12: Personal possessions

There was a policy in place to ensure that resident's valuables were protected and that residents could gain access to their property without hindrance. The provider had made amendments as to how resident's personal items were recorded with photo images taken and recorded as part of the resident's personal inventory. The provider informed inspectors that the policy would be updated to reflect this new approach.

Resident rooms seen on inspection afforded residents space to store personal items in a safe manner and allowed for easy retrieval. There was a system in place which was recently reviewed to ensure that resident's laundry was well managed with

residents clothes being returned without delay.

The person in charge was eager to ensure that residents had easy access to their reading glasses, hearing aids and dentures as was evidenced in discussions with the staff team.

Judgment: Compliant

### Regulation 18: Food and nutrition

Inspectors observed meal times within the centre, residents were provided with adequate quantities and choice of food and drink. Inspectors observed empty plates and could overhear residents speaking with others about their satisfaction with their meal.

There were sufficient staff available to supervise residents in the dining room and meet their needs for assistance with meals. Staff provided discreet support which was patient, kind and dignified.

Inspectors observed that for those residents who preferred meals in their bedrooms, they were supported with this.

Care plans relating to weight loss were reviewed, weekly weights were recorded with a MUST assessment completed. Where appropriate, referrals to GP, dietitian and speech and language therapy were completed in a timely manner.

Judgment: Compliant

### Regulation 26: Risk management

The health and safety of residents, staff and visitors was promoted in the centre. There was a good appreciation of risk with a risk register in place which was reviewed on a regular basis. The registered provider had arrangements in place which identified known risks via a risk assessment process which also identified measures to mitigate against these risks.

There were a range of both clinical and operational risks included on the risk register. Regular management spot checks were seen to occur which supported the risk management policy and procedure on the ground and ensured that agreed risk interventions were being implemented.

Regular oversight was also achieved through weekly management meetings which were attended by key members of the management team. The risk register was a

standing agenda item.

Risks associated with COVID-19 and the implementation of effective infection, prevention and control measures will be dealt with under regulation 27.

Judgment: Compliant

### Regulation 27: Infection control

Inspectors found that there were policies and procedures in place to manage a COVID-19 outbreak in the centre. Inspectors were shown an area where residents and staff were cohorted to care for residents who were suspected and those who were detected with COVID-19. The cohorting of staff and residents facilitated effective infection prevention and control measures to mitigate against the potential spread of infection within the centre.

Inspectors were informed that there were separate facilities for staff working in these areas and included separate entrances and exits and access to changing and staff rooms.

There were effective systems in place to ensure that PPE was available for staff to use in accordance with national guidance. Adherence to the appropriate donning and doffing (putting on and taking off) of PPE was monitored through regular management walk arounds and through an audit tool developed by the management team. Inspectors noted that there was guidance advertised at key locations throughout the centre to inform and remind staff, residents and visitors of the correct COVID-19 protocols to follow.

Daily team meetings included an update on the COVID-19 status within the home and also focused on the effective cleaning of key areas such as sluice rooms and frequently touched surfaces. Discussions with the person in charge confirmed there were robust cleaning procedures in place which were subject to management scrutiny.

Inspectors observed full compliance with mask wearing, hand hygiene protocols and social distancing throughout the day. Staff spoken with confirmed they had attended infection, prevention and control training and felt that it was useful and informative. Staff also confirmed that they had their temperature taken twice daily and were aware that they could not travel to work in their uniforms.

There was a comprehensive preparedness plan in place to underpin current practice with COVID-19 leads identified throughout the management structure. A range of risk assessments associated with COVID-19 were in place with a focus on staff, catering, visiting, testing and anticipatory prescribing.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found that assessments and care plans were available for each resident.

Inspectors found that residents were comprehensively assessed on admission, which informed the development of care plans to meet their identified needs. Inspectors observed care plans where formal reviews took place at intervals not exceeding four months. However, inspectors found that these were not consistently updated following a change in a resident's condition. For example, an updated falls risk assessment was not completed following a resident's additional fall.

Inspectors reviewed a sample of additional care plans relating to behaviours that challenge. Inspectors found there was insufficient detail recorded to guide staff on residents care. This will be discussed further under Regulation 7.

Judgment: Substantially compliant

### Regulation 6: Health care

From reviewing the care plans under Regulation 5, inspectors were assured that staff assessed, planned for and monitored residents' healthcare needs including appropriate referrals to allied health care professionals.

A General Practitioner attended the centre at least twice weekly to assess and review residents' medical needs. Access to physiotherapy, occupational therapy, tissue viability nurses, dietitian and speech and language therapy were recorded within the relevant care plans and subsequent daily notes. There was evidence that staff adhered to healthcare plans and protocols provided by the relevant medical practitioner concerned.

Residents had access to other community services such as optical and chiropody services. Residents who were suitable to and met the criteria for the National Screening Programmes, were supported to attend.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had an up to date restraint register.

Inspectors reviewed care plans relating to behaviour that is challenging. Inspectors found that care plans lacked sufficient detail to provide the staff team with sufficient knowledge to manage the residents' behaviour.

Improvements were required to ensure that where a decision to use a restraint was made, the restraint outcomes and benefits were reviewed regularly, including alternatives being trialled.

The centre had an in house responsive behaviour clinic where residents who were displaying responsive behaviour would be referred. The residents' needs were reviewed within a multi-disciplinary team approach with an occupational therapist and community mental health nurse in attendance.

The provider offered training on challenging behaviour to the staff team but inspectors noted a low attendance rate with 20% of staff having attended. However on the day of inspection, inspectors observed staff respond to incidents of challenging behaviour and found staff to be supportive and responsive to residents needs.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents' from abuse. Staff had Garda vetting in place prior to commencing employment. 100% of staff had completed training on the detection, prevention of and responses to abuse. Staff interviewed by inspectors were also aware of the centres safeguarding policy and had sufficient knowledge on what they would do in the event of a safeguarding incident.

There were a number of open safeguarding incidents on the day of inspection, however inspectors were assured that the provider had policies and supporting procedures for ensuring that residents were protected from all forms of abuse and these were being investigated and appropriately followed.

Records relating to safeguarding care plans required review to ensure the up to date knowledge the staff team had, was transferred into the care plan.

Judgment: Compliant

## Regulation 9: Residents' rights

All residents spoken with on the day mentioned that they felt safe in the centre and that staff were kind and caring. Inspectors observed staff providing care and support to residents in a person centred manner. Residents who had communication needs were given sufficient time and space to discuss their views.

All residents met on the day were well presented, residents were seen to be wearing appropriate clothing and footwear. Mobility equipment was well maintained and clean. Resident rooms were spacious and designed in a manner for which allowed residents to be able to store their personal belongings in a safe and secure way.

Resident committee meetings had reconvened with records indicating that meetings were held in October and November 2020. Key topics discussed focused on the quality of services provided such as food, laundry, activities, visiting and COVID-19. There were other examples where the provider accessed the views of the residents living in the centre. The provider carried out satisfaction surveys where residents and families were given the opportunity to give feedback on a range of services provided by the home.

On the day of the inspection residents were supported to attend and participate in activities such as crosswords and jigsaw puzzles while others were listening to music on the TV. Activity support was coordinated by three social care leaders with one based on each of the three floors in the centre. On the day of the inspection one social care leader was on site with health care assistants providing some input in this area.

Inspectors were not assured that the organisation and provision of social activities best met the needs of the residents. There was no activities roster in place which identified the range of activities provided on any given day. This meant that residents were not aware of what activity was occurring on the day. It also did not allow residents' to pre plan their day or week regarding activities in which they wished to participate.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beneavin Manor OSV-0005756

Inspection ID: MON-0031302

Date of inspection: 10/12/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>(i) The care plan audit tool will be reviewed and amended to ensure that allows auditors to identify errors and gaps in care plans.</p> <p>(ii) A residents' survey has been completed, the views, opinions and the findings from this and other information such as feedback from catering audits will be incorporated in the Annual Review.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Administrator will complete a full audit of all contracts of care, and where room numbers etc. are found not to be recorded, they will be updated. All addendums will be attached to the contracts of care and the contracts will be updated to reflect the new provider entity.</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 plan has been implemented and all care plans will be reviewed, revised, updated to reflect residents care needs. This will be completed by named nurses and to be completed by 28th February 2021. The Senior Nurse Management team will carry out a full care plan review after this to ensure that they are contemporaneous, correct, and complete. Each nurse will then have an opportunity to attend a feedback meeting review their care plans and understand where/ why improvements may be required.</p> <p>Staff will also be receiving care plan training in February and March to support them in developing the skills and knowledge required to write and maintain care plans that are reflective of residents' care and care needs.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Where a decision to use a restraint is made, the evidence that restraint outcomes and benefits are reviewed regularly, including alternatives being trialled will be clearly documented. The restraint register is updated and reviewed monthly.</p> <p>During 2020 there was an increased focus on for example infection control training , fire safety training (evacuation using IPC measures) as a result of the C-19 pandemic. Additional planned onsite training had to be cancelled as a result of C-19 restrictions , therefore it was not always possible to provide all the planned training as initially scheduled. As restrictions lifted and training providers developed other means of providing training (such as Zoom sessions) training recommenced and it was possible for staff to attend sessions on challenging behaviour.</p> <p>As part of the 2021 training program managing responsive and challenging behaviours training and education will continue to be provided to staff, and the goal is to have all staff attend by end of year (should there be changes in the current social distancing requirements we would plan to have this completed sooner).</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider is satisfied that there is a robust, varied, and resident focused activity</p>	

program in place. The Social Care Leaders are producing weekly timetables for their activities, and copies of these will be displayed on notice boards and available to residents.

Regular reviews and meetings take place with the residents to ensure that the activities taking place are enjoyed by them and to learn what if any changes they would like. The Social Care Leaders have almost completed a review of all of the 'Key to Me' in conjunction with residents and where necessary the remote assistance of family to ensure that there is an up-to-date record for each resident.

## 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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant		31/03/2021
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		26/02/2021

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/03/2021
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		31/03/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that	Substantially Compliant		31/12/2021

	behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	29/01/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant		19/02/2021