Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beaufort House
Name of provider:	Health Service Executive
Address of centre:	HSE Navan Community Health Unit, Beaufort House, Athboy Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0033915

About the designated centre

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

Beaufort House is a ground floor Health Service Executive (HSE) residential care home, located in Navan, close to shops and local amenities. The designated centre can provide care for up to 44 residents who require long-term nursing or personal care. It is a mixed gender facility, catering for people with all dependency levels, aged 18 years and over. Accommodation consists of 34 single and five twin bedrooms. All the single bedrooms and four of the twin bedrooms have ensuites. The centre is a purpose built facility furnished to a high standard. The centre has multiple communal rooms including three dining rooms and a variety of smaller living rooms, a prayer room and a large family room that are accessible to residents at all times. Residents also have access to two internal courtyards and a large garden. According to their statement of purpose, the service strives to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and well being in accordance with best practice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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
Wednesday 8 September 2021	09:00hrs to 17:00hrs	Sheila McKevitt	Lead
Wednesday 8 September 2021	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

All residents living in Beaufort House had been admitted for long term care. Inspectors saw that the services and facilities accessible to residents enabled them to live and enjoy a good quality of life where their independence was promoted.

Residents had access to a timetable of activities which extended over seven days a week. The timetable was on display in an area and format that residents could easily access and read. The inspectors saw residents actively engaged in group activities including a music session, bingo and watching a movie. Those residents who preferred to reside in their bedroom confirmed that they had access to the daily and local weekly newspapers, radio and television. One resident said the accessible stations on the television were limited and an increase in choice would be good.

Residents were encouraged and facilitated to maintain and develop their personal interests. The growth tunnel in the back garden enabled residents with a horticultural interest to grow fruit, vegetables and flowers and enjoy the outdoors. Residents had access to the enclosed mature garden from a number opened external doors. The garden contained two sheltered areas for residents to relax under in all seasons, a sheltered smoking area and a reminiscence cottage. Two new sheds had been installed; these were used predominantly for the storage of equipment and supplies required during the COVID-19 pandemic.

Residents said the food was of good quality, they had access to choices at mealtimes. Inspectors observed staff promoting residents independence at mealtimes and providing assistance when required. On one occasion the inspectors observed that this assistance was not being provided in line with best practice and the qualified staff in the dining room at the time did not take any action to correct the situation.

Residents spoke positively about the staff and said their call bells were always answered swiftly. They said recently they had staff caring for them that were new but very kind and caring. The inspectors observed that three of the health care assistants and one staff nurse on duty were employed to work through an agency. The allocation of duties to agency staff who inspectors were informed were on their first day in the centre required review to ensure that any potential risks to residents were minimized.

Visitors were observed being welcomed into the centre; those spoken with were overwhelmingly positively about the visiting process in place. They were pleased to be able to visit their loved one without having to book an appointment. However inspectors observed that staff did not follow the visiting policy at all times.

The next sections of the report will look at the provider's capacity and capability to provide a safe and quality service and give the judgments under each individual

regulation.

Capacity and capability

The governance and management of the centre was reflective of the statement of purpose. The Health Service Executive (HSE) is the provider, the provider representative and person in charge were present during the inspection. Inspectors found that the oversight of the service and the supervision of staff required improvement. Allocated resources in particular staffing resources required review as the staffing numbers had reduced since the last inspection. Areas for improvement are identified under the relevant regulations.

There were three clinical nurse managers (CNMS) employed to work in the centre however inspectors were informed one CNM was transferring to work in another area of the HSE and a replacement had not been approved to date. This vacant post would add to the already vacant unfilled posts, which was of concern.

The oversight of practices in the centre required strengthening. Inspectors found that although there was an audit schedule in place for 2021, it was not being followed in practice. Inspectors were informed and accepted that this was partially attributed to the recent cyber-attack on the national health service, however the audit system had not recommenced since the computerised system had been back up and functioning.

Inspectors found that staff were not adequately supervised. There was no clinical nurse manager available to supervise practices and the qualified staff on duty were not identifying poor practices in a timely manner.

Staff vacancies had not been filled in a timely manner. Inspectors were informed that all vacant posts had been approved and the management team were waiting for expressions of interest from the National recruiting office for the HSE. This delay in filling vacant posts resulted in residents been cared for by up to five agency staff each day for a prolonged period of time. This meant that residents did not always have continuity of care.

Staff had access to training resources. However inspectors found that the oversight of staff training was not strong enough to ensure all staff had the required training in place in a timely manner. The training matrix provided for review did not accurately reflect all the training completed by each member of staff.

Regulation 15: Staffing

The staffing numbers and skill mix were good on the day of this inspection. Agency

staff were employed to cover any staffing deficits.

Judgment: Compliant

Regulation 16: Training and staff development

There were a number of gaps in dates in the training matrix reviewed on inspection, however on request these training dates were provided to inspectors. For example:

- Two staff did not complete safeguarding training.
- 13 of the 23 qualified staff named on the staff roster did not have medication management training in place.
- Some training such as fire training was delayed; however inspectors saw that all staff were scheduled to attend this training over the course of two days in October 2021.

Inspectors found that in the absence of supervision, staff practices were not always reflective of the centre's policies. For example, inspectors observed that a member of staff stood over a wheel chair bound resident while assisting them to eat their lunch. The qualified staff supervising the dining did not correct this practice

Judgment: Substantially compliant

Regulation 19: Directory of residents

The hard copy residents directory was reviewed and it was found to contain the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The oversight of practices required improvement.

The system in place to ensure all clinical and non-clinical practices were being monitored was not being adhered to in practice.

Inspectors observed that the decrease in oversight had led to:

- There were not enough staff employed to work in the centre and the inspectors were informed that the following posts were vacant and remained unfilled for some time:
    - Two staff nurse posts (1.61 whole time equivalents)
    - Five health care assistants (4.02 whole time equivalents) and three multi-task attendants (2.92 whole time equivalents)
    - These vacancies had lead to a high use of agency staff across these disciplines on a daily basis. For example, on the day of this inspection there was one staff nurse, three health care assistants and two catering staff employed from work agencies.
- An agency staff nurse been allocated to administer medications to residents on her first day working in the centre, when five other qualified staff employed by the HSE were on duty.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2021. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaint procedure was on display beside the residents' notice board. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied

with the outcome of the complaints process.

Contact details for advocacy services were also on display in the centre and there was a secure comments box for staff, residents and relatives to leave comments in private. The residents spoken with had no complaints and inspectors saw there were no open complaints on file.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support provided to the residents in the centre was of good quality, and residents were safe and well-supported in the designated centre.

Inspectors reviewed a sample of residents' prescription charts and saw that they contained all the required information about the resident and medications were individually prescribed by their General Practitioner (GP). Residents had their medications reviewed on a four monthly basis. The administration of medication was reflective of best practice.

Residents had access to medical care as needed, with the residents' GP and specialist services in the centre providing on site reviews. Medical records reviewed included detailed notes of residents' care, made at timely intervals. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirement. Residents had communication and end of life care plans developed, which were appropriate to their needs. However, improvements were required to ensure that the care plans accurately reflected the assessed care needs and were reviewed every four months.

Inspectors observed there were measures in place to protect the residents from abuse and there was a policy on prevention, detection and response to abuse.

The inspectors observed that the residents were comfortable and that staff respected their privacy and dignity. Residents' rights and choices were respected. There were opportunities for residents to engage with staff and management. The residents' committee was active and the minutes of these meetings showed they discussed a range a topics. There were also opportunities for residents to participate in meaningful activities.

Visits were unrestricted and were facilitated under the current government guidelines. There was a residents' guide available to the residents in an appropriate

format.

Overall, the residents were happy with the quality and choice of food available to them. The inspectors observed residents dining experience and found that the food served was unhurried, wholesome, nutritious, and appropriate to residents' dietary needs.

The premises was clean and well kept, and there were sufficient storage facilities available on the day of inspection.

The inspectors found the centre generally clean during the inspection. Hand sanitisers were placed at appropriate locations to promote hand hygiene. Inspectors reviewed the cleaning records and found that the staff maintained sufficient cleaning records daily and carried out deep cleanings in the centre. Legionella risk assessments were carried out in the centre and had specific control measures implemented. The specific control measures included monitoring water temperature at fixed intervals and regularly flushing the dead-end of the water supply system for a particular time. Staff were found knowledgeable about the cleaning and decontamination practices, managing body fluid spillages and the clinical waste management processes in the centre.The cleaning practices were reviewed and they were satisfactory. Some improvements were required in the infection prevention and control practices are identified under Regulation 27.

Regulation 10: Communication difficulties

Residents who had specific communication needs had a clear care plan in place to support them to communicate effectively with staff, visitors and other residents. Staff were knowledgeable about residents' individual needs in relation to communication.

Judgment: Compliant

Regulation 11: Visits

Staff encouraged residents to maintain connections with their family and friends, and visitors were welcomed. The visitors who spoke with the inspectors said that they could visit their loved ones as usual and were always well received in the centre. One family member said that the staff were good to the residents and always kept the place clean.

Judgment: Compliant

Regulation 13: End of life

Appropriate care and support was available for residents reaching the end of their life. The centre had systems in place to ensure that the residents' emotional, physical, psychological and spiritual needs could be met. Where the resident had expressed a preference for care and support at end of life, this was clearly recorded in their care plan. A sample of end of life care plans reviewed showed that they had been developed with the resident, were detailed and considered the residents' various care needs; they also reflected family involvement in the decision making process.

The centre has a dedicated room to support residents and families during this time, and that was well furnished and organised.

The centre maintained an audit of the end of life care practices. The audit identified good practices and those practices requiring changes had action plans developed.

Judgment: Compliant

Regulation 18: Food and nutrition

Meals provided were prepared by catering staff on-site. The staff were knowledgeable about the resident's dietary needs and had oversight from a dietitian who visited the centre regularly. Residents had their weight checked and nutritional assessments carried out at appropriate intervals. The inspectors observed the meal choices available to the residents and menu displayed at various locations. The menu displayed had soup, two options of meals, vegetable portions, and desserts. Staff offered choices to residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

Inspectors reviewed the resident guide available to the resident, which was comprehensive. It contained a summary of the service, terms and conditions relating to the residence in the designated centre, complaint procedure, and visiting arrangements. There were notice board throughout the centre. They were up to date and contained information on activities, resident guide, fall prevention strategies, complaint procedures and daily communications.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control measures for managing visits and staff compliance on the use of face mask required improvement. Inspectors saw that some staff did not use face masks appropriately in clinical areas and allowed visitors to enter the building without sufficient checks at the reception. Inspectors observed that some staff did not adhere to the centre's uniform policy. They had nail polish and multiple stoned rings on their hands that hindered effective hand hygiene practices. In addition, the clinical waste bins placed at the rear garden were not locked or securely stored according to the health and safety guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly basis by an external company.

Staff who spoke with inspectors confirmed they received mandatory fire training on an annual basis and training records reviewed showed that this year's training had been delayed, but all staff were scheduled to complete practical training in October 2021. A clear and detailed record of each fire drill practiced with staff were available for review. The records showed that fire drills were practiced on a monthly basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors noted that three ampoule's of out-of-date medications were stored in the controlled medicine cupboard. They had an expiry date of 08/2021. Inspectors saw records to show that the medications in the controlled medicine cupboard were checked by two qualified nurses twice a day. Despite this none of the qualified staff had observed that these medications were out-of-date.

Staff not adhering to the medication management policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that some improvements were required to avoid discrepancies between some assessments and care plans. For example, one resident had two different manual handling assessments in place both containing conflicting information. The assessments did not provide clear, concise and accurate information to care staff to enable them to care for the resident safely. Moreover, formal review of residents' care plans did not always occur within a four month period, which is not in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and allied heath care services. Residents' general practitioners (GPs) made site visits on a regular basis. Residents had access to old age psychiatry services, gerontologist and additional expertise such as diabetic specialists, physiotherapist, occupational therapist, podiatry and chiropody services.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place for managing residents' financial affairs in the centre, and staff who spoke with the inspectors were knowledgeable in the prevention, detection, and response to abuse.

The provider was a pension agent for a small number of residents. Inspectors received assurances that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

The residents who spoke with the inspectors said that they enjoyed the various activities and the food provided in the centre. They felt that their views were respected in the centre. There were facilities and arrangements in place for

meaningful occupation and recreation, and the residents had access to these facilities. For example, one resident was in charge of the 'residents' shop' in the centre and this was supported. One resident mentioned the business activities in the shop as busy and said that the most popular items sold in the shops are cards, pop socks and religious items.

Inspectors reviewed the minutes of the residents' forum meetings. The minutes of the meeting demonstrated good participation of residents, and they occurred at regular intervals. Moreover, the meeting minutes contained information on regular COVID-19 updates from Health Protection Surveillance Centre (HPSC), visit arrangements and other activities or significant happenings in the centre relevant to the residents.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0033915

Date of inspection: 08/09/2021

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The PIC acknowledges the Inspectors findings. A full review of the training matrix will be carried out. Any gaps identified following the review of the training matrix will be actioned and appropriate dates scheduled before year ending and this will include Safeguarding Training. The PIC will have oversight of the training matrix and will keep it under regular review. Medication management will be mandatory annual training for all nursing staff.
Timescale for completion 31/12/2021

The PIC acknowledges the Inspectors findings. The PIC has issued a Learning Notice to all grades of staff reminding them that supervision and correction of poor practice is everyone's responsibility in line with the Centre's policies. The PIC will conduct Workplace Critical Care Analysis Tool (WCCAT) observations at mealtimes and appropriate actions will be put in place to ensure adherence to best practice and policies.
Timescale for completion – Completed 5/10/2021 and Ongoing

Approval is in place for the replacement of the CNM2 post and is being progressed through the National Recruitment process.
Timescale for completion expected completion 31/03/2022

In the interim, there are 2 Clinical Nurse Manager Grade 1's in charge and a Senior Staff Nurse with management experience will be in charge in their absence.
Timescale for completion – Completed 13/09/2021

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider and the PIC acknowledges the Inspectors findings.
Every effort is made locally to fill these vacant posts as speedily as possible. The Provider Nominee has escalated this to the General Manager for the service to address the delays in recruitment with the relevant HR Departments. Whilst there are delays in the recruitment of permanent HSE staff, local Management strive to engage and maintain consistent agency staff to ensure appropriate safe levels of staffing to meet the needs of the Residents.
Timescale for completion – Completed 15/09/2021 and Ongoing

The PIC has issued a Learning Notice to all grades of staff reminding them that supervision and correction of poor practice is everyone's responsibility in line with the Centre's policies. The PIC will conduct Workplace Critical Care Analysis Tool (WCCAT) observations of care practices and appropriate actions will be put in place to ensure adherence to best practice and policies. The PIC will carry out walkabouts on the floor twice daily to ensure oversight and monitoring of clinical and non clinical practices. The PIC links in with the Clinical Nurse Manager on a daily basis each morning and holds a meeting with all Clinical Nurse Managers on a bi-monthly basis which the DON also attends. Supervision has been added to the standing Agenda at the monthly Management Team Meeting and the bi –monthly Clinical Nurse Manager Meeting. Induction Checklist has been amended to include supervision by the CNM of Agency Nurses whilst delivering medication on their first day in the Centre.
Timescale for completion – Completed 5/10/2021 and Ongoing

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Registered Provider and the PIC acknowledges the Inspectors findings.
The PIC will carry out walkabouts on the floor twice daily to ensure oversight and monitoring of clinical and non clinical practices. The PIC has reviewed the Daily Safety Checklist and added the adherence to IPC measures both morning and night time for all staff. The Centre now has a CNM trained in the IPC Programme who will address issues of poor practice on the floor and escalate it to the PIC if necessary.
Timescale for completion – Completed 9/09/2021 and Ongoing

A review of the Uniform policy will take place to include all grades of staff and will include requirements in relation to Infection Control. This will be communicated with all staff.
A secure bin depot is being constructed to ensure the clinical waste bins are stored

appropriately as per Health & Safety guidance. All Household Staff have been instructed that the clinical waste bins must be kept locked at all times. Random spot checks will take place to ensure compliance with this instruction. Timescale for completion 31/10/2021

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC acknowledges the Inspectors findings. A Learning Notice has been issued to all CNMs and Nursing Staff and displayed in the Clinical Room reminding staff of the importance of adherence to the Medication Policy and the disposal of unused and out of date medications. Completed 5/10/2021 and Ongoing An audit and regular spot checks of the Controlled Drugs Register will be conducted by the PIC Completed 9/09/2021 and Ongoing The PIC has instructed all Nursing staff who have signed the Controlled Drug Book from the 30/08/2021 – 08/09/2021 to complete the reflective practice review. Nurses are aware to adhere to the Medicinal Management policy when administering controlled drugs. Medication management will be mandatory annual training for all nursing staff. Timescale for completion 31/10/2021 and Ongoing

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The PIC acknowledges the Inspectors findings. The PIC will carry out a full review of all residents Care Plans and Assessments to ensure there are no discrepancies between the assessments and the Care Plans and that any actions necessary from these reviews are carried out. Timescale for completion 31/12/2021 The CNMs are allocated a number of Residents and ensure that all Care plans and Assessments have been reviewed within the correct timeframe.

Timescale for completion – 9/09/2021 and ongoing

The PIC will review the weekly Quality of Life stats and Care plans that are coming up for review will be identified and discussed with the Managers at the morning meeting for further action with the Resident's Primary Nurse.
Timescale for completion – 9/09/2021 and ongoing

Staff Nurses have been instructed to void old assessments on EpicCare when a new assessment has been carried out to eliminate confusion.
Timescale for completion – 9/09/2021 and ongoing

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.	Substantially Compliant	Yellow	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/09/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	05/10/2021

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	05/10/2021
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	31/12/2021

	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.			