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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Cairnhill Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>McMahon Healthcare Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Herbert Road, Bray, Wicklow</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>14 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000755</td>
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<td>Fieldwork ID:</td>
<td>MON-0030090</td>
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About the designated centre

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

The centre is based in Bray and has good access to local amenities including bus routes. The premises is purpose built and four floors are in use with bedroom accommodation located on the ground, first and second floor. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters for residents of all dependencies, low, medium, high and maximum, and can offer convalescence care, palliative care, respite and long term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident’s needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor.

The basement area is used mostly for support services such as the laundry, maintenance room, hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area which is mostly used for movie afternoons and parties. Additional storage was also provided here.

According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents’ privacy and dignity is respected and their individuality maintained. It aims to provide an environment which is safe, homely and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents’ needs while involving all those using the service and their families in planning and decision making where appropriate.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 92 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Monday 14 September 2020</td>
<td>10:20hrs to 16:30hrs</td>
<td>Margo O’Neill</td>
<td>Lead</td>
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<tr>
<td>Tuesday 15 September 2020</td>
<td>09:25hrs to 16:35hrs</td>
<td>Margo O’Neill</td>
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What residents told us and what inspectors observed

Overall residents and relatives who spoke to the inspector during the two day unannounced inspection were very happy with the care and support they or their loved ones received in the centre.

All residents and relatives who spoke to the inspector were very positive regarding the staff working in the centre. Residents reported that staff were ‘great’, ‘couldn't be better’ and that there was ‘never a wait if you needed help’. Staff were observed to be kind and respectful towards residents throughout the inspection. The inspector observed that staff were available, and paced their work so that they had time to engage socially with residents. Staff knew residents well, for example staff were observed chatting with residents regarding their interests and informed and asked residents if they would like to partake in the different activities that were happening in the centre that they knew they enjoyed. Residents appeared relaxed and responded positively to these interactions with staff.

One relative became visibly emotional when speaking to the inspector about the positive experience her mother was having living in the centre. This relative said she was 'blown away by the kindness, support and friendliness' of staff and was very grateful for all they had done for her mother during the years she had been a resident there. She told the inspector that her mother had benefited greatly from living in the centre, saying it had brought out a side of her mother she had never seen before and that her mother had gone from being a solitary person to someone who now loved going to the day room for activities, to recite poetry as part of the centre's poetry club for the other residents and singing.

Although external providers of certain activities like music therapy and live performers of music had not yet returned to the centre due to COVID-19 restrictions, most activities had resumed with the exception of outings for residents. On both days of the inspection, most residents were observed to be up, dressed and out of their bedrooms sitting in day lounges enjoying activities, watching television, knitting or reading newspapers. These residents were not however observed to be social distancing in these areas due to the arrangement and configuration of their chairs. This observation was also noted during meal times in the centre's dining rooms.

All residents who spoke to the inspector reported that the choice and quality of the food in the centre was very good. The inspector observed that residents who required additional assistance during meals were supported by staff who sat with residents and provided discreet patient assistance.

All residents were happy with their bedrooms and the inspector observed that bedrooms were personalised and decorated nicely with residents' personal items like pictures, paintings, bunting and other items of interest. Memory boxes were positioned outside of residents' bedrooms to assist with way-finding and many of
these were seen to contain pictures or small personal items.

Residents appeared relaxed throughout the inspection and all were well groomed. The centre's hairdresser had returned to the centre in May when the centre's outbreak had been declared over. The hairdresser attended the centre two day a week and there was a dedicated hair salon, that was fully equipped, located in the lower level of the centre. The inspector observed several residents going to have their hair styled on the second day of the inspection and residents reported they were very satisfied with this arrangement. The laundering of residents' clothes was carried out on site. All residents were also satisfied with the arrangements in place for laundering and ironing their clothes.

Residents reported to the inspector that they felt safe in the centre. Most residents said they had no complaints about the service but that if they did that they would speak to any of the staff regarding their concerns, complaints or issues.

Pre-arranged visiting was ongoing at the centre Monday to Sunday between the hours of 11:00hrs to 12:00hrs. The inspector observed residents meeting with family members in designated communal spaces inside and outside and also in residents' bedrooms.

Residents throughout the inspection were observed relaxing in the enclosed garden area at the rear of the centre that overlooked the scenic countryside around Bray. This area contained raised planters, comfortable seating areas with tables and sheltered benches. Staff members were observed assisting residents to have strolls in this outdoor area while other residents were observed playing a catch and throw game together, or listening to music and dancing.

**Capacity and capability**

This was an unannounced risk inspection to monitor ongoing compliance in Cairnhill Nursing Home following an outbreak of COVID-19 which commenced on the 5 April 2020 and was declared officially over by public health officials on the 25 May 2020. During this outbreak, 21 residents had tested positive for COVID-19 in the centre, 16 residents had recovered. Eleven staff members had tested positive for COVID-19, all staff had recovered and all had returned to work. At the time of the inspection, the centre had notified the Chief Inspector that one staff member had tested positive for COVID-19 on 4 September 2020; no other staff members or residents were affected.

There were three company directors for the McMahon Healthcare Limited company, the registered provider entity for Cairnhill Nursing Home. Two of these company directors worked in the centre on a daily basis and were actively involved in the governance and management of the designated centre. The senior management team comprised of the registered provider representative, person in charge, assistant director of nursing, a general manager and three service support
managers, all of whom worked together to oversee the management of the centre.

The person in charge was present in the centre on a daily basis and was responsible for the day-to-day operations of the centre. She was supported in her role by an assistant director of nursing, three clinical nurse managers, administrators, senior nursing staff, senior carers and carers, activity personnel, a physiotherapy team, household, catering and maintenance staff.

Prior to the recent COVID-19 outbreak, Cairnhill Nursing Home had a very good regulatory and compliance history. All issues raised on previous inspections were proactively addressed by the provider and management team with timely and comprehensive actions; this proactive approach to quality improvement of the service was evident during this inspection also.

Management had prepared a contingency plan prior to the COVID-19 outbreak and had acquired a sufficient supply of personal protective equipment (PPE) in order to manage an outbreak effectively. A member of the management team was also available at all times during the outbreak in order to support staff with any issues or emergencies arising. Furthermore there was a reserve or relief panel of staff available to the designated centre and recruitment had commenced in order to augment this panel as part of the contingency plan for COVID-19. As a result of this preparation and with some occasional episodes of redeployment of the centre's own staff cohort, over a two week period at the start of the outbreak, staffing levels remained sufficient throughout the outbreak and no external agencies or personal were required in order to deliver the service. At the time of the inspection there were records to demonstrate that there was ongoing preparedness and contingency planning by management to ensure the centre was equipped for further outbreaks.

During the outbreak, an outbreak control team was established which comprised of representatives from all areas of the designated centre. This team met daily in order to plan and respond to issues arising. At the time of the inspection, this team continued to meet on a weekly basis for monitoring and planning.

There was ongoing monitoring of residents and staff members twice daily to monitor for temperatures and symptoms of COVID-19 as outlined in the 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.

The inspector followed up on actions from the last inspection in March 2019 and found that both of these actions had been addressed. Three items of unsolicited information were received by the Chief Inspector since March 2019 relating to the centre. These concerns related to restricted visiting and lack of adherence and implementation of Health Protection Surveillance Centre guidance by external service providers contracted by the designated centre. At the time of the inspection, the inspector found that these concerns had been addressed and were unsubstantiated.
Regulation 15: Staffing

On the day of inspection the numbers and skill mix of staff were appropriate to the assessed needs and dependencies of residents and the design and layout of the centre. Staff were observed to be knowledgeable regarding residents' needs and were person centred when delivering care to residents.

The person in charge, the registered provider representative and assistant director of nursing worked in the centre on a full time basis. Three clinical nurse manager or senior nurses were on duty Monday to Sunday from 8:00hrs to 18:00hrs with three nursing staff, who worked from 8:00hrs to 20:00hrs. Sixteen carers worked 8:00hrs to 20:00hrs Monday to Sunday with two floor supervisors who worked 7:00hrs to 17:00hrs Monday to Sunday to provide support to residents across the three floors. At night three staff nurses worked with six carers from 20:00hrs to 08:00hrs. A physiotherapist and physiotherapy assistant worked full time in the centre Monday to Friday to provide therapy to residents. Four activity staff worked on a daily basis Monday to Friday and three worked Saturday to Sunday 8:30hrs to 16:30hrs to meet residents' social and recreational needs. Four household staff worked 7:30hrs to 15:30hrs with two household supervisors who worked 7:00hrs to 17:00hrs Monday to Sunday. Laundry personnel were available from 6:00hrs to 17:00hrs on a daily basis. The centre employed one full time and one half time maintenance personnel to ensure the building was maintained to a high standard and at least three catering personnel were on duty from Monday to Sunday to provide catering for residents. Records of duty rosters were examined and confirmed these arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to attend mandatory training in the following areas: fire safety, safeguarding of vulnerable adults, moving and handling, medicines management, dementia care and management of challenging behaviour. Online training was also available and completed by staff in confidentiality, diabetes management and pressure care and risk assessment.

Prior, during and following the outbreak in the centre, training in relation to COVID-19 was provided for staff. This included hand hygiene, infection control and donning and doffing (putting on the taking off) of personal protective equipment (PPE).

Management outlined arrangements to receive occupational health advice or to access a counsellor locally for staff. Staff confirmed these arrangements.

Judgment: Compliant
Regulation 23: Governance and management

There was an established governance and management structure in place. The person in charge worked full time in the centre and was supported by the registered provider representative and a senior general manager who worked Monday to Friday to provide operational and administrative expertise. An assistant director of nursing and three clinical nurse managers provided clinical support. All staff were aware of their respective roles and responsibilities. There was appropriate resources available to ensure the effective delivery of care in accordance with the centre’s statement of purpose.

Records of outbreak control team meetings were made available to the inspector; these meetings had been held on a daily basis during the outbreak of COVID-19. At the time of the inspection, these meetings were held weekly to ensure ongoing preparedness in the event of another outbreak and for contingency planning. The management team had regular communication with their public health team and had a pathway in place to receive rapid testing and results for COVID-19 viral swabs. There was a sufficient supply of PPE available in the centre and relevant policies and procedures had been updated to reflect new guidance regarding COVID-19.

Management meetings were held monthly to review the service; these meetings continued during the COVID-19 outbreak in the centre. Records reviewed from these meetings contained comprehensive agendas, actions, designated responsible persons for the actions and timescales for completion. A monthly falls committee convened to review the rate of falls in the centre and there was evidence of ongoing analysis and learning recorded. This oversight continued during the outbreak and was having a positive effect on the rate of falls which was seen to be continuously trending down as the number of falls reduced over the previous six months. There was a schedule of audits in place and details of completed audits were made available to the inspector.

A review of the COVID-19 outbreak was submitted to the inspector following the inspection. It detailed areas identified as needing strengthening and there was analysis of the measures that had worked well which would inform practices and processes in preparation for a further outbreak.

There was a comprehensive annual review for 2019 that had been informed with feedback from residents. The annual review contained reviews and trending of clinical incidents, key clinical indicators regarding the safety and quality of care and of complaints received. Lessons learnt from these reviews were identified.

Judgment: Compliant
### Regulation 31: Notification of incidents

The registered provider and person in charge had notified the Chief Inspector appropriately regarding adverse incidents involving resident and of all notifiable incidents in a timely manner. Daily updates on the progress of the first outbreak in the designated centre were submitted as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place to inform the management of complaints. This procedure was clear and accessible for residents and relatives. Residents who spoke to the inspector said they would be happy to bring their concerns to any staff member.

A log of complaints was maintained which was in line with the requirements as outlined in Regulation 34, Complaints procedure. This log was found to contain details of investigations, correspondences and actions taken to resolve issues raised. On the day of the inspection all but one complaint had been closed, this open concern was being actively addressed by the provider and person in charge.

Judgment: Compliant

### Quality and safety

Residents had a good quality of life in Cairnhill Nursing Home and there was a good standard of care provided. All residents were assessed for their individual needs and this information was used to inform person-centred care plans. There was good access to General Practitioners (GP) who attended the centre twice a week and access to specialist medical services and other health and social care professionals as required. Recommendations from these health care workers were documented in care plans to inform staff when providing care to residents.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had person-centred care plans and strategies in place to inform and direct staff when supporting these residents. Levels of restraint used in the centre were low however the centre’s restraint register required review to ensure it detailed all restrictive measures in place. Although residents had access
to a safe outdoor space, this was accessible through an electronically controlled door which was only opened by an electronic fob which staff carried, this arrangement required review.

Visiting restrictions had eased considerably and visits were now being facilitated by appointment Monday to Sunday. Up to 20 visits could be facilitated daily in the centre between the 11:00hrs to 12:00hrs for two nominated persons. Arrangements for compassionate visits were also in place.

Safeguarding procedures were in place and staff had received training in safeguarding of vulnerable adults. Residents reported to the inspector that they felt safe in the centre.

The centre was observed to be generally clean and clutter free, however, the inspector raised concerns regarding some aspects of the infection prevention and control processes and procedures in place. Adherence to 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 on social distancing measures required improvement. This is outlined further under Regulation 27, Infection Control.

Records of ongoing monitoring and servicing of fire safety equipment were made available to the inspector. These were found to be complete. The inspector identified that although fire evacuation drills were carried out regularly in the centre, no fire evacuation drill record was available to demonstrate that the centre's largest compartment, which had capacity to accommodate 16 residents, could be evacuated with night time staffing levels. This was requested and received following the inspection and the provider confirmed that their fire expert will review fire management systems in the centre.

Regulation 11: Visits

Restricted visiting remained in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visiting was permitted seven days a week between 11:00hrs and 12:00hrs, at which time the resident could have two designated persons attending the centre. Although most residents only received one visit a week, for residents who were newly admitted or for residents with an extended close family group or with other circumstances, visiting was permitted more frequently following discussion with the management. Twenty visiting slots were permitted everyday, a total of 140 visits per week. Visits took place in the outdoor garden, the resident's bedroom or in one of the smaller lounge areas where the resident could receive their visitor in private.

There was a system of monitoring in place to ensure resident safety which included a temperature check and completion of a visitor health risk assessment before the visit, hand hygiene, use of a face mask, maintaining social distancing,
and cleaning the area following every visit.

Compassionate visiting at end of life was facilitated throughout the COVID-19 outbreak in April and May 2020 to ensure relatives and close friends could be with their loved ones at that time. Management had obtained a dozen IT tablets to facilitate video calls between residents and relatives during the outbreak. Families of residents confirmed to the inspector that they were happy with the level of communication from the centre before, during and after the outbreak.

Although most residents and family members who spoke with the inspector were happy with the arrangements, some expressed concern regarding the upcoming change of season that would lead to weather deteriorate so that outdoor visiting would not be possible. Others said they were keen to have outings from the centre restarted for their loved ones. Management reported that these arrangements were under review.

Judgment: Compliant

**Regulation 26: Risk management**

There was a policy and procedure in place to inform the management and mitigation of identified risks. A comprehensive risk register was maintained in the centre that detailed risks identified, risk ratings for these risks and controls in place. It was unclear the frequency of review of these risks or if these risks had been completed or removed as the register did not contain dates or details regarding this. The provider undertook to resolve this.

There were records that incidents occurring in the centre were reviewed, analysed, trended and learning identified to inform ongoing quality improvement and safety of the service. There was an emergency policy in place and arrangements for alternative accommodation documented.

On the days of inspection, the inspector identified that not all risks had been fully risk assessed and recorded; for example the risk posed by lack of social distancing for residents in the current climate of COVID-19. The registered provider representative undertook to review this and implement a system to ensure residents were facilitated to social distance whilst also meeting their social and activation needs, as outlined in Regulation 27, Infection control.

Judgment: Substantially compliant

**Regulation 27: Infection control**

The inspector found that the overall management of the COVID-19 outbreak was
tracked and recorded. Regular communication was seen in documentation between the centre's outbreak control team and public health officials. Records of staff questionnaires were completed by all staff prior to the outbreak and again when staff returned to work; these were used to inform the centre's risk management process and management of COVID-19 in the centre. The registered provider representative had proactively made arrangements for alternative accommodation for staff who were identified as living or sharing accommodation with people who worked in other health care settings.

Staff had a separate entrance to the centre and separate access stairwells for staff to use to get to their designated floor. There was also separate changing facilities for staff and staff uniforms were laundered overnight on site and ready for staff to change into when they arrived to work everyday. These measures remained in place and staff continued to work on only one floor with the exception of the physiotherapy team, one activity person and one household personnel who provided cover where required.

There was records of on-going twice daily monitoring of staff and residents to identify signs or symptoms of COVID-19 in accordance with the Health Protection and Surveillance Centre COVID-19 guidance.

All bedrooms were en suite and all but five of the bedrooms were single occupancy which was beneficial when making arrangements for the isolation of residents who were suspected or positive for COVID-19. An isolation area had been established on the ground floor of the centre during the outbreak where all residents with a positive test for COVID-19 were cared for by designated staff. This area remained the designated isolation area in the event that any further residents were to test positive for COVID-19.

There was appropriate infection prevention and control signs on display around the centre. Hand hygiene dispensers were located at convenient locations and the inspector observed staff using these to ensure effective hand hygiene precautions and assisting residents with good hand hygiene practice also. There was a good system in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance and staff were observed using PPE appropriately on the day of inspection.

There were policies to inform infection prevention and control procedures and management of infectious outbreaks in the centre. Both policies had been updated with specific information regarding COVID-19 to inform and direct staff. All staff working in the centre had completed training in infection prevention which included hand hygiene, infection control, donning and doffing (putting on and taking off) of PPE. Training records showed that a number of staff had attended training in the use of cleaning chemicals. Staff were seen putting this training into practice during the day of inspection.

There was a secure and appropriate waste storage area used for the segregation and storage of hazardous health care waste at the back to the building. Overall the premises was maintained to a high standard and the inspector reviewed records that
demonstrated that there was an effective Legionella management programme in place.

There were good practices in place to support antimicrobial stewardship so that antimicrobial medicines were appropriately used to maximise clinical effectiveness. Residents who had symptoms of infections were started on antimicrobial therapy when laboratory test results were received and specific laboratory selection had been determined.

The inspector attended the centre's laundry which was observed to be clean and well organised. Clean and dirty laundry were separated and there was a system in place for the safe return of residents clothing.

The following areas were identified as areas for improvement. The registered provider representative actioned all of these areas for addressing during the inspection and items 1-4 had been completed before the inspection finished.

1. Although residents with a multi-drug resistant organism had allocated slings in the centre, all other residents shared hoist slings and moving and handling belts, this posed a risk of cross infection.
2. Residents' wash basins were observed to be stored inappropriately on the floors of residents' en suite bathrooms.
3. Linen trolleys and items like soiled/used pillows were observed to be inappropriately stored in sluice rooms.
4. The inspector observed that there was no easily accessible PPE available in sluice rooms.
5. No disinfectant resources like wipes for the wiping down of high touch and frequently used equipment such as computers or hoists were in close proximity.
6. There was gaps in the night cleaning schedules for decontamination of equipment such as hoists, bedrails.
7. There were four household personnel working each day in the centre on a daily basis from 07:30hrs to 15:30hrs. Although the centre was visibly clean, uncluttered throughout and decontamination cleaning of frequently touched surfaces was completed once by household staff in the morning when their shift started and then again in an ad hoc basis whenever household staff passed by areas, management confirmed that no decontamination cleaning of frequently touched surfaces was done between 15:30hrs and 07:30hrs which posed a risk to residents and others. The management team undertook to address this and implement a system for further decontamination cleaning.
8. On both days of the inspection, most residents were observed to be up, dressed and out of their bedrooms sitting in day lounges and dining rooms. These residents were not however observed to be social distancing in these areas due to the arrangement and configuration of their chairs. Although the provider representative verbally informed the inspector that all residents sat at the same place on a daily basis, there was no documentation or risk assessment available during the inspection to support this. The provider undertook to review this arrangement and establish a system of 'pods' or 'hubs' to ensure that residents were consistently engaging and
socialising with the same small group of residents to reduce the risk of infection for residents whilst also facilitating and meeting residents' social and recreational needs.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Arrangements had been made for maintaining all fire equipment. Up-to-date service records were available for the centre's L1 fire alarm system, emergency lighting and fire extinguishers. The centre's fire alarm was sounded on a weekly basis to ensure it was operational at all times and the centre's fire panels and exit routes were checked on a daily basis. Fire fighting equipment was located throughout the building and there were records of annual inspection and servicing of this equipment.

All staff were facilitated to attend annual fire safety training and all residents had a personal emergency evacuation plan. Simulated fire drills were held regularly to facilitate staff to attend a fire drill every six months. The inspector reviewed the fire drill records and found that records of evacuation drills did not include a whole compartment evacuation drill with night time staffing levels. This was discussed with the registered provider representative who undertook to complete this for the largest compartment in the centre which had capacity for 16 residents. Assurances were received by the Chief Inspector in the weeks following the inspection that there was ongoing practice of fire evacuation procedures and drills to ensure that the time to evacuate a compartment, with capacity for 16 residents by night time staffing levels of nine staff, was continuously reducing. Furthermore the provider representative confirmed he was actively consulting with their fire expert regarding the feasibility of reducing the size of the large 16 bedded compartment into two eight-bedded compartments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans. A comprehensive nursing assessment was completed on admission and care plans were developed within 48 hours of admission. Validated assessment tools were used to inform the residents' care plans which contained person-centred information and were updated regularly. Care plans were seen to contain detailed information to direct staff to ensure provision of safe and effective care to residents. Information regarding ongoing discussion and consultation with residents and families in relation to care plans was evident and care plans were revised when there was a change or deterioration in
residents’ condition. In the sample of care plans reviewed, there was evidence of timely referral and review by relevant health care professionals and recommendations were detailed in residents care plans and daily nursing notes.

Advanced care plans were in place in the event a resident developed COVID-19 and each resident also had an end of life care plan. Residents' wishes and preferences informed their end of life care plan and nursing notes showed that these were implemented in practice. Nursing staff had received training in providing palliative care and anticipatory medicines had been prescribed in advance to ensure that symptoms could be treated without delay. There was recorded evidence that visiting at the end of life on compassionate grounds was facilitated, in line with infection prevention and control guidance.

The registered provider representative outlined quality improvement plans to the inspector which would include an external consultant to attend the centre to review and make recommendations for ongoing refinement and improvement of processes in place when assessing and documenting residents' health care information and assessed needs.

**Judgment:** Compliant

**Regulation 6: Health care**

There was a good standard of evidence based nursing and health care provided in this centre. Residents in the centre had access to medical services throughout the COVID-19 outbreak facilitated through virtual consultation. At the time of the inspection, a GP attended the centre two times per week, this had recommenced in June once the COVID-19 outbreak was declared officially over. Residents had good access to consultant geriatricians and psychiatry of old age services, in addition to palliative care experts.

The registered provider employed a physiotherapy team who worked full time in the centre. Occupational therapists were available via the community services and the provider also had arrangements for residents who wished to access a private occupational therapy services. A tissue viability nurse was attending the centre to assess and monitor residents as required and there was evidence of their recent reviews and recommendations in residents’ care plans and nursing notes when reviewed by the inspector. Chiropody attended the centre frequently and this was also facilitated during the outbreak of COVID-19. Other health and social care professionals such as speech and language therapists and dietitians continued to assess and make recommendations remotely.

The provider had suitable arrangements for residents to access dental services on site and there was also access to emergency dental review for residents at weekends as required. Residents were also supported to attend outpatient appointments as required.
Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

The inspector was informed that there were some residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) living in the centre. The inspector observed no episodes of responsive behaviour during the two day inspection and residents appeared relaxed and content.

The person in charge conducted regular observational audits to monitor the ongoing quality of interactions and evaluate the level of meaningful engagement between staff and residents, overall the results were positive. This was corroborated by the inspector's observations throughout the inspection. Staff interacted with all residents in a person-centred and kind manner.

Residents who were identified as having responsive behaviours had individual care plans in place which contained person-centred information and de-escalation strategies to inform staff when responding to residents. The provider had arrangements in place for staff to receive training in dementia care and management of responsive behaviours. Records indicated that all staff had received this training and were up to date.

There was a very low level of restrictive practices used in the centre at the time of the inspection. Records indicated that where restraints were used, these were implemented following a risk assessment and trialling of less restrictive alternatives prior to use.

Residents had access to a safe outdoor garden area to the rear of the centre. This was only accessible through a locked door however which was only accessible with electronic fob access. This required residents to seek assistance in order to access outdoor space and fresh air. The provider undertook to review this arrangement.

The was a restraint register maintained to monitor restrictive practices in the centre. This required updating with details of all restrictive practices identified in the centre, for example the use of low low beds, locked doors and restricted access to cigarettes held for one resident.

Judgment: Substantially compliant

**Regulation 8: Protection**

The registered provider had systems in place to ensure residents were safeguarded...
and protected from abuse. At the time of the inspection there was no open safeguarding concern in the centre and there were records of thorough investigations in to all allegations of concern with prompt interventions and actions.

All staff had completed training in safeguarding of vulnerable adults in order to recognise and respond to a suspicion, incident or disclosure of abuse. Staff who spoke with the inspector clearly articulated to the inspector their responsibility to report any concerns, suspicions or disclosures received.

The inspector observed that all interactions between staff and residents were respectful, warm and kind. All residents who spoke to the inspector reported they felt safe and secure in the centre. There were arrangements in place for residents to access advocacy services as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported having a good quality of life in the centre and that their right to privacy and dignity were respected. Residents had opportunity to contribute to the running of the organisation through regular residents' committee meetings. The inspector reviewed records of these meeting minutes and noted that residents were kept informed regarding COVID-19 and the precautions that they could take to protect themselves such as ongoing good hand hygiene and respiratory etiquette. There was also evidence that this forum was used by residents to raise issues and there was evidence that these issues raised were actioned. Staff also informed residents regarding the arrangements in place to access advocacy services and how to raise concerns when required during these meetings.

There was an energetic and enthusiastic team of activity staff working in the centre who knew residents well. Three activity coordinators working in the centre on daily basis Monday to Sunday and a fourth activity person Monday to Friday to facilitate and provide a programme of activities for residents. There was a varied programme of activities available for residents to partake in which included activities such as flower arranging, arts and crafts, bingo, poetry club, movie club and rosary. For residents with higher dependency or one-to-one activation needs, there was a designated activities coordinator who conducted small group sensory sessions and individual activities such as individual sensory sessions, reading to residents, carrying out hand massage and aromatherapy. Although external providers of music had not yet returned to the centre, staff and residents informed the inspector that some of these performers had made online music videos especially for residents during the lockdown which residents had enjoyed watching.

Records of activities were recorded on the centre's IT system, the inspector noted that some staff had difficulty in accessing this information to inform them of what activities had been completed with residents on previous days. There appeared
to be no function on the IT system to allow staff to generate a report that would fully inform staff of what residents had activities in the previous weeks and days and so creating a risk that some residents may not receive adequate input. This was discussed with the registered provider representative as an area for improvement which would contribute to ongoing appropriate oversight of the activities programme.

There was access to daily newspapers for residents, televisions, radio and voting had been facilitated for residents in early 2020 for the general election.

Residents' families confirmed to the inspector that they were very happy with the level of communication they received during the COVID-19 outbreak in the centre and the measures in place to protect and remain in contact with residents. Staff telephoned residents' families to provide them with updates if residents were unwell or their clinical condition deteriorated. Computer tablets were acquired and introduced on all floors of the centre to facilitate residents' ongoing communication with their families.

Residents were supported to continue to practice their religious faiths remotely during the COVID-19 outbreak in the centre. Mass was available on the television on a daily basis and the rosary and prayers were held several times a week with activity staff. Access to visits by some religious clergy had not yet resumed to the centre and access to the centre's oratory/reflection room was temporarily restricted as it was being used as a store room. At the time of the inspection the provider representative representative and person in charge were looking at options to reinstate and provide access for residents once more.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
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</tbody>
</table>
Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0030090

Date of inspection: 15/09/2020

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 26: Risk management:
Risk management is the central focus of Cairnhill’s approach to quality and safety management. Cairnhill Nursing Home has 4 substantive risk registers reflecting the nursing home’s comprehensive approach to risk management, namely: the Health & Safety, Service & Care Provision, Corporate and COVID-19 Risk Registers. The Risk Registers are updated on an ongoing basis to reflect any changes to risks arising in the nursing home. Risk management is an agenda item at the monthly Management Team Meeting where a multi-disciplinary team proactively discuss risk management and appropriate interventions to mitigate risk. Monthly clinical and MDT meetings discuss risk management as a standard agenda item and minutes of these meetings are considered at the monthly Management Team meetings. Furthermore risks and safety issues are discussed with Residents at the Residents’ Committee meetings held on alternate months.

The following compliance plan will be implemented arising from the Inspector’s feedback:
- The monthly Management Team Meeting agenda has been amended to include ‘Risk Register Updates’ as a specific topic of the risk management discussion to ensure that there is ongoing focus on updating the registers to reflect new risks or mitigated risks, with dates to be added to reflect same (where applicable). Status: actioned.
- Social distancing has been added as a control to the COVID-19 Risk Register. Status: actioned.
- A comprehensive review of the Risk Registers will be completed as part of the annual Quality & Safety Review for 2020 to ensure that dates are added to any new controls and obsolete controls are removed from the Registers. Status: to be completed by 30/11/20.
- The Director of Nursing has undertaken a comprehensive risk management audit addressing regulatory compliance with Regulation 26. Any lessons learned or quality improvements that have been identified will be added to the Quality Improvement Plan and actioned accordingly. These lessons will be communicated to staff at upcoming meetings. Status: the audit has been completed. Feedback to be communicated to staff at November meetings and at staff handovers: completion by 30/11/20.
- The Director of Nursing will conduct a follow-up Risk Management audit in early 2021 as part of the annual regulatory compliance audit schedule. Status: to be completed by 31/02/2021.

**Regulation 27: Infection control**

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<tr>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Prior to the close-out of the inspection, the following measures were actioned arising from specific feedback by the Inspector:

- Designated individual hoist slings were allocated to specific Residents to avoid cross-contamination. Status: actioned.
- Hooks were installed in en suite bathrooms to appropriately store basins. Status: actioned.
- Whilst PPE supplies were stored in the sluice rooms on the day of the inspection, they were stored inside cupboards. To facilitate ease of access, dispensers for gloves, aprons and masks were mounted on the walls of each sluice room before the conclusion of the inspection. PPE stock levels are monitored on an ongoing basis by the cleaning staff and stocks replenished when required. Status: actioned.
- Disinfectant wipes, disinfectant spray and cloths were distributed to areas with high touch surfaces. Stock levels and replenishment of stock are monitored by the cleaning department on a daily basis. Status: actioned.

The following specific actions have been initiated post-inspection:

- The evening decontamination cleaning schedule has been formalised in a workflow plan, to include decontamination of equipment and frequently touched-surfaces, which designates specific cleaning tasks to key personnel. A form has been devised which staff are required to complete and sign once the designated area / equipment has been decontaminated. The Nurse on Duty is responsible for co-signing the form to confirm that the decontamination schedule has been completed. Status: actioned.
- A plan has been implemented to organise Residents into pods of a maximum of 4 for dining and social activities. Tables in the dining rooms and chairs in communal areas have been grouped into pods which have been arranged to facilitate social distancing from other pods. Status: actioned.
- A mind-map has been created to guide staff, reflecting Resident pod seating arrangements in the dining and sitting rooms. Status: actioned.
- Signage has been erected in high-traffic areas throughout the nursing home to demonstrate the 2 metre distance recommended for social distancing to promote Resident and staff education. Pictorial signage is already in place in every bathroom to educate Residents and staff regarding proper hand washing techniques. Activities Co-Ordinators and staff will continue to encourage and educate Residents regarding hand hygiene throughout the day, providing assistance where required. Status: actioned.
- The Registered Provider plans to source transparent plexi-glass screens to trial in communal areas with the aim of creating separate seating pods of Residents, thus
minimising the risk of cross-contamination. Status: to be completed by 30/11/20.
- The Director of Nursing has undertaken a comprehensive infection control audit addressing regulatory compliance with Regulation 27. Any lessons learned or quality improvements that have been identified will be added to the Quality Improvement Plan and actioned accordingly. These lessons will be communicated to staff at upcoming meetings and at staff handovers. Status: audit has been actioned. Feedback to be communicated to staff at November meetings: completion by 30/11/20.

In terms of monitoring ongoing compliance with Regulation 27, infection control compliance is monitored by the multi-disciplinary teams within Cairnhill Nursing Home. An Outbreak Control Team, comprised of the multi-disciplinary team of senior managers, meets on a weekly basis to discuss infection control issues and pandemic preparedness. Infection control is a standard agenda item at the monthly Management Team Meetings and all other departmental meetings. The Nurses on Duty conduct twice-daily infection control audits (one per shift). Two further comprehensive infection control audits are conducted on a monthly basis: the Assistant Director of Nursing conducts a COVID-19 specific infection control audit and the Infection Control Nurse conducts a general infection control audit each month.

There is a staff training plan in place to ensure that staff receive annual training (at a minimum) in relation to a range of areas which includes infection control and hand hygiene. This training plan has evolved over the course of the pandemic to include supplementary staff training on infection control, handwashing, the donning / doffing of PPE and COVID-19 specifically. The training plan will continue to be reviewed by the Outbreak Control Team and arising from feedback from the infection control audit findings.

<table>
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<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Cairnhill Nursing Home employs external consultants to audit and test the fire safety systems in place and to provide staff training. The modalities of evacuation are always under review, and there is a matrix of factors that determine the safety and efficacy of an evacuation. The configuration of all corridors in the nursing home comply with the statutory fire safety certificates as certified by the Chief Fire Officer. Residents are accommodated in rooms which are protected by certified fire resisting construction and self-closing fire doorsets, an up-to-date serviced fire detection and alarm system and an up-to-date serviced emergency lighting system. The escape corridor of the largest compartment in the nursing home, which houses 16 Residents, has four points of egress to an adjacent compartment, each of which are within a very short distance of evacuation. The management of evacuation plan has always been such that a Resident can be evacuated from the room of origin of the fire in a safe and efficient manner. Staff receive comprehensive fire training on an annual basis in addition to further practical training throughout the year provided by scheduled announced and unannounced fire
drills, with one fire drill taking place per week at a minimum.

- A quality improvement plan has been initiated which is focused on the training of staff and the practising of appropriate procedures and mechanisms for evacuation. Actions include:
  - Cairnhill’s fire drill schedule was amended to introduce a whole compartment evacuation of the largest compartment in the nursing home with night-time staff and volunteer Residents participating. A plan has been implemented to repeat the whole-compartment evacuation drill with night-time staff, and Resident participants, at frequent scheduled intervals throughout the year to continuously improve staff evacuation procedures. The plan is devised to be flexible, with increased frequency of drills when identified improvements are required, but shall take place at a minimum, once every 3 months. The plan incorporates an evacuation drill of the largest compartment on all 3 floors of the nursing home. Status: actioned.
  - A feedback form has been devised for staff and Residents to complete after the fire-drill to evaluate any lessons learned and to focus on areas of improvement for future fire drills and training. Status: actioned.
  - A template report form has been created for the Support Services Manager and Maintenance Manager to complete post-fire drill to evaluate the efficacy of the drill and to advise on any improvements required. Status: actioned.
  - Additional training provided for Fire Marshalls. Status: actioned.
  - A Fire & Safety Chartered Engineer has been engaged to review the fire safety arrangements including the modalities of evacuation currently in place in Cairnhill Nursing Home and to make recommendations on any improvements that may be required. A report is pending and any recommendations, once received, will be actioned. Status: Engineer has been engaged and recommendations will be actioned when received.
  - The Director of Nursing has undertaken a comprehensive fire safety audit addressing regulatory compliance with Regulation 28. Any lessons learned or quality improvements identified will be added to the Quality Improvement Plan and actioned accordingly. These lessons will be communicated to staff at upcoming meetings. Status: audit has been actioned. Feedback to be communicated to staff at November meetings and at staff handovers: completion by 30/11/20.

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
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<tr>
<td><strong>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</strong> The Director of Nursing has updated the restraint register to incorporate restraints such as the use of low-low beds, the security access door to the back garden and the risk management arrangements in place for one Resident who smokes. Restraint use is trended on a monthly basis by the Clinical Nurse Management Team to discuss risk</td>
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measures in place and whether any alternatives to restraint can be implemented. Status: actioned.

The door providing access to the rear garden has an electronic security feature which is capable of being switched on and off as required. When the garden area is supervised by staff, the door is unlocked permitting unfettered access to the garden by Residents. At all other times, the door is operated by key-card access. This safety control measure, which is documented in the Health & Safety Risk Register, aims to minimise the risk of Resident abscondion, to reduce the risk of unwitnessed falls by Residents at risk of falls, it ensures that Residents with cognitive impairment do not wander into unsupervised areas and it ensures that any persons entering the garden may be accounted for in the event of an emergency such as an evacuation.

The Director of Nursing has undertaken a comprehensive audit on the use of restraint and managing behaviour that is challenging to assess compliance with Regulation 7. Any lessons learned or quality improvements that have been identified will be added to the Quality Improvement Plan and actioned accordingly. These lessons will be communicated to staff at upcoming meetings. Status: audit has been actioned. Feedback to be communicated to staff at November meetings and at staff handovers: completion by 30/11/20.

In terms of ongoing regulatory compliance with Regulation 7, monthly clinical audits are conducted by Clinical Nurse Managers on the use of restraint. A quarterly audit is undertaken in relation to dementia which incorporates managing behaviour that is challenging. Any non-compliances / lessons learned from audits are highlighted at monthly Staff Meetings to drive continuous improvement. KPI's, which include restraint and responsive behaviour, are trended monthly by Clinical Nurse Managers with findings discussed at monthly Staff Meetings.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Cairnhill Nursing Home uses Epic Care electronic records system to manage Resident records. Activities Co-Ordinators input Residents’ activities on Epic Touch screens throughout the day to document the range of activities a Resident has been offered and / or participated in. A report of activities for individual Residents can be generated using the allied computer programme Epic Care, by selecting an individual Resident’s name and the relevant dates for the search. The Director of Nursing will communicate how to generate activities reports from Epic Care at upcoming staff meetings in November. Status: to be completed by 31/11/20.</td>
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</table>
| A comprehensive activities schedule is in place 7 days per week facilitated by 4 full time Activities Co-Ordinators (working Monday to Friday) and 3 part-time Activities Co-Ordinators working at weekends. Each Resident is assessed on admission using a 'Key to
Me’ assessment tool which identifies the Resident’s interests including hobbies and activities. A ‘Social Interests and Hobbies Care Plan’ is subsequently created to reflect these interests. The Key to Me assessment tool and care plan are updated on an ongoing basis to reflect any changing needs or interests, and are reviewed, at a minimum, every 4 months.

As regards ongoing compliance with Regulation 9, the Cairnhill Management Team have adopted a two-pronged approach to ensuring that Residents rights are promoted: by actively engaging with Residents and by supervising and monitoring staff interactions with Residents. Residents are consulted in the development of their care plans which are reviewed, at a minimum, every 4 months. Residents are encouraged to maintain control over, and continue to make decisions about the personal aspects of their life, financial affairs and possessions (where possible). This extends to exercise of their civil rights and natural rights e.g. the right to vote, to have access to community services etc.

The Director of Nursing undertakes a monthly observational audit to monitor staff interactions with Residents during the provision of morning care, activities and mealtimes. Resident feedback is actively sought by speaking with Residents and obtaining feedback through Residents’ Committee meetings and annual Residents’ Surveys. Standard agenda items on the Residents’ Committee meetings include Residents’ rights, activities, advocacy & safeguarding, complaints and feedback. Various other mechanisms are in place to ensure that Resident’s rights and dignity are promoted including staff supervision, monthly staff meetings, communication via twice daily handovers, staff training and resource allocation. Residents’ rights is a standard agenda item at multi-disciplinary team meetings. The mandatory annual staff training plan includes training on dementia, safeguarding and challenging (responsive) behaviour which is supplemented by scheduled daily policy discussions amongst staff.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 26(1)(a)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2021</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2021</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
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</tbody>
</table>
associated infections published by the Authority are implemented by staff.

<table>
<thead>
<tr>
<th>Regulation 28(1)(c)(ii)</th>
<th>The registered provider shall make adequate arrangements for reviewing fire precautions.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>30/11/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
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<td>Department of Health from time to time.</td>
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<tr>
<td>Regulation 9(3)(e)</td>
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<tr>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
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</tbody>
</table>