



**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:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	13 December 2021
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0034743

About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels.

The registered provider is Costern Unlimited Company. 24 hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 December 2021	08:45hrs to 17:30hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

From what residents and visitors told the inspector and from what was observed throughout this one day inspection, it was evident that most residents were content living in Rathborne Nursing Home. The inspector observed that there was a calm atmosphere within the centre and residents spoken with expressed great satisfaction with the staff and their bedroom spaces.

On arrival to the centre the inspector was met by a receptionist who guided them through an infection prevention and control procedure which included the wearing of a mask and temperature monitoring.

The inspector was accompanied on a tour of the premises by the assistant director of nursing (ADON) who had recently started in their role in the centre. During this walk-around, the inspector observed that a number of residents were up, dressed and ready for their day. Some were seated in the dining rooms in anticipation of their breakfast being served, while others chose to be eat breakfast in their bedrooms.

The centre is newly built and was bright, warm, comfortably decorated and appeared clean. It is laid out over two floors, with administration areas, residents' bedrooms and communal areas on the ground floor and additional residents' bedrooms and communal areas on the first floor. The centre is divided into four units. The inspector concentrated on the Ash and Oak units as the other units were unoccupied. Throughout the centre, photographic images of bygone times and famous Dublin landscapes decorated the walls for residents' enjoyment and reminiscence purposes.

The design and layout of the centre supported the free movement of residents with wide corridors, armchair seating at corridor ends and clear signage to communal areas. Each unit had a large residents' day room which was furnished with comfortable seating and was seen to be well equipped with activity items, such as books and arts and crafts equipment, for use during group activities or as and when residents chose. Residents of each unit also had access to a library room that was also used for visiting. The inspector observed that staff had begun to decorate communal areas for Christmas. The centre was set out on six acres and residents had access to wide pathways across much of this area. The inspector was informed that when the weather permitted some residents enjoyed completing a 20 minute walking circuit. The gardens were also set out with seating and planting for residents to enjoy.

Residents' bedroom accommodation comprised of 120 single ensuite bedrooms. With resident's permission, the inspector entered some bedrooms and saw that each was bright, spacious and well laid out with sufficient wardrobe and locker space. Each bedroom had television for entertainment. As bedrooms on the ground floor looked out onto the garden or an internal courtyard, the provider had placed an

opaque film on windows to ensure resident's privacy. Residents were supported to personalise their bedrooms, with family photographs, bed throws and personal items, to help them feel at ease in the home. Many had also decorated their bedrooms for the upcoming Christmas season.

During the inspection, the inspector spoke directly with seven individual residents. Overall feedback from residents was that they were content living in the centre and that the staff who delivered their care were friendly and respected their wishes. One resident described the staff as 'very kind' and said that 'they take good care' of them. Overall staff were observed to speak with residents in a friendly and considerate manner. The inspector saw that staff provided gentle and respectful support to residents. However, during one mealtime in the dining room, the inspector did observe some staff speaking loudly to each other and reacting inappropriately towards one agitated resident which impacted on an enjoyable dining experience for residents.

Residents could choose to dine in any of the communal areas or in their bedrooms. Many residents spoken with voiced satisfaction with the food provided to them, with one resident commenting that 'the food is very good' and that staff accommodated their dietary needs. However, the inspector did observe one resident return their served meal as the food texture was not as recommended. Staff quickly provided the correct meal to the resident. A choice of menu was offered to residents daily, with staff discussing the menu with residents the day before the choice was available. The inspector observed that residents were offered snacks and drinks throughout the day.

Residents were observed to socialise informally in small groups throughout the centre. Some staff were also seen spending time with residents on a one to one basis, accompanying them on walks and chatting to them. The activities coordinator was observed to be well-known to residents, many of whom appeared to be relaxed and comfortable in their company. There was a five day schedule of group activities advertised on a single notice board in each unit, which included pamper mornings, bingo with prizes, exercise classes and siel blue. There were also live music three times per week, including a violin performance, which many residents said that they greatly enjoyed. Art classes were provided by an external artist once weekly. Residents were also supported to maintain their own personal interests with one resident facilitated to partake in their local choir practice weekly via Zoom. The inspector observed a highly energetic Zumba fitness class taking place in one unit, which was well-attended by residents.

The inspector observed that visitors arriving to the home adhered to appropriate infection prevention and control measures. They were received by residents in their bedrooms or private designated areas. The inspector spoke with four visitors who were complimentary of staff and the care provided in the centre. One visitor informed the inspector that their family members' preference was to remain in their bedroom for most of the time that although at times they were encouraged to partake in walks, their preference was respected.

The inspector acknowledged that the centre had opened during the COVID-19

pandemic and that this had presented the provider and Director of Nursing with some challenges, such as staff recruitment and retention. The management team recognised that improvements were required in the supervision and support for staff and had taken steps to address this, such as the recent appointment of an assistant director of nursing and the recruitment of a clinical nurse manager.

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

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on solicited and unsolicited submitted to the Chief Inspector of Social Services. Overall, the inspector found that residents were well cared for and their right to live as independently as possible respected. There were systems in place to ensure that residents had access to healthcare and social opportunities. However, improvements were required to ensure that auditing systems were sufficiently robust in areas such as care planning, infection control and some aspects of fire safety to ensure that residents received safe and appropriate care.

Rathborne Nursing Home is operated by Costern Unlimited Company who is the registered provider. The centre opened in March 2021 and is registered for 120 beds. On the day of the inspection occupancy was at 44 residents and staffing levels reflected this level. Overall, the registered provider had allocated adequate resources to the centre in terms of staffing, equipment and facilities arrangements. The person in charge was well supported in their role by the registered provider representative, an interim clinical operations manager, human resources manager and a recently appointed assistant director of nursing. They were also supported by a team of nurses and healthcare assistants and a catering and domestic team.

There was a clear management structure in the centre, with each team member having specific roles and responsibilities. The registered provider, Clinical Operations Manager and Human Resources Group Lead meet with the person in charge fortnightly to discuss, amongst other issues, clinical care, staff training, infection prevention and control practices and restrictive practice in use in the centre. The person in charge generated weekly and quarterly reports on operational issues, such as falls, complaints, incidents and audits, that was submitted to the clinical operations manager and the registered provider. Inspectors saw that there was a comprehensive clinical and environmental auditing system in place. Audit results were discussed at the fortnightly management meetings. The person in charge also prepared quarterly and annual audit reports which were reviewed by the chief operations officer. However, some audits completed did not identify gaps found by the inspector in care planning, infection control and some aspects of fire safety

within the centre. There were good contingency and preparedness plans in place should the centre experience an outbreak of COVID-19.

From a review of rosters and observations on the floor, the inspector found that there was sufficient staff resources to meet the assessed clinical needs of the 44 residents living in the centre on the day of the inspection. The inspector was told that the centre's own staff were willing to cover any gaps in rotas due to unexpected leave and that the provider was actively recruiting additional nurses, healthcare assistants and household staff to ensure the safe delivery of care to residents as occupancy within the centre increased. The centre had a full-time activities coordinator who organised and led a range of activities for residents to enjoy over Monday to Friday. A clinical nurse manager was due to start in their role in early January 2022, to support the person in charge in supervising, training and assisting staff.

The inspector reviewed the centres training matrix and found that mandatory training in fire safety, safeguarding vulnerable adults, manual handling and infection prevention and control had been completed by all relevant staff. Some nursing staff had also completed cardio-pulmonary resuscitation training. A formal induction programme was in place for all new staff, with the induction length varying from 1-2 weeks depending on staff's experience to date. The person in charge had plans to complete a formal annual appraisal with each staff member by March 2022, the date by which the centre would be open one year. The inspector observed that some healthcare assistants required greater supervision during mealtimes to ensure that the dignity and positive experience of residents using the dining room was protected. This was discussed with the management team at the closing meeting of the inspection who stated that the newly appointed assistant director of nursing and clinical nurse manager would be tasked with increased staff supervision.

Four staff records were reviewed and the documentation contained within showed that there were safe and effective staff recruitment practices in place to safeguard residents.

Residents and visitors spoken with were aware how to raise a complaint, and said that they felt comfortable doing so if required. The complaints management records were reviewed and the inspector saw that each complaint received had been investigated promptly and the outcome and complainant satisfaction recorded. Complaints were used to inform quality improvements within the centre. For example, the chef had met with one resident to ensure that their food preferences were met daily.

Regulation 15: Staffing

There were sufficient staff resources to meet the assessed needs of the 44 residents living in the centre on the day of the inspection. The rosters reviewed showed that there were two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed showed that mandatory training was up to date for all staff working in the centre.

There was a formal induction programme in place for new staff and annual appraisals were due to be completed for all staff by the end of the first year of opening.

An additional clinical management team member was recruited to provide staff with greater supervision and support.

Judgment: Compliant

Regulation 21: Records

The four staff records reviewed were kept in accordance with Schedule 2 of Statutory Instrument 415 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

Although audits were regularly completed on many areas of the service, the inspector was not assured that these monitoring systems were adequate to ensure that a safe and quality service was being consistently delivered to residents. For example:

1. The inspector found gaps in care planning that had not been identified in care planning audits completed.
2. Environmental audits completed by the provider had not identified poor infection prevention and control practices in the centre.
3. The environmental audits completed by the provider had not identified that the smoking hut facilities were inadequate to ensure the safety of those using the facilities.

This is further discussed under regulations 5, 27 and 28.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. This was displayed in the entrance foyer of the centre. There was a nominated person who dealt with complaints and the Clinical Operations Manager was the nominated person to oversee the management of complaints.

There was evidence of effective management and recording of all complaints received.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were supported and had opportunities to have a good quality of life. Residents were facilitated to make choices about their daily living routines and activities. However some improvements were required in care planning, in infection prevention and control practices and some aspects of fire safety within the centre.

The inspector followed up on a number of notifications received by the Chief Inspector of Social Services and saw that appropriate care and follow up had been received by residents following incidents such as falls. The inspector also noted that in the care plans for restrictive practices, such as the use of bed rails, residents' consent had been obtained and that their use was regularly monitored. However, in the sample of residents' care plans reviewed by the inspector, gaps were identified in some which would make it challenging for staff to provide safe and person-centred care for residents. This is further discussed below under regulation 5 Individual assessment and care plan.

The inspector observed that residents' health and well-being was maintained by timely access to appropriate medical care intervention. A general practitioner (GP) attended the centre twice weekly to review residents and allied healthcare professionals reviewed residents either in person or remotely. Residents had access to COVID-19 and influenza vaccines.

Residents' rights were respected, and residents were supported to choose how they lived their lives within the designated centre. There was a programme of activities available to residents Monday to Friday, while weekend staff provided recreational opportunities for residents on Saturdays and Sundays. Some residents spoken with told the inspector they enjoyed participating in the activities. Residents' views were

gathered through satisfaction surveys and the first resident meetings had recently taken place in the centre and was chaired by the activities co-ordinator. Residents had access to advocacy services, TV newspapers and radio. Religious services were facilitated by two residents in the centre.

Visitors were welcomed to the centre in accordance to resident's wishes and with the latest Health Protection and Surveillance Centre advice. Residents could receive visitors in their bedrooms or in numerous private rooms throughout the centre. Visitors were able to attend the centre throughout the day, but were requested to restrict their visits to outside mealtimes. A record of all visitors to the centre was maintained and visitors were required to adhere to COVID-19 infection prevention and control practices on entering the centre, such as completing hand hygiene and a COVID-19 health questionnaire and the wearing of a mask.

The provider had developed risk registers that included all clinical, health and safety and COVID-19 risks identified within the designated centre. Each risk identified had appropriate actions in place to reduce the risk, with a risk owner and risk rating also assigned. The risk management system included measures and controls for the risks specified under the regulation, such as risk of abuse, aggression and violence and self-harm.

Overall the centre was clean and the inspector saw that the housekeeping manager had cleaning schedules in place for specific areas within the centre. However, the inspector found that significant improvements were required with the oversight of cleaning schedules, and hand hygiene and infection control practices to ensure that good standards of infection prevention and control were maintained. This is further discussed under regulation 27 below.

Prior to the centre opening, a site visit inspection had been completed which had identified a number of fire safety issues that the provider was requested to address, such improved signage to the fire assembly point and the provision of a fire blanket in the smoking hut. During this inspection, the inspector observed that these issues had been adequately addressed. However, the inspector was not assured that all appropriate measure were in place to protect residents using the designated smoking hut or to safely evacuate residents in the event of a for occurring at night. This is further discussed under regulation 28 below.

Regulation 11: Visits

The person in charge ensured that the latest guidance from the Health Protection Surveillance Centre on visiting to residential services was being followed, with infection prevention and control measures in place to ensure that residents safely received their visitors.

There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 26: Risk management

There was an effective risk management policy in place which had identified and assessed risks specific to the centre and those risks specified under the regulation.

There was a plan in place to respond to major emergencies and a centre-specific Safety Statement.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in the oversight of infection control practices within the centre which could impact on the safety of residents. For example,

- In the sluice room of the Ash unit:
 - the hand hygiene sink was unclean, despite cleaning schedules for this room being recorded as complete.
 - There was a vase in the sluice sink
- In the sluice room of the Oak unit:
 - the hand hygiene sink was unclean, despite cleaning schedules for this room being recorded as complete.
 - The sluice sink was not connected to the mains pipework and therefore could not be used by staff in this unit. This posed a risk to infection control
- The inspectors observed that some staff wore their personal protective mask inappropriately. For example, some staff were seen to wear their masks under the chin, under their noses or, as in the case of two staff in the laundry area, not wear a mask.
- Two staff members were observed to wear nail varnish and three staff were seen to wear jeweled rings and hand watches on the day of inspection. This did not align with national hand hygiene guidelines and also meant that staff could not effectively clean their hands.
- The inspector noted that there were gaps in the staff temperature and COVID-19 monitoring sheet for the the day of the inspection.
- There were gaps in the daily temperature checks and weekly cleaning schedule for the clinical fridge in the Oak unit. This could result in poor outcomes for residents in receipt of medication from this fridge.
- A sharps bin in the Ash unit had not been signed and dated when opened, and the temporary closure on the bin was not in place. Such practices are not in line with National Policy on the Management of Sharps and Prevention of

Sharps Injuries.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector was not assured that the provider had taken all appropriate measures to ensure the safety of residents using the designated smoking area. For example, the smoking area did not have the following in place:

- An accessible emergency call alarm
- A fire extinguisher
- A fully equipped first aid kit

The provider had not completed fire drills with staff at night. Therefore, the provider could be assured that, in the event of a fire at night, that residents could be safely evacuated when staffing levels were at their lowest.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, improvements were required to ensure that resident's received the care and supports required to maximise their quality of life. For example:

- In the records for one resident, there was no evidence that a pre-admission assessment had been completed to ensure that the service had the ability and facilities to meet the residents' needs.
- For two residents, individualised care plans on residents' health, personal and social needs had not been developed within 48 hours of their admission to the centre.
- For two residents, there was no care plan developed to guide staff on how to support the residents' psychosocial well-being and for another, although the care plan had been created, it was not personalised.
- There was no smoking care plan in place for one resident who smoked. Therefore, there was no guidance for staff on the smoking supervision needs and most appropriate protective equipment required by the resident.
- In the pre-admission assessment of one resident, it was noted that the resident had an appointment with an external specialist following their admission to the centre. However, there was no evidence in the residents' records verifying that the resident had attended this appointment.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that residents were provided with timely access to a general practitioner (GP).

Residents were referred to appropriate allied health professionals and access to these services was seen to be timely. Where recommendations were made these had been updated in residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' views on the service were sought through surveys and more recently through resident meetings. An advocacy service available to residents. There was evidence that maintaining links with families and others was encouraged and facilitated by staff.

Staff made good efforts to ensure residents had daily activities that they could participate in. Residents were supported to exercise their religious rights while living in the centre and had access to radio, television and newspapers.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathborne Nursing Home OSV-0007976

Inspection ID: MON-0034743

Date of inspection: 13/12/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Care plan training has been arranged for nursing staff and will commence week commencing 1.02.2022</p> <p>Environmental audit tools and care plan audit tools will be reviewed and updated to ensure that audits tools are capturing gaps identified.</p> <p>The fire safety audit tool will be reviewed and updated to include smoking shelter facilities.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cleaning schedule has been revised. Increased monitoring by the household supervisor to ensure the areas are cleaned, and staff have been advised to maintain cleanliness of sluice areas as they complete work tasks.</p> <p>Increased 'spot' checks and observational walkthroughs by managers to monitor practices and reminders issued to all staff to adhere to infection control best practices.</p> <p>Unnecessary items removed from sluice room, and daily checks to ensure compliance. The sluice sink was plumbed into place 13/01/22</p>	

PPE checklist and audit conducted regularly by DON/ADON, practices discussed at handover daily to ensure compliance, reminder to staff at staff meeting regarding standards of dress code policy and hygiene i.e., wearing of nail varnish and jewellery. The employee handbook is available to staff which informs them of the dress and uniform codes for Trinity care.

Updates to staff reminding them to ensure they have recorded and signed the temperature check sheet twice daily. in addition, reception and management staff will be monitoring the temperature check sheets to ensure compliance.

Nursing staff reminded of the requirement to check fridge temperatures and ensure that cleaning schedules are adhered to. Daily checks of introduced to ensure compliance, these will be signed by the nurse on commencement of duty and checked by the DON/ADON,
Sharps bin notice alerting staff to sign and date on opening and closure in situ. Practices will be monitored by DON/ADON during 'spot' checks & walkthroughs.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An accessible emergency call alarm will be fitted to the smoking shelter 02/02/2022.
A fire extinguisher has been placed beside the smoking shelter 11.01.2022
There is a fully equipped first aid box at the nurses' station, an additional first aid box will be placed within easy access of the smoking shelter. 25.01.2022

Evacuation drill training for night staff has been arranged – the first training was completed on the 19.01.2022, further dates have been set for 28.01.2022 4.02.2022 & 11.02.2022

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Preadmission assessment documentation is always completed, moving forward this will be stored in the residents medical file, to ensure that it is easily accessible.

Care plan training arranged for week commencing 31.01.2022.

All care plans will be developed within 48 hours of admission.
Care plans identified have been reviewed and updated to reflect residents' psychological well-being/ smoking risks to ensure that care plans are personalized and reflect safety measures required.
All other care plans will be reviewed to ensure that any identified gaps are addressed and to ensure that care plans are in place to support residents needs.
The ADON will oversee staff care plan training needs, will also support training to ensure that care plans reflect residents' status and needs. The ADON will monitor care plans to check that that referrals, and appointments / outcomes are recorded.
DON and ADON will continue to monitor and audit 10% of the care plans monthly.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2022
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.	Not Compliant	Orange	28/01/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	02/02/2022

	precautions.			
Regulation 28(1)(d)	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.	Substantially Compliant	Yellow	11/02/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	28/02/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Not Compliant	Orange	28/01/2022

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/01/2022