Riada House Community Nursing Unit, OSV-0000529, 16 May 2019

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Riada House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	16 May 2019
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0024006

About the designated centre

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

Riada House Community Nursing Unit is a 35 bed facility, located within walking distance of Tullamore town centre. Residents' accommodation is arranged on ground floor level in two units known as San Pio and St. Anthony's Wards. There are 14 single bedrooms, nine twin bedrooms and one bedroom with three beds. All bedrooms have access to en suite toilets and showering facilities. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite and palliative care needs. There are two sitting rooms, a dining room, oratory, sensory room and several seated areas off the circulating corridors available to residents. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
16 May 2019	09:30hrs to 17:50hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The inspector met with residents and some relatives who were visiting on the day of the inspection.

All residents and their relatives were very satisfied with the nursing care they received and with the refurbished centre. Residents said that the centre was 'beautiful' and they 'loved' their new bedrooms. Many residents and relatives who spoke on their behalf said that staff took great care of them and were always close by if they needed them. Residents took great comfort from having staff available to tend to their needs if they became unwell.

A number of residents told the inspector that the physiotherapist did not come to the centre any more. They told the inspector that they had benefited from this service by becoming more active and independent and they feared that this progress would not be maintained without ongoing physiotherapy. One resident was very distressed that the speech and language therapist did not support them any longer with their communication needs. They said that the absence of the speech and language therapist and the physiotherapy service had a profoundly negative impact on their wellbeing and their quality of life.

Some residents who spoke with the inspector said they felt safe and secure in the centre. However, although there was a lot of fun and laughter in the centre, they would prefer to be living in their homes in the community. The inspector saw residents chatting and laughing together at mealtimes. Two residents talked about two other residents as being 'their friends' since they came to live in the centre.

Residents and relatives confirmed they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied with the service. Some residents said they could go out to the garden and were looking forward to sitting out in the garden in the summer. Some residents' bedrooms were decorated with their personal items from home and residents confirmed they could decorate the bedroom as they wished.

Residents told the inspectors they enjoyed the activities most of the time but sometimes there were too many people in the room. Some residents said they would prefer smaller groups or one-to-one activities. One resident was pleased that she would do her knitting anytime she pleased.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations and Standards. A condition of the centre's registration is to address non-compliances with the Regulations identified in the inspection reports of 1 February 2018 and 28 November 2017. The findings of this inspection did not provide sufficient assurances that this condition was met. Three of the five compliance plans from the last inspection in June 2018 had been completed. The service had not come into compliance in relation to Regulation 5: Assessment and Care Planning and Regulation 23: Governance and Management. Improvements found in June 2018 were not sustained and non-compliance was found in Regulation 6: Health care and Regulation 9: Residents' Rights on this inspection.

The service was not adequately resourced regarding residents' access to physiotherapy and speech and language therapy and in accordance the centre's Statement of Purpose. Allocation of staffing required review to ensure residents' with one-to-one activity needs were met and that all residents' supervision needs would be appropriately met in both sitting rooms. The registered provider had withdrawn weekly physiotherapy and speech and language therapy resources in March 2019. These allied health professionals attended residents with acquired brain injury and specific communication needs, assessed as needing input from these services on one day per week. Alternative arrangements that would provide these residents with weekly input by these services were not put in place. A referral service did not provide sufficient assurances that the specialist needs of these residents currently in the centre were met. This had a negative impact on these residents and did not ensure their health, independence and quality of life was optimised or assured them that progress they had made would be sustained. The residents or staff in the centre were not informed if this weekly service would be resumed.

Implementation of an electronic data management system had commenced but completion was hindered by a failure to progress staff training on this system. This resulted in some residents having care plans that were partly paper records and partly in electronic format. The system in place to monitor the quality and safety of the service did not identify the risk inherent in this dual system whereby staff providing care may not have all the necessary information to consistently provide appropriate care to residents.

The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

The inspector's findings confirmed that the organisation of staffing resources required review to ensure the individual and collective activity needs of residents could be met and that they were afforded choice to use both sitting rooms in the centre. Staff told the inspector that all residents were moved to the sitting

room opposite the nurses' office after their evening meal to ensure their supervision needs could be met. Other than a chair-based exercise session in the sitting room next to the nurses' office facilitated by the occupational therapist, no activities were facilitated by other staff in this area. Ensuring residents' supervision was also given as the rationale for facilitating residents' group and one-to-one activities at the same time in the sitting room next to the dining room during the day. The sitting room opposite the nurses' office was liked by residents as it had access to the enclosed garden but it was not available to them until evening time as staff were not available to supervise them there.

There was no delay found in staff attending to residents personal care and assistance needs.

A planned and actual staff rota was in place. The roster reflected the staff on-duty on the day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records were made available to the inspector. The training records confirmed that staff had access to mandatory programmes and refresher training. Staff were also facilitated to attend a wide range of training to support their professional development and to ensure they had the necessary skills to meet residents' needs. As facilitating residents' social activities was an integral part of the role of care assistants, further training to improve their skills in facilitating small groups or providing one-to-one activities would positively impact on residents' quality of life.

An induction process, including training, was in place for newly-recruited staff. Annual appraisals were carried out with staff by the person in charge. Staff were appropriately supervised and staff who spoke with the inspector said they enjoyed working in the centre and were well supported by the person in charge and senior staff.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 1, 2, 3, 4 and 5 of the regulations were maintained.

Four staff files were examined by the inspector and were found to contain all information as required by Schedule 2 of the regulations including a vetting

disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure was clearly defined. Staff were aware of their roles and responsibilities. Monthly management meetings were attended by the provider representative or general manager. A review of key service parameters such as, risk management, complaints, adverse incidents involving residents, quality of service and resource requirements were standing agenda items. The person in charge supported effective team communication and held regular staff meetings.

Since the previous inspection in June 2018, improved systems were implemented to monitor the quality and safety of the service and quality of life for residents. There was evidence that this monitoring process was informing quality improvements in some areas of the service. For example, feedback from residents had been utilised to improve residents' meals and their mealtime experience. However, the system of audits was not fully utilised to inform continuous quality improvements in other areas. For example, a care planning audit in February 2019 did not identify weaknesses in residents' care documentation. There were inconsistencies in the information on electronic and paper-based care plans and this posed a risk to the quality of care provided which had not been picked up on the audit. Plans were not progressed to provide training and implement the electronic care documentation management system. Improvement plans generated from audits were not consistently progressed to completion.

The service was not adequately resourced. Weekly physiotherapy and speech and language therapy services had ceased in March 2019 due to insufficient resources. These services had been put in place following an inspection in February 2018 to ensure compliance with Regulation 6: Health Care.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

The centre's statement of purpose was updated with some minor revisions and

forwarded to the Chief Inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted notifications of incidents involving residents to the Chief Inspector within the specified timescales required by the regulations.

Judgment: Compliant

Quality and safety

Notwithstanding improvements required in residents' care documentation, residents' nursing care needs were comprehensively assessed and met to a high standard. Mealtimes were observed to be a social occasion for most residents. Friends were supported to sit together where possible.

As previously stated, residents who required physiotherapy or those with specialist communication needs did not have ongoing access to physiotherapy and speech and language therapy to meet their assessed needs. These services, which were provided on a one day each week basis, had been withdrawn since March 2019. Staff made efforts to continue implementing treatment plans developed for residents before the services were withdrawn. However, without regular assessments and updated treatment plans, this arrangement was having a negative impact on residents' wellbeing, mobility assessments and continuing rehabilitation. Although there was a very low incidence of residents falling, residents were no longer assured that their mobility and falls risk assessments would be informed by a physiotherapy service.

There was good consultation with residents and they were encouraged to express their views and give feedback on the service. Residents spoke positively about how they were encouraged to have an input into how the service was run.

Although a variety of interesting and meaningful activities were provided for residents, facilities provided for activities and the coordination of residents' activities after 14:00hrs required review.

The centre premises is at ground floor level throughout. The premises was recently refurbished to a high standard and was well maintained, visibly clean, spacious and bright. Residents' accommodation in the centre comprised single bedrooms,

twin bedrooms and one bedroom with three beds. All bedrooms have full en-suite toilet and washing facilities.

The provider and person in charge ensured residents' medicines were safely managed, stored appropriately, reviewed and administered as prescribed.

All staff interactions with residents were courteous and kind. Residents confirmed they felt safe in the centre. Procedures were in place to ensure that residents were safeguarded from abuse and that any allegations of abuse were appropriately investigated and addressed.

Regulation 12: Personal possessions

The revised arrangements in place for residents in one twin bedroom and in one bedroom with three beds ensured there was sufficient space for residents to store their clothes and personal possessions. Storage facilities for residents' clothing and personal possessions in other bedrooms met their needs and ensured they could exercise control over their clothing and personal possessions as they wished.

Judgment: Compliant

Regulation 17: Premises

Overall, the refurbished layout and design of the centre provided residents with a therapeutic, spacious and comfortable living environment. Residents had access to a variety of communal areas and sitting areas in alcoves off the circulating corridors.

A large enclosed secure courtyard was accessible to residents from a number of points along corridors and from one of the communal sitting rooms. The courtyard had shrubs, small trees, raised planters and seating areas providing residents with an interesting and attractive outdoor space. Residents, at risk of leaving the centre unaccompanied could access this secure garden independently as they wished.

Staff had worked with residents to make the communal rooms homely and comfortable with familiar memorabilia and traditional pieces of furniture. Colourful and interesting art projects worked on by residents were displayed in the communal sitting rooms. The dining room beside the main kitchen was sufficiently spacious to accommodate all the residents at mealtimes. This dining room had been decorated since the last inspection. Toilet facilities were within close proximity to the dining and sitting rooms. Work was ongoing to enhance directional signage to help residents and visitors with accessing the centre. A sensory room was used mostly by residents with dementia for rest and relaxation.

Circulating corridors were wide and ensured residents' ease of access. Handrails

were painted in a contrasting colour to the surrounding walls to promote residents' safe independence. The floor space in residents' bedrooms varied but each room met the privacy and dignity needs of residents residing in them. Residents in the centre were accommodated at ground floor level in single, twin bedrooms and one bedroom with three beds. The three bedded room was used to accommodate residents who were admitted for short-term care. The layout and design of one twin bedroom did not suit residents with mobility support needs and residents who were fully mobile were accommodated in this bedroom. These arrangements were described in the centre's statement of purpose. All bedrooms had en suite facilities. Storage space for residents' clothing and personal belongings had been reviewed and new wardrobes were installed as necessary. These improvements ensured residents had sufficient wardrobe space and that they were facilitated to retain control over their personal belongings. Residents were encouraged to personalise their bedrooms with photographs, ornaments and small items of furniture from their own homes if they wished.

There was sufficient storage for residents' assistive equipment.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place to ensure the nutrition and hydration needs of residents were monitored and met. A validated assessment tool was used to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Special diets were communicated to the Chef who ensured residents were provided with appetising food that met their individual preferences and needs. Meal preparations were provided as recommended for residents who have swallowing difficulties, unintentional weight loss or gain and diabetes or other medical conditions. Residents' dietary recommendations were also described in their care plan to ensure they were known to staff caring for them. The daily menu was displayed and also communicated at mealtimes by staff to residents to assist them with making informed choices. Residents were provided with snacks throughout the day and had a choice of hot meals or alternatives to the menu for lunch and tea. There were sufficient numbers of staff in the dining room to assist residents with their meals as necessary. Assistance provided by staff was discreet and encouraging.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to assess each resident's needs. These assessments informed care plans that described the actions staff must take to meet residents' needs. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. Overall, residents' care plans were person-centred and described care interventions that reflected residents' preferences and wishes regarding their care. While all residents had paper format care plans, some residents had care plans in both paper and electronic format. The information in the paper and electronic care plans did not consistently correlate. The inspector was told that the care plan information in both formats was used by staff to inform these residents' needs. This arrangement posed a risk of residents' needs not being communicated clearly to staff.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents with communication needs who required specialist speech and language therapy for cochlear implant devices did not have access to this service since March 2019. Residents with rehabilitation needs following an acquired brain injury did not have access to a physiotherapist since March 2019.

Residents were provided with timely access to a general practitioner who attended the centre weekly or more often as necessary. Community psychiatry services of later life and the community palliative care team attended residents in the centre as necessary. An occupational therapist attends the centre three days each week and supports staff with facilitating residents' activity needs including a chair exercise session. Tissue viability, chiropody, dental, optical and dietitian services were also available to residents as necessary.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were periodically predisposed to episodes of responsive

behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Good systems were in place to support residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in managing responsive behaviours. The inspector observed that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. Behavioural support care plans were developed for residents with responsive behaviours that detailed the triggers to behaviours and effective person-centred de-escalation strategies to guide consistency in their care.

A minimum restraint environment was promoted in the centre. Documentation was in place confirming assessment of residents' need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and while in use.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse and how abuse may present. All interactions observed by the inspector by staff with residents were respectful, supportive, courteous and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to participate and influence the running of the centre. Their feedback was valued by the provider, person in charge and staff in the centre. Residents' meetings were held every two months and feedback from residents was used to inform the service. For example, residents' views were sought about mealtimes, menus and the decor in the dining room.

Residents' privacy and dignity was respected. Staff were observed knocking on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures. Bedroom doors were fitted with emergency self-closure devices and this meant that residents could leave their bedroom door

open if they wished.

A varied and meaningful activity programme was provided for residents. Care staff supported activity staff with meeting residents' activity and social needs. An activity coordinator was employed to coordinate residents' activities from 08:00hrs to 14:00hrs from Monday to Friday. Residents' activities were facilitated by care staff after 14:00 hours and during weekends. As the activity staff available reduced after 14:00hrs, two residents who remained in their bedrooms had access to only one one-to-one activity session per week. The activity programme facilitated in the sitting room included some activities that were suitable for residents with dementia or residents who were not suited to group activities. There were two sitting rooms in the centre but activities took place in only one room where one-to-one or small group activities were facilitated at the same time as other group activities. The groups were too large and when more than one activity took place in the room, noise levels were high and the room was overcrowded.

Residents stayed in one sitting room in the morning and moved to the other sitting room in the evening. The inspector was told this arrangement was to ensure residents could be appropriately supervised by staff. This arrangement negatively impacted on residents' choice and comfort.

Each resident's activity needs were assessed and an activity care plan was developed based on their interests and capabilities. However, these care plans did not consistently inform the activities individual residents had access to, especially residents who were unable to participate in the group activities. Records of the activities residents participated in and their level of interest in these activities were not consistently completed to provide assurances that the activity programme met residents' interests and capabilities.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. All residents were provided with access to a telephone if they wished. Newspapers and magazines were also available to residents. Residents were supported to vote in elections and referenda.

Judgment: Not compliant

Regulation 11: Visits

An open visiting policy was in place in the centre. Visitors called into the centre to visit residents on the day of inspection. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in several comfortable seated areas off the circulating corridors. A record of all visitors to the centre was maintained.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 11: Visits	Compliant

Compliance Plan for Riada House Community Nursing Unit OSV-0000529

Inspection ID: MON-0024006

Date of inspection: 16/05/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Activity staffing resources reviewed to ensure residents' needs are being met, individual and collective. Persons with responsibility for activity plan are identified on daily roster. Choice offered to residents to access both sitting rooms in the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Care Planning audit tool review will be undertaken and upgrade to new metrics suite will be engaged on the 01/07/19. Engagement with Digital Initiative Project for Electronic Documentation Management System has commenced. Allied Health Professional colleagues have been invited to attend governance meetings on a monthly basis. Completed 17/06/19. An application has been submitted for reinstatement of Physiotherapy and Speech and Language Therapy resources through the use of agency personnel, to General Manager Older Person Services and Older Persons Services Manager Laois/Offaly.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

All residents have an individualised standardised paper based care plan.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
'This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.'

Physiotherapy and Speech & Language agencies have been successful in securing jobs elsewhere but Allied Health Managers are actively trying to recruit into these posts. In the interim the needs of the residents of the centre are being covered from the community referral system.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We have reviewed our activity programme and staffing resources (review completed 14/06/19). Roster restructured to prioritise the needs of residents in the Community Nursing Unit.

Practice review in progress in relation to transitioning of residents from one sitting room to the other sitting room to ensure resident's choice and comfort needs are being addressed. Alternative seating areas are available within the designated centre and are being offered to residents for use.

Activity care plan documentation has been amended to record participation and levels of interest in activities provided, for each individual resident.

Persons with responsibility for activity plan are identified on daily roster.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	12/08/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/07/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	01/07/2019

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	28/06/2019
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Red	30/06/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	12/08/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Not Compliant	Yellow	12/08/2019

	capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/06/2019