



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastlewest, Limerick
Type of inspection:	Unannounced
Date of inspection:	09 October 2018
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0025180

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 67 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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How we inspect

To prepare for this inspection the inspector or 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
09 October 2018	10:00hrs to 18:00hrs	Caroline Connelly	Lead
10 October 2018	08:45hrs to 18:20hrs	Caroline Connelly	Lead
09 October 2018	10:00hrs to 18:00hrs	Breeda Desmond	Support
10 October 2018	08:45hrs to 18:20hrs	Breeda Desmond	Support

Views of people who use the service

Inspectors spoke with a number of the residents present during the two days of the inspection and with the majority of the residents on the previous inspection. Residents said they felt safe and well cared for and generally knew the names of the staff looking after them. Residents were complimentary about staff saying they were very caring and approachable and also commented that there had been a number of new staff.

The majority of residents reported satisfaction with the food and said they were offered three choices at meal times. They complimented the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction. Residents said they had easy access to newspapers of their choice but said that in some rooms the positioning of the televisions could do with changing to enable them to see it better. As reported to inspectors on the last inspection the sitting room upstairs remained dark which made it difficult to read in.

Residents, with whom the inspectors spoke were complimentary about the activities and said there had been great improvements in the availability of activities in recent times since the new activity staff started. They said they particularly enjoyed the music sessions, exercises and Bingo. Some residents said the availability of regular physiotherapy was very important to them. Residents confirmed that they were consulted with via residents' meetings and had been facilitated to take a few trips out in the summer. They were complimentary about the improvement in the enclosed garden and the beautiful flowers available for them to enjoy.

Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. On this inspection inspectors found that the centre was operating in breach of the Health Act 2007 in that there were two dependent residents residing in unregistered beds and this situation had been in place for a number of years. The provider was issued with an immediate action plan to regularise the situation and to come back into compliance with the Health Act 2007 Sec 46 (1) which clearly

outlines that a person shall not carry on the business of a designated centre unless the centre is registered under the health act 2007.

This centre has a history of increasing levels of regulatory non-compliance identified on the previous two inspections undertaken in the centre in September 2016 and April 2018. Following the September 2016 inspection the provider and person in charge attended a meeting with the Office of the Chief Inspector as a first step in an escalating regulatory enforcement process. A restrictive condition was attached to the registration of the centre.

Despite this a repeat inspection in April 2018 found continued deterioration in regulatory compliance and further urgent fire and premises issues. The serious nature of these issues resulted in further meetings with the new Registered Provider Representative (RPR) and the office of the chief inspector and a monthly update was required to be submitted outlining progress in how the centre was coming into regulatory compliance.

Since the inspection of September 2016 significant changes were made to the governance and management structure in place for the centre. The current registered provider representative (RPR) took over the operation of the centre towards the end of 2017 and has positively engaged with the office of the Chief Inspector and taken significant steps to restore regulatory compliance. The Office of the Chief Inspector received regular updates setting out the changes and improvements which had been implemented and regular interactions took place. Since the previous inspection there had been a further change to the person in charge.

This inspection was undertaken to assess whether the changes that had been implemented were effective in improving regulatory compliance and ensuring the welfare of residents.

The RPR, new person in charge and the management team met with the inspectors during the inspection and demonstrated a understanding of the numerous improvements that were required within the service and outlined what they had accomplished to date. For example:

- they had brought in a team of experts including a business specialist, financial controller and consultant to assist in this process
- a new person in charge had been employed since 01 October 2018 with the required managerial training and experience
- there was a more clearly defined management structure
- regular board meetings were taking place, where all aspects of the service were discussed. The person in charge and ADON attended these meetings and all issues in relation to the operation of the centre were discussed.
- they had recently employed a full time administrator
- a new maintenance person was employed on a full time contractual basis since July 2018 and parts of the premises internally and externally had been redecorated and updated

- contracts were in place for all aspects of Fire and equipment servicing checks and maintenance
- improvements were seen in the recruitment and induction of new staff and appraisal system for longer term staff
- there was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had been notified to the office of the chief inspector as required by the regulations.

The inspectors found that although there is a management structure in place and regular governance meetings are taking place, further improvements are required in defining roles and responsibilities to ensure effective governance and management of the centre. A number of the non-compliance's identified on the previous inspection had been addressed or progress was made towards addressing them however a number remained non-compliant:

- there had been a substantial investment in the provision of mandatory training to staff however there continued to be a number of staff that had not received updated mandatory training in fire, safeguarding, moving and handling and responsive behaviours
- improvements was seen in the overall decor of the premises but further actions were required particularly in relation to quality of life issues for residents
- although all staff and contractors now had Gardai vetting in place prior to commencing work, further improvements were required to ensure robust recruitment was employed, as gaps in some staff files were identified
- systems had commenced for the auditing and review of the quality and safety of care but they were only in the early stages of implementation and there was no annual review completed as required by the regulations
- work practices required review to ensure adequate staff were available to assist at meal times and provide supervision of the day rooms
- further supervision on the floors by senior staff was required.

Regulation 14: Persons in charge

The person in charge was new to her role in this centre but has been a person in charge in another centre. She is a registered nurse had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed there was a minimum of two nurses on duty at all times with three nurses on in the morning, with a regular pattern of rostered care staff, household and catering staff. During the week there was also the person in charge and a member of the senior team on duty daily. During the inspection although the number and skill mix of the staff appeared sufficient to meet the assessed needs of residents, inspectors noted that work practices required review particularly in relation to the distribution of residents breakfasts and supervision of residents. This review was to ensure adequate staff were available to assist residents as required. Also inspectors noted that there were substantial delays in answering resident call bells and staff were not deployed to ensure supervision of the communal sitting rooms. The provider and person in charge informed the inspectors they were currently reviewing the staffing levels, shift patterns and supervision of work practices and wanted to have senior cover also at the weekend.

Judgment: Not compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the new management team were committed to providing ongoing training to staff. There was evidence that some mandatory training was completed and other mandatory training was scheduled in the coming weeks. However a number of staff continued to not have up-to-date mandatory training in fire, safeguarding, updated moving and handling and responsive behaviours. Activity staff also required training as they not received any formal training in the provision of social activities including dementia specific activities.

Since the previous inspection inspectors saw evidence that new staff had completed induction programmes and a large number of staff had undertaken appraisals however there were still a number of appraisals outstanding at the time of this inspection.

Judgment: Not compliant

Regulation 21: Records

Significant improvements were seen in the overall record keeping since the previous inspection records were kept in such a manner as to be accessible and available for

inspection as required by the regulations.

Staff files viewed by the inspectors all now contained Garda Síochána (police) vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. However from the sample of staff files seen, inspectors identified the following which was not in compliance with Schedule 2.

- unexplained gaps in some CV's,
- photographic identification was missing for one staff member
- one staff file had only one written reference
- although vetting was in place for contract staff such as the chefs and the maintenance man who all work full time in the centre there was not a staff file maintained on site for them.

The person in charge assured the inspectors that they were implementing a system of more robust recruitment and a full audit of files would take place to ensure they were all compliant with schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

Although there were improvements seen in the overall governance and management of the service with a clearly defined management structure. There continued to be issues with the roles and responsibilities not being clearly defined and outlined particularly in relation to the roles of senior nursing staff.

The new management systems in place and those proposed to ensure that the service provided is safe, appropriate, consistent and effectively monitored required further implementation and there was no annual review of the quality and safety of care was not completed for 2017 or commenced for 2018.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Since the previous inspection improvements were seen in the contracts of care and the provider had implemented a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied and were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was being updated during the inspection with the new management structure and changes to the layout of the building. It was submitted immediately following the inspection and contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were seen in the number and types of notifications received since the previous inspection. Incidents and allegations were followed up and actioned appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures had been updated following the previous inspection and now contained a policy for responding to emergencies in the centre and a policy on the use of Closed Circuit Television CCTV . The person in charge planned to implement further policies and roll out via training sessions with staff.

Judgment: Compliant

Quality and safety

There had been a number of improvements in the overall quality and safety of care for residents since the previous inspection. Residents' needs were being met through good access to healthcare services, opportunities for social engagement had increased and improvements in the premises and external areas. The inspectors saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding all the recent changes that had taken place in the

centre and the current care and activities provided. However further improvements were required in the provision of appropriate communal space, access to television, and improvements in the premises.

Residents' health care needs was supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. This included the availability of in-house physiotherapy and physical therapy. Dietitians speech and language and tissue viability was available through a nutritional company. These therapies supported the diverse care needs of residents. However the inspectors did note a delay in a referral of a resident with increased weight loss to a dietitian. The person in charge said the new system she is implementing of weekly recording and reporting of such quality care indicators will highlight these issues and ensure speedier referrals. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. Inspectors saw that these specialists were involved in behavioural and medication plans for residents who exhibited behavioural and psychological symptoms of dementia. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the service provided.

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plan's were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred. Improvements were seen since the previous inspection in care plans for residents exhibiting responsive behaviours and residents using restraint to ensure all staff were consistent in approach to care provided.

On the previous inspection inspectors found the practices around restraint use were not in line with the national restraint guidance issued by the department of health. There was a high usage of restraint in the centre with nurses informing the inspectors that nearly all residents used bedrails at night. On this inspection there was a substantial reduction in the use of bedrails and assessments for the use of bedrails were in place. Alternatives to bedrail usage were now outlined and there was evidence of regular checks on bedrails at night. Further reduction in restraint usage was planned and training was being provided to staff.

There were significant improvements in all aspects of fire management since the previous inspection. Fire fighting equipment such as extinguishers and fire blankets were in place and serviced annually the maintenance man had introduced a system of regular checks of these and other fire safety areas in between servicing. Fire alarms and emergency lighting were now regularly checked and serviced and a new contract was in place for these services and checks. More regular fire drills were now taking place which detailed who attended, what was undertaken and what the outcomes and learning were. Some fire training had been provided however a number of staff had not received recent fire training. The smoking room is at the end of a corridor. The room is fitted out with smoking aprons, metal ashtrays, fire blanket, fire extinguisher and a nurse call bell. Mechanical ventilation was installed

since the last inspection to extract the smoke. The inspectors remained concerned re the visibility of residents who smoked. However they did see that residents who smoked were accompanied by staff who supervised them when in the smoking room.

There is a new maintenance contractor in place since July 2018 who has put in system of regular checking of the premises and equipment. Due to the large number of issues identified on the previous inspection he was proactive in responded to issues as they occurred as well as establishing a proactive system of ongoing maintenance and regular checking and servicing. Contracts were now seen to be in place for hoists, beds, wheelchairs and other specialised equipment. Broken and unused equipment that was blocking exits on the previous inspection had all been removed and extra storage areas such as external sheds had been put in place. External courtyard area was all cleaned up and planted with flowers and tubs. However there continued to be a number of issues identified with the premises on the last inspection that remained non-compliant. Seals on the showers required repair, although a lot of areas had been decorated further painting was required as paint was seen to be off the walls in a number of areas and floor covering was stained in other areas. The availability and accessibility of living room and dining space required review to ensure it met the needs of all residents in the centre in a comfortable and homely manner. The living room upstairs was too small to provide seating for all residents living upstairs and even with the addition of the conservatory area it still would not provide adequate seating.

There was evidence of consultation with residents. Formal residents' meetings were facilitated chaired by the activity staff and the frequency had increased since the previous inspection. Activities had greatly increased with the employment of two activity staff. The physiotherapist and physical therapist ran exercise groups twice weekly and provided one to one therapy. Inspectors saw the activity programme and although there had been a great increase in activities further co-ordination of the programme and staff was required to ensure greater access to activities for all residents including at weekends as requested by the residents. The activity staff had not received any formal training in activities, however the person in charge informed the inspectors that she was currently sourcing same to ensure staff have appropriate training to support an activity programme for the size and layout of the centre to meet the social and recreational needs of the residents.

Regulation 17: Premises

The premises and external gardens had undergone a substantial programme of refurbishment since the last inspection. However there remained a number of issues identified with the premises that did not comply with the requirements of schedule 6

of the regulations:

- seals continued to be missing from showers.
- paint was seen to be off the walls in some parts of the centre.
- communal accommodation was limited particularly upstairs where the size and layout of the sitting room was not suitable for all residents living there.
- lighting and ventilation was not adequate in the upstairs sitting room. Residents had difficulty seeing out of the windows and most windows could not be opened to allow fresh air in. The room was found to be dark and stuffy and electric lighting was not sufficiently bright to enable residents to read in there.
- the positioning of the television did not allow access for all residents to see it.
- flooring particularly in the bathroom of one of the apartments and in the sluice room was badly stained and required replacement.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were very complimentary about the food in the centre and said they had three choices of main course at lunch time. There was also plenty of home baking and the food was seen to be appetising and nutritious. The inspectors observed the dining experience and while it was good to see the majority of residents attending the dining rooms for their meals improvements were required to ensure the dining experience was a social occasion. Inspectors found that all breakfast trays were brought upstairs for all residents at the same time. There was not enough staff available to assist all residents at once, therefore porridge and tea were sometimes cold when the residents received same. Breakfast trays were seen to be set up for the following days breakfast as early as 11am, this included cereal in bowls and buttered bread, this practice is not acceptable and required immediate review.

Judgment: Substantially compliant

Regulation 26: Risk management

Improvements were seen in risk management since the previous inspection, although a window in one of the downstairs bedrooms was seen not to have a safety restricter in place on the first day of inspection. The maintenance man secured and checked all windows immediately following identification of same. Other issues identified on the previous inspection were completed including:

- the risk register had been reviewed and many risk assessments had been updated.
- access to sluice rooms were seen to be secured during the inspection.
- there was an emergency plan in place to guide staff in the event of any emergency situation
- there was a new risk management system currently being implemented

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified with infection control on the previous inspection clinical and medical equipment were seen to be stored in sluice rooms such as nebulisers, nebuliser masks, hoist slings, peg feeding stands which is totally contrary to infection prevention and control policy guidance. On this inspection although many of the above items were removed the inspectors saw a pressure relieving cushion and a hoist sling stored on the ground of one sluice room. On the racking where bedpans were stored to dry, inspectors saw denture pots stored beside them, some sinks and hand wash soap containers were unclean and clinical bins were used for non-clinical waste. All of these issues were again contrary to infection prevention and control policy guidance.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were seen in all aspects of fire prevention and management. There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. However annual fire training was not in date for all staff which is actioned under regulation 16 Training and Staff Development. A number of fire drills had been undertaken since the previous inspection. Fire exit signage was being updated during the inspection. Although the inspectors saw residents being supervised in the smoking room during the inspection they continued to express concern re the location of the smoking room and requested further controls to be put in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspectors generally contained appropriate identifying information. However photographic identification was missing for one resident and gaps were identified in administration signatures.

As identified on the previous inspection medications that required crushing had an instruction at the bottom of the residents prescription sheet saying the resident may have their medications crushed or capsule opened. However medications were not individually prescribed as such and some medications cannot be crushed, therefore nurses may be administering medications in an altered format without the appropriate prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were seen in the overall assessments and care planning since the previous inspection. Care plans viewed by inspectors were personalised, regularly reviewed and updated following assessments completed using validated tools. However there was evidence that one resident who was losing weight was not referred immediately to the dietitian and the care plan was not updated to ensure he was receiving adequate nutrition. The resident was subsequently referred to the dietitian during the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropodist and psychiatry of old age as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Documentation of episodes of responsive behaviour was well maintained using appropriate forms identifying any triggers, underlying causes, types of behaviours exhibited. Improvements were seen in the care plans which were implemented since the last inspection for all responsive behaviours to ensure all staff were aware of the behaviours and the best way to respond to same ensuring a consistent approach.

There had been a substantial reduction in the use of bedrails since the last inspection, assessments were being completed and alternatives were being used where possible. Regular documented checks were taking place on all residents using bedrails and the management team assured the inspectors that they were working to further reduce restraint usage.

Judgment: Compliant

Regulation 8: Protection

Improvements were seen in the recording, investigation, reporting and responding to any allegation of abuse particularly allegations of peer on peer abuse. Staff spoken to were aware of their obligations to report any allegation and said they were working to a zero tolerance of abuse. Safeguarding training was provided to the majority of staff but remained outstanding for six staff which is actioned under regulation 16: Training and Staff Development.

Improvements were seen in the management of residents' finances and a more robust system was implemented. The centre was not acting as a pension agent for any resident and invoices were clear. Monies handed in for safekeeping were securely maintained, recorded and all transactions had double signatures.

Judgment: Compliant

Regulation 9: Residents' rights

Facilities for occupation and recreation had improved since the last inspection with the employment of two new activity co-ordinators. Further training was required for these staff as actioned under training to ensure the activity programme was provided in accordance with the residents interests and capabilities, which is actioned under regulation 16: Training and Staff Development.

There was evidence of residents' rights and choices generally being upheld and respected. Residents were consulted with via residents' meetings and the person in

charge is planning to send out a survey to residents and relatives to further elicit their views. Access to newspapers and the radio was provided but access to television in some bedrooms and in the upstairs lounge required review to ensure all residents could view the television easily.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0025180

Date of inspection: 10/10/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Work practices in relation to residents have been reviewed • Independent residents are now getting their breakfast first and residents that require feeding are then assisted. • CNM's are supervising staff at breakfast time and through out the day. • All staff have been informed of this at a staff meeting on Tuesday Oct 23rd • We have reviewed work practises and we have identified the need for an extra Care Assistant from 08.00 to 12.00 noon and will endeavour to introduce by Dec 30th 2018. <p>Answering of call bells is being monitored and staff were advised of this at the staff meeting</p> <ul style="list-style-type: none"> • The activity coordinators are carrying out activities in the day room • We have advertised for carers and will be training carers with a view to supervision in communal areas. • Senior Nurse cover for weekends will commence on a rota system. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Mandatory training is currently being conducted with a view to completion by January 2019 • The Activity Coordinators (Sonas) training commenced Tuesday 23rd October 2018 and will be completed by 12th January 2019. • Staff will have mandatory training of fire, safe guarding, manual handling and 	

challenging behaviour by January 31st 2019 • Appraisals will be completed by January 31st 2019	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Staff file audits to be conducted and all outstanding records to be updated with no unexplained gaps in CV's – Jan 2019. • All staff will have photographic ID and 2 written references – 30th Dec 2018 • A file will be developed to comply with regulations for the Chefs and Maintenance person who work full time in the centre. This will be completed by November 15th 2018. • Records will be kept in such a manner as to be safe and accessible – implemented immediately	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • In relation to Senior Nursing Staff, the assistant PIC and CNM's will receive comprehensive job descriptions with clearly defined roles and responsibilities to be completed by 30th Nov 2018 • New recording systems have been introduced: • weekly collection data, • weekly MDT meetings • fortnightly meetings with the provider and monthly board of management • These will feed into the quality improvement management system to ensure the quality of service/care and the quality of life for the resident sis continually being improved. • An annual review of the quality and safety of care will be completed by Dec 31st 2018.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- Two showers converted, 10 will be completed by 30th January 2019 and ongoing programme every 3 months.
- Paintwork that was seen to be off the wall in a bedroom has been redecorated – October.
- Painting is ongoing and will be staggered throughout the year - 2019
- The sitting room has been painted, new lamps have been purchased and new lighting to be installed – Due to St. Catherine's being a listed building, windows cannot be altered - 30th January 2019
- Two new televisions installed to allow ease of viewing for all residents
- Floor in sluice room and bathroom in apartment to be replaced by end of January 2019
- Two new lights to be fitted in the apex of the ceiling of the upstairs sitting room to be completed by 30th January 2019

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Residents who are independent are now receiving their breakfasts first and then residents who require feeding are then assisted to ensure food is served at the correct temperature
- An extra carer for the 08.00 to 12.00noon shift will be recruited to assist with feeding in the morning – recruitment process in place
- The practice of setting up breakfast trays in the morning was discontinued immediately during the inspection. A review of the process of serving the breakfast will be conducted by the end of January 2019

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- All staff must complete infection control training and become familiar and compliant with the infection control policy and procedure. Infection Control training to be completed January 15th 2019
- All staff have been informed that medical equipment can not be stored in the sluice room
- CNM's to inspect sluice rooms on a daily basis.
- Denture pots, pressure relieving cushions and hoist slings were immediately removed from the sluice room – during the inspection
- Cleaning staff have been made aware of the importance of cleaning sinks and soap

holders. Supervision of same carried out by CNM/Staff Nurses.

- Soap dispensers to be put up – this will be completed by December 1st.
- All staff have been instructed on the importance of waste segregation in relation to infection control - completed
- Hand wash dispensers and hand washing guidelines and techniques were fixed to walls adjacent to basins in the sluice rooms, bathrooms and sinks in corridors – Nov 30th.
- Colour coded bins purchased to ensure segregation of clinical and non clinical waste – completed

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Annual fire training is ongoing and any outstanding training will be completed by January 30th 2019
- Arrows are fixed beside the building maps on the walls to identify the nearest fire exit – completed – fire exit signage in place and completed.
- We continue to observe smokers in the smoking area by camera. We are currently researching options in relation to relocation of the smoking room. Continuous monitoring on CCTV by staff – ongoing.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Since the inspection we have conducting two weekly medication audits.
- Competency's of medication administration are being commenced on staff nurses
- All staff nurses required to partake in the medication management training on HSE land website – ongoing
- Any gaps identified in administration of medication signatures will be followed up by the CNM's and recorded in drug error book and action plan developed.
- All crushing mandates will be obtained provided GP's participate in signing the Kardex's - January 30th 2019
- We have entered into GP contract negotiations and hope to reach agreement as soon as possible.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All staff informed of immediate procedure on identification of residents losing weight with immediate referrals to dietician • Staff also informed that any resident identified with weight loss must be weighed on a weekly basis and commenced on a food and fluid chart • Nurses are required to send the referral immediately. • The resident identified with weight loss was immediately referred to a dietician during inspection. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The Sonas training for Activity Coordinators commenced on 23rd October 2018 and will be completed by 30th January 2019. • A resident survey has been created and will be issued to all residents/families by Nov 30th. Residents and their families will have the opportunity to give their opinions and thoughts on the service we deliver. • Two televisions were purchased and placed in the upstairs lounge to allow ease of viewing for residents • The television found not to be accessible to both resident was repositioned to facilitate the viewing of both residents in the bedroom • Refurbishment has commenced in the hairdressing salon, it is being appropriately decorated and a coffee dock is being introduced. Relaxation therapy to be introduced during visits to the hair salon to enhance the overall experience. • Television installed in conservatory 	

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.	Not Compliant	Orange	
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Not Compliant	Orange	

	particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	30/01/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant		
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	
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	
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	30/01/2019

	fire equipment, means of escape, building fabric and building services.			
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.	Not Compliant		
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant		

Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant		30/01/2019
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).	Substantially Compliant	Yellow	10/10/2018
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		10/10/2018
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television,	Substantially Compliant	Yellow	30/01/2019

	newspapers and other media.			
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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastlewest, Limerick
Type of inspection:	Unannounced
Date of inspection:	09 and 10 October 2018
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0025180

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 67 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Current registration end date:	04/03/2020
Number of residents on the date of inspection:	63

How we inspect

To prepare for this inspection the inspector or 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
09 October 2018	10:00hrs to 18:00hrs	Caroline Connelly	Lead
10 October 2018	08:45hrs to 18:20hrs	Caroline Connelly	Lead
09 October 2018	10:00hrs to 18:00hrs	Breeda Desmond	Support
10 October 2018	08:45hrs to 18:20hrs	Breeda Desmond	Support

Views of people who use the service

Inspectors spoke with a number of the residents present during the two days of the inspection and with the majority of the residents on the previous inspection. Residents said they felt safe and well cared for and generally knew the names of the staff looking after them. Residents were complimentary about staff saying they were very caring and approachable and also commented that there had been a number of new staff.

The majority of residents reported satisfaction with the food and said they were offered three choices at meal times. They complimented the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction. Residents said they had easy access to newspapers of their choice but said that in some rooms the positioning of the televisions could do with changing to enable them to see it better. As reported to inspectors on the last inspection the sitting room upstairs remained dark which made it difficult to read in.

Residents, with whom the inspectors spoke were complimentary about the activities and said there had been great improvements in the availability of activities in recent times since the new activity staff started. They said they particularly enjoyed the music sessions, exercises and Bingo. Some residents said the availability of regular physiotherapy was very important to them. Residents confirmed that they were consulted with via residents' meetings and had been facilitated to take a few trips out in the summer. They were complimentary about the improvement in the enclosed garden and the beautiful flowers available for them to enjoy.

Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. On this inspection inspectors found that the centre was operating in breach of the Health Act 2007 in that there were two dependent residents residing in unregistered beds and this situation had been in place for a number of years. The provider was issued with an immediate action plan to regularise the situation and to come back into compliance with the Health Act 2007 Sec 46 (1) which clearly

outlines that a person shall not carry on the business of a designated centre unless the centre is registered under the health act 2007.

This centre has a history of increasing levels of regulatory non-compliance identified on the previous two inspections undertaken in the centre in September 2016 and April 2018. Following the September 2016 inspection the provider and person in charge attended a meeting with the Office of the Chief Inspector as a first step in an escalating regulatory enforcement process. A restrictive condition was attached to the registration of the centre.

Despite this a repeat inspection in April 2018 found continued deterioration in regulatory compliance and further urgent fire and premises issues. The serious nature of these issues resulted in further meetings with the new Registered Provider Representative (RPR) and the office of the chief inspector and a monthly update was required to be submitted outlining progress in how the centre was coming into regulatory compliance.

Since the inspection of September 2016 significant changes were made to the governance and management structure in place for the centre. The current registered provider representative (RPR) took over the operation of the centre towards the end of 2017 and has positively engaged with the office of the Chief Inspector and taken significant steps to restore regulatory compliance. The Office of the Chief Inspector received regular updates setting out the changes and improvements which had been implemented and regular interactions took place. Since the previous inspection there had been a further change to the person in charge.

This inspection was undertaken to assess whether the changes that had been implemented were effective in improving regulatory compliance and ensuring the welfare of residents.

The RPR, new person in charge and the management team met with the inspectors during the inspection and demonstrated a understanding of the numerous improvements that were required within the service and outlined what they had accomplished to date. For example:

- they had brought in a team of experts including a business specialist, financial controller and consultant to assist in this process
- a new person in charge had been employed since 01 October 2018 with the required managerial training and experience
- there was a more clearly defined management structure
- regular board meetings were taking place, where all aspects of the service were discussed. The person in charge and ADON attended these meetings and all issues in relation to the operation of the centre were discussed.
- they had recently employed a full time administrator
- a new maintenance person was employed on a full time contractual basis since July 2018 and parts of the premises internally and externally had been redecorated and updated

- contracts were in place for all aspects of Fire and equipment servicing checks and maintenance
- improvements were seen in the recruitment and induction of new staff and appraisal system for longer term staff
- there was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had been notified to the office of the chief inspector as required by the regulations.

The inspectors found that although there is a management structure in place and regular governance meetings are taking place, further improvements are required in defining roles and responsibilities to ensure effective governance and management of the centre. A number of the non-compliance's identified on the previous inspection had been addressed or progress was made towards addressing them however a number remained non-compliant:

- there had been a substantial investment in the provision of mandatory training to staff however there continued to be a number of staff that had not received updated mandatory training in fire, safeguarding, moving and handling and responsive behaviours
- improvements was seen in the overall decor of the premises but further actions were required particularly in relation to quality of life issues for residents
- although all staff and contractors now had Gardai vetting in place prior to commencing work, further improvements were required to ensure robust recruitment was employed, as gaps in some staff files were identified
- systems had commenced for the auditing and review of the quality and safety of care but they were only in the early stages of implementation and there was no annual review completed as required by the regulations
- work practices required review to ensure adequate staff were available to assist at meal times and provide supervision of the day rooms
- further supervision on the floors by senior staff was required.

Regulation 14: Persons in charge

The person in charge was new to her role in this centre but has been a person in charge in another centre. She is a registered nurse had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed there was a minimum of two nurses on duty at all times with three nurses on in the morning, with a regular pattern of rostered care staff, household and catering staff. During the week there was also the person in charge and a member of the senior team on duty daily. During the inspection although the number and skill mix of the staff appeared sufficient to meet the assessed needs of residents, inspectors noted that work practices required review particularly in relation to the distribution of residents breakfasts and supervision of residents. This review was to ensure adequate staff were available to assist residents as required. Also inspectors noted that there were substantial delays in answering resident call bells and staff were not deployed to ensure supervision of the communal sitting rooms. The provider and person in charge informed the inspectors they were currently reviewing the staffing levels, shift patterns and supervision of work practices and wanted to have senior cover also at the weekend.

Judgment: Not compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the new management team were committed to providing ongoing training to staff. There was evidence that some mandatory training was completed and other mandatory training was scheduled in the coming weeks. However a number of staff continued to not have up-to-date mandatory training in fire, safeguarding, updated moving and handling and responsive behaviours. Activity staff also required training as they not received any formal training in the provision of social activities including dementia specific activities.

Since the previous inspection inspectors saw evidence that new staff had completed induction programmes and a large number of staff had undertaken appraisals however there were still a number of appraisals outstanding at the time of this inspection.

Judgment: Not compliant

Regulation 21: Records

Significant improvements were seen in the overall record keeping since the previous inspection records were kept in such a manner as to be accessible and available for

inspection as required by the regulations.

Staff files viewed by the inspectors all now contained Garda Síochána (police) vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. However from the sample of staff files seen, inspectors identified the following which was not in compliance with Schedule 2.

- unexplained gaps in some CV's,
- photographic identification was missing for one staff member
- one staff file had only one written reference
- although vetting was in place for contract staff such as the chefs and the maintenance man who all work full time in the centre there was not a staff file maintained on site for them.

The person in charge assured the inspectors that they were implementing a system of more robust recruitment and a full audit of files would take place to ensure they were all compliant with schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

Although there were improvements seen in the overall governance and management of the service with a clearly defined management structure. There continued to be issues with the roles and responsibilities not being clearly defined and outlined particularly in relation to the roles of senior nursing staff.

The new management systems in place and those proposed to ensure that the service provided is safe, appropriate, consistent and effectively monitored required further implementation and there was no annual review of the quality and safety of care was not completed for 2017 or commenced for 2018.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Since the previous inspection improvements were seen in the contracts of care and the provider had implemented a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied and were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was being updated during the inspection with the new management structure and changes to the layout of the building. It was submitted immediately following the inspection and contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were seen in the number and types of notifications received since the previous inspection. Incidents and allegations were followed up and actioned appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures had been updated following the previous inspection and now contained a policy for responding to emergencies in the centre and a policy on the use of Closed Circuit Television CCTV . The person in charge planned to implement further policies and roll out via training sessions with staff.

Judgment: Compliant

Quality and safety

There had been a number of improvements in the overall quality and safety of care for residents since the previous inspection. Residents' needs were being met through good access to healthcare services, opportunities for social engagement had increased and improvements in the premises and external areas. The inspectors saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding all the recent changes that had taken place in the

centre and the current care and activities provided. However further improvements were required in the provision of appropriate communal space, access to television, and improvements in the premises.

Residents' health care needs was supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. This included the availability of in-house physiotherapy and physical therapy. Dietitians speech and language and tissue viability was available through a nutritional company. These therapies supported the diverse care needs of residents. However the inspectors did note a delay in a referral of a resident with increased weight loss to a dietitian. The person in charge said the new system she is implementing of weekly recording and reporting of such quality care indicators will highlight these issues and ensure speedier referrals. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. Inspectors saw that these specialists were involved in behavioural and medication plans for residents who exhibited behavioural and psychological symptoms of dementia. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the service provided.

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plan's were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred. Improvements were seen since the previous inspection in care plans for residents exhibiting responsive behaviours and residents using restraint to ensure all staff were consistent in approach to care provided.

On the previous inspection inspectors found the practices around restraint use were not in line with the national restraint guidance issued by the department of health. There was a high usage of restraint in the centre with nurses informing the inspectors that nearly all residents used bedrails at night. On this inspection there was a substantial reduction in the use of bedrails and assessments for the use of bedrails were in place. Alternatives to bedrail usage were now outlined and there was evidence of regular checks on bedrails at night. Further reduction in restraint usage was planned and training was being provided to staff.

There were significant improvements in all aspects of fire management since the previous inspection. Fire fighting equipment such as extinguishers and fire blankets were in place and serviced annually the maintenance man had introduced a system of regular checks of these and other fire safety areas in between servicing. Fire alarms and emergency lighting were now regularly checked and serviced and a new contract was in place for these services and checks. More regular fire drills were now taking place which detailed who attended, what was undertaken and what the outcomes and learning were. Some fire training had been provided however a number of staff had not received recent fire training. The smoking room is at the end of a corridor. The room is fitted out with smoking aprons, metal ashtrays, fire blanket, fire extinguisher and a nurse call bell. Mechanical ventilation was installed

since the last inspection to extract the smoke. The inspectors remained concerned re the visibility of residents who smoked. However they did see that residents who smoked were accompanied by staff who supervised them when in the smoking room.

There is a new maintenance contractor in place since July 2018 who has put in system of regular checking of the premises and equipment. Due to the large number of issues identified on the previous inspection he was proactive in responded to issues as they occurred as well as establishing a proactive system of ongoing maintenance and regular checking and servicing. Contracts were now seen to be in place for hoists, beds, wheelchairs and other specialised equipment. Broken and unused equipment that was blocking exits on the previous inspection had all been removed and extra storage areas such as external sheds had been put in place. External courtyard area was all cleaned up and planted with flowers and tubs. However there continued to be a number of issues identified with the premises on the last inspection that remained non-compliant. Seals on the showers required repair, although a lot of areas had been decorated further painting was required as paint was seen to be off the walls in a number of areas and floor covering was stained in other areas. The availability and accessibility of living room and dining space required review to ensure it met the needs of all residents in the centre in a comfortable and homely manner. The living room upstairs was too small to provide seating for all residents living upstairs and even with the addition of the conservatory area it still would not provide adequate seating.

There was evidence of consultation with residents. Formal residents' meetings were facilitated chaired by the activity staff and the frequency had increased since the previous inspection. Activities had greatly increased with the employment of two activity staff. The physiotherapist and physical therapist ran exercise groups twice weekly and provided one to one therapy. Inspectors saw the activity programme and although there had been a great increase in activities further co-ordination of the programme and staff was required to ensure greater access to activities for all residents including at weekends as requested by the residents. The activity staff had not received any formal training in activities, however the person in charge informed the inspectors that she was currently sourcing same to ensure staff have appropriate training to support an activity programme for the size and layout of the centre to meet the social and recreational needs of the residents.

Regulation 17: Premises

The premises and external gardens had undergone a substantial programme of refurbishment since the last inspection. However there remained a number of issues identified with the premises that did not comply with the requirements of schedule 6 of the regulations:

- seals continued to be missing from showers.
- paint was seen to be off the walls in some parts of the centre.
- communal accommodation was limited particularly upstairs where the size and layout of the sitting room was not suitable for all residents living there.
- lighting and ventilation was not adequate in the upstairs sitting room. Residents had difficulty seeing out of the windows and most windows could not be opened to allow fresh air in. The room was found to be dark and stuffy and electric lighting was not sufficiently bright to enable residents to read in there.
- the positioning of the television did not allow access for all residents to see it.
- flooring particularly in the bathroom of one of the apartments and in the sluice room was badly stained and required replacement.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were very complimentary about the food in the centre and said they had three choices of main course at lunch time. There was also plenty of home baking and the food was seen to be appetising and nutritious. The inspectors observed the dining experience and while it was good to see the majority of residents attending the dining rooms for their meals improvements were required to ensure the dining experience was a social occasion. Inspectors found that all breakfast trays were brought upstairs for all residents at the same time. There was not enough staff available to assist all residents at once, therefore porridge and tea were sometimes cold when the residents received same. Breakfast trays were seen to be set up for the following days breakfast as early as 11am, this included cereal in bowls and buttered bread, this practice is not acceptable and required immediate review.

Judgment: Substantially compliant

Regulation 26: Risk management

Improvements were seen in risk management since the previous inspection, although a window in one of the downstairs bedrooms was seen not to have a safety restricter in place on the first day of inspection. The maintenance man secured and checked all windows immediately following identification of same. Other issues identified on the previous inspection were completed including:

- the risk register had been reviewed and many risk assessments had been updated.
- access to sluice rooms were seen to be secured during the inspection.
- there was an emergency plan in place to guide staff in the event of any emergency situation
- there was a new risk management system currently being implemented

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified with infection control on the previous inspection clinical and medical equipment were seen to be stored in sluice rooms such as nebulisers, nebuliser masks, hoist slings, peg feeding stands which is totally contrary to infection prevention and control policy guidance. On this inspection although many of the above items were removed the inspectors saw a pressure relieving cushion and a hoist sling stored on the ground of one sluice room. On the racking where bedpans were stored to dry, inspectors saw denture pots stored beside them, some sinks and hand wash soap containers were unclean and clinical bins were used for non-clinical waste. All of these issues were again contrary to infection prevention and control policy guidance.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were seen in all aspects of fire prevention and management. There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. However annual fire training was not in date for all staff which is actioned under regulation 16 Training and Staff Development. A number of fire drills had been undertaken since the previous inspection. Fire exit signage was being updated during the inspection. Although the inspectors saw residents being supervised in the smoking room during the inspection they continued to express

concern re the location of the smoking room and requested further controls to be put in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspectors generally contained appropriate identifying information. However photographic identification was missing for one resident and gaps were identified in administration signatures.

As identified on the previous inspection medications that required crushing had an instruction at the bottom of the residents prescription sheet saying the resident may have their medications crushed or capsule opened. However medications were not individually prescribed as such and some medications cannot be crushed, therefore nurses may be administering medications in an altered format without the appropriate prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were seen in the overall assessments and care planning since the previous inspection. Care plans viewed by inspectors were personalised, regularly reviewed and updated following assessments completed using validated tools. However there was evidence that one resident who was losing weight was not referred immediately to the dietitian and the care plan was not updated to ensure he was receiving adequate nutrition. The resident was subsequently referred to the dietitian during the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews in

residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropodist and psychiatry of old age as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Documentation of episodes of responsive behaviour was well maintained using appropriate forms identifying any triggers, underlying causes, types of behaviours exhibited. Improvements were seen in the care plans which were implemented since the last inspection for all responsive behaviours to ensure all staff were aware of the behaviours and the best way to respond to same ensuring a consistent approach.

There had been a substantial reduction in the use of bedrails since the last inspection, assessments were being completed and alternatives were being used where possible. Regular documented checks were taking place on all residents using bedrails and the management team assured the inspectors that they were working to further reduce restraint usage.

Judgment: Compliant

Regulation 8: Protection

Improvements were seen in the recording, investigation, reporting and responding to any allegation of abuse particularly allegations of peer on peer abuse. Staff spoken to were aware of their obligations to report any allegation and said they were working to a zero tolerance of abuse. Safeguarding training was provided to the majority of staff but remained outstanding for six staff which is actioned under regulation 16: Training and Staff Development.

Improvements were seen in the management of residents' finances and a more robust system was implemented. The centre was not acting as a pension agent for any resident and invoices were clear. Monies handed in for safekeeping were securely maintained, recorded and all transactions had double signatures.

Judgment: Compliant

Regulation 9: Residents' rights

Facilities for occupation and recreation had improved since the last inspection with

the employment of two new activity co-ordinators. Further training was required for these staff as actioned under training to ensure the activity programme was provided in accordance with the residents interests and capabilities, which is actioned under regulation 16: Training and Staff Development.

There was evidence of residents' rights and choices generally being upheld and respected. Residents were consulted with via residents' meetings and the person in charge is planning to send out a survey to residents and relatives to further elicit their views. Access to newspapers and the radio was provided but access to television in some bedrooms and in the upstairs lounge required review to ensure all residents could view the television easily.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0025180

Date of inspection: 09 and 10 October 2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Work practices in relation to residents have been reviewed • Independent residents are now getting their breakfast first and residents that require feeding are then assisted. • CNM's are supervising staff at breakfast time and through out the day. • All staff have been informed of this at a staff meeting on Tuesday Oct 23rd • We have reviewed work practises and we have identified the need for an extra Care Assistant from 08.00 to 12.00 noon and will endeavour to introduce by Dec 30th 2018. Answering of call bells is being monitored and staff were advised of this at the staff meeting • The activity coordinators are carrying out activities in the day room • We have advertised for carers and will be training carers with a view to supervision in communal areas. • Senior Nurse cover for weekends will commence on a rota system. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Mandatory training is currently being conducted with a view to completion by January 2019 • The Activity Coordinators (Sonas) training commenced Tuesday 23rd October 2018 and will be completed by 12th January 2019. • Staff will have mandatory training of fire, safe guarding, manual handling and challenging behaviour by January 31st 2019 • Appraisals will be completed by January 31st 2019 	

Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
<ul style="list-style-type: none"> • Staff file audits to be conducted and all outstanding records to be updated with no unexplained gaps in CV's – Jan 2019. • All staff will have photographic ID and 2 written references – 30th Dec 2018 • A file will be developed to comply with regulations for the Chefs and Maintenance person who work full time in the centre. This will be completed by November 15th 2018. • Records will be kept in such a manner as to be safe and accessible – implemented immediately 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ul style="list-style-type: none"> • In relation to Senior Nursing Staff, the assistant PIC and CNM's will receive comprehensive job descriptions with clearly defined roles and responsibilities to be completed by 30th Nov 2018 • New recording systems have been introduced: <ul style="list-style-type: none"> • weekly collection data, • weekly MDT meetings • fortnightly meetings with the provider and monthly board of management • These will feed into the quality improvement management system to ensure the quality of service/care and the quality of life for the resident sis continually being improved. • An annual review of the quality and safety of care will be completed by Dec 31st 2018. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<ul style="list-style-type: none"> • Two showers converted, 10 will be completed by 30th January 2019 and ongoing programme every 3 months. • Paintwork that was seen to be off the wall in a bedroom has been redecorated – October. • Painting is ongoing and will be staggered throughout the year - 2019 • The sitting room has been painted, new lamps have been purchased and new lighting to be installed – Due to St. Catherine's being a listed building, windows cannot be altered - 30th January 2019 • Two new televisions installed to allow ease of viewing for all residents • Floor in sluice room and bathroom in apartment to be replaced by end of January 2019 • Two new lights to be fitted in the apex of the ceiling of the upstairs sitting room to be completed by 30th January 2019 	

Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Breakfasts:	
<ul style="list-style-type: none"> • Residents who are independent are now receiving their breakfasts first and then residents who require feeding are then assisted to ensure food is served at the correct temperature • An extra carer for the 08.00 to 12.00noon shift will be recruited to assist with feeding in the morning – recruitment process in place • The practice of setting up breakfast trays in the morning was discontinued immediately during the inspection. A review of the process of serving the breakfast will be conducted by the end of January 2019 • 	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
<ul style="list-style-type: none"> • All staff must complete infection control training and become familiar and compliant with the infection control policy and procedure. Infection Control training to be completed January 15th 2019 • All staff have been informed that medical equipment can not be stored in the sluice room • CNM's to inspect sluice rooms on a daily basis. • Denture pots, pressure relieving cushions and hoist slings were immediately removed from the sluice room – during the inspection • Cleaning staff have been made aware of the importance of cleaning sinks and soap holders. Supervision of same carried out by CNM/Staff Nurses. • Soap dispensers to be put up – this will be completed by December 1st. • All staff have been instructed on the importance of waste segregation in relation to infection control - completed • Hand wash dispensers and hand washing guidelines and techniques were fixed to walls adjacent to basins in the sluice rooms, bathrooms and sinks in corridors – Nov 30th. • Colour coded bins purchased to ensure segregation of clinical and non clinical waste – completed 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<ul style="list-style-type: none"> • Annual fire training is ongoing and any outstanding training will be completed by January 30th 2019 • Arrows are fixed beside the building maps on the walls to identify the nearest fire exit – completed – fire exit signage in place and completed. • We continue to observe smokers in the smoking area by camera. We are currently researching options in relation to relocation of the smoking room. Continuous monitoring on CCTV by staff – ongoing. 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Since the inspection we have conducting two weekly medication audits. • Competency's of medication administration are being commenced on staff nurses • All staff nurses required to partake in the medication management training on HSE land website – ongoing • Any gaps identified in administration of medication signatures will be followed up by the CNM's and recorded in drug error book and action plan developed. • All crushing mandates will be obtained provided GP's participate in signing the Kardex's - January 30th 2019 • We have entered into GP contract negotiations and hope to reach agreement as soon as possible. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All staff informed of immediate procedure on identification of residents losing weight with immediate referrals to dietician • Staff also informed that any resident identified with weight loss must be weighed on a weekly basis and commenced on a food and fluid chart • Nurses are required to send the referral immediately. • The resident identified with weight loss was immediately referred to a dietician during inspection. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The Sonas training for Activity Coordinators commenced on 23rd October 2018 and will be completed by 30th January 2019. • A resident survey has been created and will be issued to all residents/families by Nov 30th. Residents and their families will have the opportunity to give their opinions and thoughts on the service we deliver. • Two televisions were purchased and placed in the upstairs lounge to allow ease of viewing for residents • The television found not to be accessible to both resident was repositioned to facilitate the viewing of both residents in the bedroom • Refurbishment has commenced in the hairdressing salon, it is being appropriately decorated and a coffee dock is being introduced. Relaxation therapy to be introduced during visits to the hair salon to enhance the overall experience. • Television installed in conservatory 	

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.	Not Compliant	Orange	30 th December 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31 st January 2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31 st January 2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30 th January 2019

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	30 th January 2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	December 30 th 2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant		10 th October 2018
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	December 31 st 2018

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.	Not Compliant	Orange	31 st December 2018
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31 st Dec 2018
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	Jan 15 th 2019

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	Jan 30 th 2019
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.	Not Compliant		Jan 31 st 2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Not Compliant		January 31 st 2019

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant		January 30 th 2019
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).	Substantially Compliant	Yellow	10 th October 2018
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		10 th October 2018

Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	January 30 th 2019
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