



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0036336

About the designated centre

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

The centre offers long and short term care for 56 adults over the age of 18 including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose built, single storey and has a safe cultivated garden for residents' use. All bedrooms are single with full ensuite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries as well as the local general hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 May 2022	09:10hrs to 17:15hrs	Michael Dunne	Lead
Thursday 26 May 2022	09:25hrs to 16:25hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents received good quality care from a staff team that were familiar with the needs of the residents. All residents who spoke with the inspector over the course of the two days expressed high levels of satisfaction with the care they were receiving in the centre. Residents told the inspector that they felt safe and secure living there and that if they had a concern or worry they could let staff know about it. Resident's praised staff for their kindness and caring attitude towards them and in particular the support they received when the centre experienced a COVID -19 outbreak.

Despite the positive feedback from the residents towards their care, there were a number of repeated non compliance's found on this inspection. The gaps in compliance are described in more detail under the relevant regulations relating to governance and management, fire precautions and infection prevention and control. While there was some improvement in the recording of residents health care, clinical oversight still required strengthening. The inspector was informed that a new person in charge would be joining the management team and that this would help strengthen existing clinical oversight arrangements.

This was an unannounced risk inspection carried out over two days. On arrival the inspector was guided through the infection prevention and control protocols required on entry to the designated centre. There were no restrictions on visits to the centre at the time of this inspection however a booking system was been used in order to manage the number of visitors in the designated centre at any one time.

Residents were seen to mobilise around the centre as they wished, many were observed visiting a well tended garden area. A smoking shelter was available for resident use however there were no smoking aprons or fire fighting equipment available in this facility. There was sufficient communal space available in the centre for residents' use.

The day room was well decorated and displayed items that residents created during activity sessions. The inspector spoke with a number of residents in this room and they said they were happy with the activities provided but told the inspector that the activity co-ordinator was on holiday. The inspector was informed by the provider that existing staff would be providing activity support however the inspector did not observe any activities been provided. Resident's in the TV room were not provided with appropriate activity support. The television which was on in the background and the inspector observed limited conversation between staff and residents. There were records available confirming that resident committee meetings being held with the most recent held on the 18 May where 17 residents were in attendance. There were arrangements in place for residents to access sage advocacy if required.

The inspector met and spoke with 10 residents over the two day inspection. Residents told inspector that they were happy with the food provided and that if they wanted something not on the menu then staff would do their best to provide it.

Residents also mentioned that they were happy with the support they received with their laundry requirements and that they did not have to wait too long to get their clothes back from the laundry.

A review of residents' rooms confirmed that they were cleaned on a regular basis and that there was sufficient space for residents to store and access their personal items. Many bedrooms were seen to have been personalised by residents with their pictures and ornaments. Some storage facilities in resident rooms required replacing. The next two sections of this report present the findings of the inspection in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the service provided.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services over two days to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This was the third inspection carried out in 2022 with the main focus on compliance plans the registered provider submitted to the Office of the Chief Inspector following the previous two inspections.

The findings of this inspection indicated that while the registered provider had made some progress towards achieving compliance with the regulations, there were a number of actions that the registered provider had not implemented which resulted in poor health and social care outcomes for the residents.

The registered provider of the centre is Oakwood Private Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative and is also the person in charge of the centre. The person in charge was supported in their role by a team of clinical nurse managers, staff nurses, health care assistants, household and catering staff. The designated centre also has access to maintenance support on a part-time basis.

The registered provider ensured that there were sufficient staff available in the centre with the required skill mix to meet the assessed needs of the residents. The registered provider increased nursing care at night with two nurses now available to provide clinical support to residents. A review of the staffing records also confirmed that additional health care support was now available during periods of increased care activity at morning time.

Records related to mandatory staff training indicated that a number of staff had not updated their mandatory training within the required period, i.e. within one year for fire training, two years for manual handling and two years for safeguarding training. A training schedule was made available for review which indicated that all mandatory training would be provided to staff by the end of June 2022.

While there were improvements seen in the recording of clinical information regarding residents, the inspector was not assured that there were sufficient systems in place to provide appropriate clinical oversight. There was a lack of health care audits available in this centre to provide assurances that care was being monitored effectively. Clinical governance meetings were seen to be held in February and March of 2022 however there were no records available for the meeting in April 2022 while the meeting for May 2022 had been rescheduled.

In addition the monitoring and oversight of infection prevention and control was not robust as although infection prevention and control was discussed at the clinical governance meetings the management team had failed to highlight the infection prevention and control risk caused when the sluice facility had been decommissioned and not replaced.

The registered provider failed to meet its own deadlines submitted to the office of the Chief Inspector regarding the widening of final fire exits doors, in order to comply with fire safety regulations with regard to providing an adequate means of escape.

Regulation 15: Staffing

A review of the compliance plan response from the last inspection in February 2022 indicated that the registered provider had increased the nursing resource at night to two nurses. Staff roster records also confirmed an additional 6 hours of health care assistant support was available in the mornings.

An active recruitment plan was in place with the provider committing to ensuring that additional clinical governance was added to the existing staffing resource. A person in charge had been recruited and was due to commence employment on the 13 of June 2022.

The registered provider had also recruited two nursing staff to start in July 2022 and was seeking to recruit an additional two nursing staff to cover upcoming vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

A review of well-maintained training records compiled by the provider in February 2022 indicated that a number of staff required access to mandatory training such as fire safety, moving and handling and safeguarding training. Eight staff required updated fire training, six staff required safeguarding training and seven required moving and handling training.

Judgment: Not compliant

Regulation 23: Governance and management

There were gaps in governance and oversight systems which required actions by the provider to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- While the provider collected clinical information on key indicators such as falls wound care and infections, it was not clear how this information was used to identify improvement.
- There were no audits of the service available for the inspector to review at the time of the inspection.
- There was a poor appreciation of risk as demonstrated under Regulation 27

The provider had failed to ensure that the resources were made available to carry out the required fire safety improvement works in a timely manner.

The provider representative was also the person in charge in the designated centre. The on-going level of non compliance found on this inspection demonstrated that the current management structure was not adequate to ensure that the service was well managed.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were no open complaints recorded at the time of the inspection. One complaint had been received since the last inspection in February 2022 and was seen to have been resolved in line with the designated centres complaints policy. Staff were familiar with the complaints policy and procedure and felt confident that they would be able to support residents who wished to register a complaint. The complaints policy was advertised in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider was in the process of updating all schedule 5 policies to meet the requirements of the regulation's. A number of policies and procedures had been updated since the last inspection in February 2022 and included admissions,

management of behaviour that is challenging, the use of restraint, residents' personal property, personal finances and possessions, communication, monitoring and and documentation of nutritional intake.

The provider indicated that they were working closely with an external resource to update the remainder of schedule 5 policies, however a date for this work to be concluded was not available.

A staff signing record was in place to document when staff had reviewed the updated policies already received.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were well cared for and that care was person centred. The registered provider had made attempts to improve the clinical oversight of residents' health care needs and had engaged the services of an external provider to deliver training in recognising clinical deterioration in acutely unwell residents.

A review of care records indicated that staff were recording daily observations including resident temperatures, blood pressure, oxygen saturation and resident pulse. The inspector saw evidence of referrals made for residents to have medical reviews when there was a health deterioration identified.

Despite the actions noted above the inspector was not assured that there was a programme of sustained improvement in place to ensure positive health and social care outcomes for the residents. Resident care plans were not always updated when clinical advice was received. This meant that residents may not have access to appropriate treatment or interventions to meet their assessed needs.

In addition some risk assessments were not sufficiently robust to inform a comprehensive care plan designed to mitigate potential hazards and promote resident safety. For example residents who went out into the community to access services and local facilities did not have an appropriate multi-disciplinary assessment in place to ensure that any potential risks were identified and managed in a collaborative way with the resident.

While the registered provider had engaged the services of an outside provider to assist in the development of more person centred care plans, the inspector noted that not all residents had a care plan in place for visits and personal activities.

As a result staff were not given clear directions about the residents needs and preferences for activities. This was evidenced on inspection where the inspector observed that residents who were located in the TV room were not provided with

planned activities to suit their interests and abilities. The inspector observed poor staff and resident interactions in this room with interactions being largely focused on delivering care tasks.

The inspector found gaps in the registered provider's adherence to their own policy on managing resident's accounts and property in instances where the registered provider acted as a pension agent for a number of residents. A review of financial records held by the provider indicated that there was good oversight measures in place with records monitored and reconciled effectively.

Residents spoken with during the inspection said that they felt safe living in the centre and that staff could not do enough for them. Many residents expressed gratitude to staff for the support given to them during a COVID-19 outbreak in the centre which occurred in January 2022. The registered provider was working towards a restraint free environment, residents were seen moving about freely in the designated centre without restriction. Residents also had access to a well-maintained secure garden.

While the premises were clean and on the whole well-maintained there were a number of facilities where actions were required to bring them up to an acceptable standard. A discussion on these areas are described under the relevant regulations with particular reference to Regulation 27 and Regulation 28.

Regulation 11: Visits

The registered provider had put in place arrangements for residents to receive visitors in line with public health guidelines. The provider had a visiting policy in place which had been reviewed in January 2022. The inspector observed visitors attending the centre to see their relatives on both days of the inspection.

Judgment: Compliant

Regulation 17: Premises

During a walk round with the person in charge, a number of areas within the centre were identified as requiring repair or replacement. For Example:

- Resident personal storage facilities required replacement due to wear and tear. Inspectors noted damage and tear to the veneer of resident presses and cupboards which could cause a physical risk to residents and made this furniture difficult to clean.
- The laundry room was partially reconfigured to address poor flow of clean

and dirty laundry however the walls and floors were damaged as a result of the reconfiguration and required repair.

- A number of doors and door frames were scuffed and damaged and were not in a good state of repair.
- There were no appropriate sluicing facilities available at the time of the inspection.
- There was inappropriate storage of linen skips found in bathrooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and procedure which met the requirements of the regulation. Risk assessments described the control measures in place to mitigate the levels of risk identified. However, the inspector found that some risks had not been identified by the registered provider and as a consequence there were no measures or controls place to mitigate against these risks.

A discussion on the specific risks identified by the inspector are highlighted under the relevant regulations related to governance and management, fire precautions and infection prevention and control.

Judgment: Compliant

Regulation 27: Infection control

At the time of the inspection there was no sluicing facility available in the designated centre to clean and decontaminate equipment used to support resident with their toileting requirements. A reconfiguration of the laundry facility meant that the previous sluicing facility in the centre was unavailable this required staff to clean and decontaminate equipment in the residents ensuite facilities.

The registered provider did not identify an alternative area to reallocate the sluice facility or identify cross contamination risks regarding the alternative methods of cleaning this equipment in the residents ensuite facilities. The registered provider had identified a new location for the sluice facility to be reinstalled at the end of the inspection.

During the walk round with the registered provider a number of resident storage cupboards were seen to have their veneer damaged, this meant that they could not be effectively cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of the inspection works to widen the final exit doors had not been completed. The provider had arranged for this work to begin in early June 2022. There were a number of fire safety risks identified on this inspection which included:

- Gaps in compartment fire doors which had the potential to allow the spread of smoke from one compartment to another.
- The storage of oxygen cylinders in close proximity to a fire exit.
- The smoking shelter did not contain smoking aprons or fire fighting equipment such as a fire extinguisher.
- A fire exit door was required to be installed in the laundry facility.
- A cleaning trolley was left unattended and was obstructing a fire exit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The registered provider had introduced an alternative care planning recording system with a focus on ensuring that resident care plans were person centred and written in a manner that would address the assessed needs of the residents. While the majority of care plans had now moved over to this new system, the inspector observed:

- While there were assessments in place to inform and direct care plan interventions to meet assessed need, some assessments were not robust and did not identify potential risks so that appropriate risk management care plans could be developed with the residents.
- Care plans were not always updated following advice from medical professionals.
- Not all residents had visiting or activity care plans in place.

Judgment: Not compliant

Regulation 6: Health care

The monitoring of resident health care needs had improved since the last inspection. This included more robust monitoring of clinical deterioration and more timely referral to appropriate medical services.

Following the inspection the registered provider made available to the inspector information on key performance indicators such as falls, pressure ulcers, malnutrition, and wound and skin care. However, the information had not been analysed and used effectively to monitor nursing and health care and ensure that this care was evidence based and delivered in line with professional guidelines.

Judgment: Substantially compliant

Regulation 8: Protection

There was a management of resident accounts and property policy in place which was updated in April 2022. However the registered provider was not following section 7.71 of this policy in relation to managing resident welfare benefits for those residents the registered provider was acting as a pension agent. A separate resident account was required to be set up in order to receive resident social welfare payments separate to that of the registered provider.

Judgment: Not compliant

Regulation 9: Residents' rights

Not all residents were being provided with sufficient opportunities to engage in activities that were aligned to their needs and preferences. While some residents were able to engage in independent activities in the day room, there were no organised activities provided to residents who were located in the TV room. This was observed over the two days of the inspection.

There was an institutional feel to the communal TV room with residents sitting in rows of chairs around the perimeter of the room with little opportunity to interact socially with each other and with staff.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0036336

Date of inspection: 26/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>As per the training scheduled viewed during the inspection, outstanding training was planned to be completed by the end of June 2022 and same has been done, , new staff will receive training by 31/08/2022</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Currently, we are collecting data on key quality and safety indicators monthly. These are discussed at monthly clinical governance meetings. We have arranged training / mentoring on the trending and analysis of KPI's has been scheduled for 7th September 2022 with the person in charge and nurse managers facilitated by external consultants. This training will focus on recognising trends in data that can be used to identify areas for improvement. The training will also cover methods to analyse the data so that we can identify causes/contributory factors for trends noted and then create effective improvement plans to address any deficits.</p> <p>With the assistance of an external provider, we will develop a programme of audit for the centre by 31/08/2022. The audit programme will complement the use of quality/safety indicators to enable us to monitor the quality of care and make improvements as needed. It is envisaged that the programme will be updated on an annual basis or as indicated by the changes to practice, policy, legislation and continuous</p>	

monitoring of quality and safety indicators on a monthly basis.

We are currently in the process of recruiting a person in charge for the centre. In the meantime, the registered provider is the person in charge, supported by clinical nurse managers and the nursing team.

We have arranged for an external consultant to provide training / mentoring session on implementing our updated risk management policy, with specific reference to identifying and assessing risks in the centre. This will be carried out on the 12th September 2022.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Schedule 5 policies will be completed by 31/08/2022.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A review of all rooms within the centre will be carried out to identify refurbishment needs and a refurbishment plan will be developed by 19th August 2022, depending on timely supply dates.

Painting of walls in the laundry has been completed and work on the flooring will be completed by the 30/09/2022

Temporary sluicing facilities have been put in place and the sluice room will be back in working order by the 31/10/2022

Linen skips will be stored in designated areas. Staff have been informed that linen skips must not be stored in bathrooms.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As outlined under regulation 17, Temporary sluicing facilities have been put in place and the sluice room will be back in working order by the 31/10/2022</p> <p>Linen skips will be restocked and returned to relevant corridors for intended use.</p> <p>Since the inspection, work has commenced on refurbishment in the centre. This includes painting of walls and the ordering of some replacement furniture for residents' bedrooms. As previously outlined, a refurbishment plan is in place to include refurbishment of damaged surfaces in residents' bedrooms.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The gaps in compartment fire doors identified on inspection have been addressed.</p> <p>All exit fire doors are fully fitted and functioning as per fire regulations including new fire door in Laundry</p> <p>Oxygen cylinders are now stored away from the fire exit.</p> <p>2 smoking aprons and a fire extinguisher have been erected in the smoking area.</p> <p>Staff have been reminded not to leave cleaning trolleys unattended and not to leave any equipment that would obstruct a fire exit.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans are continually been updated, Visiting and activity care plans for all residents will be completed by 30th September 2022.</p> <p>Going forward, where there is a change in a resident's condition, the clinical nurse manager on duty will link with the nurse responsible for that resident to ensure that the resident's care plan has been updated in accordance with any changes to care and</p>	

treatment, including advice from other healthcare professional. This will also happen where any resident is reviewed by other healthcare professionals. The clinical nurse manager will link with the nurse to discuss the findings of the review and any changes to care plans required.

2 training sessions for staff nurses have been arranged for the 27th and 30th September 2022 which will include screening for and assessing risks and the development of care plans to address these risks.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: A risk assessment for any residents attending services in the community will be conducted going forward.

As outlined under regulation 23, training/mentoring has been arranged for the clinical management team on trending and analysis of quality and safety indicators to direct improvement planning. Additionally, a new audit programme will be used to complement the monitoring of quality and safety indicators and will be updated as needed based on the findings of other quality and safety monitoring as well as changes to practice, legislation, policy to facilitate continuous improvement. Training planned for 7th September 2022.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection: A new account has been set up for financial transactions on behalf of residents for whom the centre acts as a pension agent, the social welfare department have been contacted (5th August 2022) awaiting transfer of amounts to the new account.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Each resident will have an activities assessment and care plan prepared on admission

and updated in accordance with their changing need.

Current residents will have an assessment and care plan to meet their needs for activities by 30th September 2022.

The activity schedule will be reviewed and updated to ensure it meets the needs of individual residents.

We will review the layout of the TV room with a view to creating a more homely and therapeutic environment. We will discuss any changes planned with residents at our next residents' meeting to get their input and make changes based on these discussions by 31st October 2022.

Going forward, where the activity coordinator is on leave, staff will be rostered to deliver activities scheduled in her absence.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	19/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2022
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	07/09/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant	Orange	28/07/2022

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/07/2022
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	Orange	31/08/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive	Not Compliant	Orange	30/09/2022

	assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/09/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus	Substantially Compliant	Yellow	30/09/2022

	Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	30/09/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	31/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2022