



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

Issued by the Chief Inspector

Name of designated centre:	Annabeg Nursing Home
Name of provider:	Annabeg Enterprises Limited
Address of centre:	Meadow Court, Ballybrack, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 June 2023
Centre ID:	OSV-0000005
Fieldwork ID:	MON-0040630

About the designated centre

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

Annabeg Nursing Home is situated in a quiet cul de sac in Ballybrack. It is registered for 41 beds and offers both single and twin room accommodation. Annabeg accommodates both male and female residents over the age of 18. The centre offers long and short-term care, and provides care for low dependency, medium dependency, and high/maximum dependency residents. Annabeg Enterprises Ltd. is the registered provider, and the person in charge is supported by the management team, an assistant director of nursing, nursing staff and healthcare assistants. Residents have access to a number of communal rooms (three in total) and a family/visitors room. There are two passenger lifts & an enclosed courtyard is a 'timeout' haven for residents to enjoy. Annabeg is currently serviced by the Cherrywood Luas, Killiney Dart Station and local buses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
--	----

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 28 June 2023	09:00hrs to 18:30hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

Residents were positive in their feedback to the inspector of living in Annabeg Nursing Home and praised staff for the care they received. An inspector greeted and chatted with a number of residents and spoke in depth with four residents and a small number of visitors. Both residents and visitors were highly complimentary about the care and attention their loved ones received.

The inspector arrived in the morning to carry out an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the assistant director of nursing and following an introductory meeting was guided on a tour of the premises. The person in charge was on leave but attended the centre in the late morning for the inspection.

Annabeg Nursing Home is registered to accommodate 41 residents with two vacancies on the day of inspection. The centre contained six twin rooms, three of which were en-suite. The remaining three twin rooms and one single room on the first floor had no en-suite facilities, contained shared toilet and showering facilities. All other bedrooms in the centre were single en-suite rooms. Residents' rooms were decorated with photographs, pictures and personal belongings. The corridors in the centre were nicely decorated with old pictures and items from the past enabling residents to reminisce. Communal space included a dining room, snug, conservatory, lounge, TV room and a visitors' room. The majority of residents congregated in the snug, TV room and conservatory. However, the conservatory was a thoroughfare for access from one building to another. This area was busy with residents and staff mobilising through the area to access either side of the building and the communal toilet. The dining room was also within this space. Access to the garden was through the newer part of the centre. This door was observed to be open throughout the day of inspection and residents and visitors were observed relaxing and chatting in the garden. The garden was small but well-maintained with the summer flowers blooming. Seating with parasols was available for residents.

The registered provider had employed one wholetime (WTE) activities co-ordinator. Activities were observed taking place during the day for example; bingo and a therapy dog attended in the afternoon and it was evident that residents enjoyed this. The inspector could hear residents singing during the day along with staff. Group activities took place in the lounge. Residents pottery was on display there and a resident showed the inspector pottery that they had completed. Pottery classes were available for residents every Tuesday afternoon and every second Thursday. In addition, an external person attended on a Monday to do an exercise class and an aromatherapist had recently commenced and was attending the centre one day a week. The summer barbeque was scheduled for the 30 June 2023 and there was a lot of discussion on the day of inspection about the weather forecast for that day. A list of activities for the week was on display in the reception area. Meeting minutes reviewed indicated that the registered provider was exploring the re-

introduction of day trips for residents. The hairdresser attended on a Wednesday and was onsite on the day of inspection. A number of residents were observed attending for their appointment and enjoying the experience. Newspapers and WiFi were available for residents.

The dining experience was observed by the inspector. The dining room seated 14 residents and lunch was provided over two sittings. The menu for the day was on display in the centre and in the lifts. Residents requiring one to one assistance were served their lunch in the TV room. Staff provided assistance where required. The dining and TV room area were busy and noisy. This was identified on the inspection in May 2022. New dining room chairs were ordered for the dining room but no further improvements were made to enhance the dining experience for residents. Residents were provided with a choice at mealtimes and were complimentary about the food especially the homemade soup which they received mid-morning.

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

Capacity and capability

This was a well-managed centre with effective leadership and management in place which ensured the residents received high quality, person-centred care and support to meet their assessed needs. The management team were proactive in response to issues as they arose. Staff were knowledgeable regarding residents needs and provided care in a dignified and respectful manner. However, improvements were required under Regulations: 16 Training and staff development, 23 Governance and management and 34 Complaints.

Annabeg Enterprises Limited is the registered provider. The centre was acquired by a group in November 2021 that own and manage a number of centres throughout Ireland. There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge reported to a clinical operations manager who reported upwards to the chief executive officer. The person in charge was supported in the role by an assistant director of nursing who worked one day a week in a supernumerary capacity, staff nurses, an activities co-ordinator, healthcare assistants, housekeeping, maintenance and administration staff. The person in charge also received advice and support from colleagues within the group such as facilities. The registered provider had a small number of staff vacancies and recruitment of these were ongoing at the time of inspection. Management provided assurances that regular agency staff covered the shifts. Staff informed the inspector that they felt there enough staff both on the day shift and night shift, however, a resident did inform the inspector that more staff were required in the evening time when residents were going to bed.

Management maintained a training matrix. Staff had access to mandatory training

including fire training, cardio-pulmonary resuscitation and manual handling. Good compliance was observed in fire training with all staff having completed it within the last year. The majority of staff had completed safeguarding training with minimal gaps. Staff completed a wide range of infection control training on HSE Land including standard and transmission based precautions. A small number of gaps were identified in managing behaviours that challenge and restrictive practice training. These are discussed under the regulation.

The inspector reviewed a sample of staff personnel records. Garda vetting was in place for staff prior to commencement of work in the centre. In addition, the professional registration of nursing staff was in place and up to date of the files viewed.

The annual review of the quality and safety of care was completed for 2022 aligned to the National Standards for Residential Care Settings for Older People in Ireland. Feedback from residents was reflected in the review. Areas for action included the introduction of bi-annual residents' survey and the introduction of an online auditing system. Systems of communication were in place between the person in charge and the clinical operations manager with fortnightly operations meetings taking place. Meetings were comprehensive. Items for discussion included falls, incidents, residents with challenging behaviour and staffing. In addition, a head of department meeting was in place within the centre. The registered provider had established an infection prevention and control meeting which took place monthly. Maintenance issues and furniture replacement were discussed at the meeting however, this required further strengthening. The registered provider had a comprehensive system of audits in place. Audits included a falls audit which audited the number of falls each month and the timing of the falls, call bell audit and infection control audit. Not all infection control audits completed were comprehensive enough to identify the issues identified on inspection. These will be discussed under the domain of quality and safety. An audit of the dining room area identified no issues. However, this was not the finding on the day of inspection.

An incident log was maintained and all incidents meeting the criteria for notification to the office of the chief inspector were notified within the required timelines.

The inspector was informed that no complaints had been received since the last inspection. The person in charge was the nominated person to investigate complaints, however at the time of inspection had not completed suitable training to deal with complaints in accordance with the designated complaint's procedure. The complaint's procedure along with contact details for access to advocacy services were on display in the centre.

Regulation 15: Staffing

The centre had sufficient staffing on the day of inspection taking into account the assessed needs of the residents and the size and layout of the centre. For example; on the day of inspection the assistant director of nursing was on duty in a

supernumerary capacity as the person in charge was on annual leave. There were two staff nurses and six healthcare assistants who worked a 12 hour shift and one healthcare assistant who worked until 2pm.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in training and staff development were identified:

- 15 staff had not completed training in restrictive practices
- Seven staff had not completed training in managing behaviours that challenge. However, training was booked for July.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff personnel files were reviewed. All files reviewed contained the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Areas for action identified in the inspection in May 2022 remained outstanding on this inspection. For example;

- The dining area remained loud and distracting and was a thoroughfare from one building to another. While the registered provider had explored options to improve this area, at the time of inspection it had not been actioned.
- The reconfiguration of one of the twin rooms remained outstanding.
- While audits were completed on a regular basis, no timebound action plan accompanied the audits. This was a finding on the inspection in May 2022.
- Audits and key performance indicators were not an agenda item in meeting minutes reviewed of infection prevention and control meetings.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. All information required under the regulation was contained in the contracts of care viewed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge was the nominated complaints officer to deal with complaints. Suitable training to deal with complaints in accordance with the designated centre's complaints procedures had not been completed at the time of inspection.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents had a good quality of life in Annabeg Nursing Home and where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. The healthcare needs of residents were met through good access to medical, nursing and other healthcare services if required. While the centre was working to sustain a good level of person-centred care, improvements were required around a number of regulations; including Regulations 17: Premises, 27: Infection Control, 28: Fire Precautions, 5: Individual assessment and care planning and 9: Residents' Rights.

The centre was originally a house and was renovated and extended over time. The extension was built to modern specifications and was well maintained. The centre was challenged for communal space. Standard 2.7 of the National Standards stated that a centre should provide a minimum of 4 square metres of communal space for each resident. Annabeg Nursing Home had a deficit of 16.2 m². Included in the

communal space is the conservatory which was a thoroughfare from one building to another and did not provide a relaxing environment for residents. The old section of the building required ongoing maintenance and refurbishment. The registered provider had reviewed the layout of the six twin rooms since the last inspection and five out of the six contained and had room for a bed, chair and personal storage. The curtains in four of the rooms were reviewed to ensure that the dignity and privacy of residents was ensured at all times. The reconfiguration of one twin room had not commenced at the time of inspection and the curtains in a second twin room required review. However, the registered provider was aware of this and endeavouring to address them. Residents' rooms and communal areas were generally clean on the day of inspection, however some improvement was required which is discussed under the regulation. Carpets had been recently removed and were replaced with cleanable flooring. In addition, racking was installed in the sluice room. The centre had an on-site laundry which supported the functional separation of the clean and dirty phases of the laundering process. The person in charge was the infection prevention and control link nurse and had completed infection prevention and control training. An infection control policy was available to staff and up-to-date, however, some of the practices observed were not in line with the policy. These and other findings are discussed under regulations 17 and 27 respectively.

Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Records confirmed that daily checks of, for example; means of escape were carried out and weekly testing of the fire alarm system. Notwithstanding the good practices, areas for improvement were identified which are discussed under the regulation.

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the assessed needs of residents. Care plans had been updated to reflect specific needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition and pressure ulceration. One area for improvement was identified which is discussed under regulation 5.

Resident provided positive feedback regarding life and care in the centre. The inspector identified that staff knew the residents well and knew their likes and dislikes. It was evident that residents could move freely around the centre and were observed using the lift to access their rooms and the communal areas. Residents' views were sought through a resident forum meeting. One meeting had taken place in 2023 which is not in line with the centre's statement of purpose. Areas for improvement from the meeting were in the process of being actioned. A residents' satisfaction survey was completed in 2022 with an associated action plan.

Regulation 17: Premises

Improvements were required in order to ensure compliance with schedule 6 of the regulations and the national standards. For example:

- The centre did not have enough communal space for residents in line with the national standards. Specifically the centre had a lounge, TV room, snug, visitors room and a conservatory. However the area called "the conservatory" was narrow, busy with residents seated on both sides of the conservatory, did not contain assistive handrails and was a thoroughfare from one building to another.
- Room 33 in the centre is a twin room, the resident's floor space did not contain enough space for a chair, bed and personal storage. This was highlighted on the inspection in May 2022 and management were aware of the issue and were reviewing alternatives at the time of inspection.
- Room 34 is a twin room and contained a step into the room. The inspector was informed that the registered provider was imminently placing a ramp into the room. In addition, the curtains in the room required review to ensure that a resident did not have to enter into another resident's bedspace while receiving personal care.
- The window in room 1 was beside the entrance to the centre. The registered provider needs to be assured that residents' privacy and dignity was protected at all times.
- While the new wing of the centre was generally well maintained, the old wing had general wear and tear including scuffed paint and chipped skirting. This did not aide effective cleaning.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were required in Regulation 27 to ensure procedures are consistent with the national standards for infection prevention and control in community services. For example;

- A review of high dusting was required as the inspector observed examples of excessive dust on top of a wardrobe, shelving and excessive cobwebs on a window. This was identified in an infection control audit but remained an issue.
- Cleaning practices in the centre were not in line with the centre's own policy. For example; the centre's policy recommends the use of detergent and hot water for cleaning most areas in the centre. However, the inspector was informed that a disinfectant was used.
- A chlorine based solution was routinely used in areas where there was a foul smell. In addition, the product was not diluted in line with manufacturer's instructions. Furthermore, the product was last diluted eight days previously which was also not in line with what was recommended.

- Clinical hand hygiene sinks observed in the centre were not compliant with the required specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required in fire precautions so that the registered provider is assured that residents could be safely evacuated in a timely manner. For example;

- Signage to guide staff and residents on the fire evacuation route in the event of a fire were not in place. The registered provider was aware of this and the inspector was informed that this was ordered.
- A release button on a fire door was broken.
- Doors to residents' room did not have a hold open device in place. While the majority of doors were observed to be closed the inspector noted two doors were wedged open. This was rectified by management when brought to their attention.
- Two fire drills had been completed in 2022 and one in 2023, all with the fire consultant. Outside of this no fire drills had taken place. Fire drills should be practiced routinely to the point that residents can be safely evacuated at all times of the day and night. In addition, a small number of staff were not clear on the compartments and horizontal evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a discrepancy noted in the falls risk assessment of a resident. Staff stated that the resident was not a falls risk, when the completed assessment indicated a high falls risk requiring the assistance of one staff member. It is important that clinical risk assessments are undertaken correctly, and that all staff are aware of a resident's actual risk.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to a GP who attended onsite once weekly. Outside of working hours an on-call service was used. A physiotherapist attended onsite once

weekly who completed resident assessments. A occupational therapist was available if required through a private company. A dietitian, speech and language therapist and a tissue viability nurse were available if required through a private company at no cost to the resident. A chiropodist attended onsite two monthly. Residents who were eligible to access the national screening services were assisted by management to access the relevant service.

Judgment: Compliant

Regulation 9: Residents' rights

Action is required to ensure the registered provider is in compliance with Regulation 9: Residents' rights:

- Residents were consulted about the organisation of the centre through resident forum meetings. One residents' meeting had taken place this year, in May 2023. This is not in line with the centre's statement of purpose that states that resident meetings take place monthly.
- The registered provider had a staffing deficit of 0.48 WTE of activities co-ordinator. The inspector was informed that the registered provider was in the process of recruiting for this position.
- As identified on the inspection in May 2022, the dining experience and environment required review to ensure residents had a relaxing and enjoyable dining experience.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Annabeg Nursing Home OSV-0000005

Inspection ID: MON-0040630

Date of inspection: 28/06/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Restrictive Practice training is confirmed completion by 12/09/23. All outstanding staff to attend same. • Managing behaviors that challenge training for completion 11/09/23. All outstanding staff to attend same. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Plans have been submitted to the architects in relation to enlarging the dining room and communal space. Planning permission is to be obtained in order to complete the works. • The plans for the reconfiguring of the twin room have been submitted. A risk assessment, Plan of Schedule of works, and consent from affected residents is to be implemented prior to commencement of works. This is dependent on a room becoming vacant to accommodate resident to move out of room 33 and works starting. No timeline therefore can be confirmed for same. • All Current Audits have been reviewed and action plans are now in place. Actions required completed in a timely manner. Completed 05/07/23 • Audit Findings will now be included in the infection prevention and control meetings. Completed 04/08/23 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The PIC and ADON and Admin to complete complaints training available on HSEland.ie. This will be completed by 31/08/23. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Plans have been submitted to the architects in relation to the dining room and communal space. Planning permission is to be obtained in order to complete the works. • Plans for the reconfiguration of room 33 have been submitted. A risk assessment, Plan of Schedule of works, and consent from affected residents is to be implemented prior to commencement of works. This is dependent on a room becoming vacant to accommodate resident to move out of room 33 and works starting. No timeline therefore can be confirmed for same. • The ramp to room 34 has been installed along with an additional handrail. Additional Curtains have been ordered to extend curtains already in place and will be installed once delivered estimated time four to six weeks as per manufacturer. • Privacy and Dignity is maintained in Room 1 as the windows are fully fitted with blinds that can be raised and lowered when required to ensure privacy. Completed 05/07/23 • A Schedule of Maintenance has been identified and is ongoing to identify areas within the home that require attention, repaint or repair. Ongoing 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Daily cleaning and deep cleaning schedules in place and have been amended to ensure wardrobe tops and windows are checked daily. Completed 31/07/23 • The Infection control policy has been reviewed and amended to reflect the products used within the home. Completed 31/07/23 • Chlorine based solutions are to be used only in the event of an outbreak. Staff met with 	

and reminded re: same. Dilution / Start dates labels of products used within the home, now checked daily. Completed 31/07/23.

- Clinical Hand Hygiene sinks were identified prior to inspection and parts sought for same. Awaiting delivery to ensure compliance.

Regulation 28: Fire precautions

Substantially Compliant

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

- Evacuation "you are here" signs have been identified and ordered from Trinity Care's fire consultant. Await delivery of same.
- The Release Button has been replaced. Completed 30/06/23
- Fire safety Procedures and evacuation training was also confirmed for and completed 13th July 2023. All staff have up to date training in same. In-house fire drills will now be completed monthly to strengthen training received from the fire consultant.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

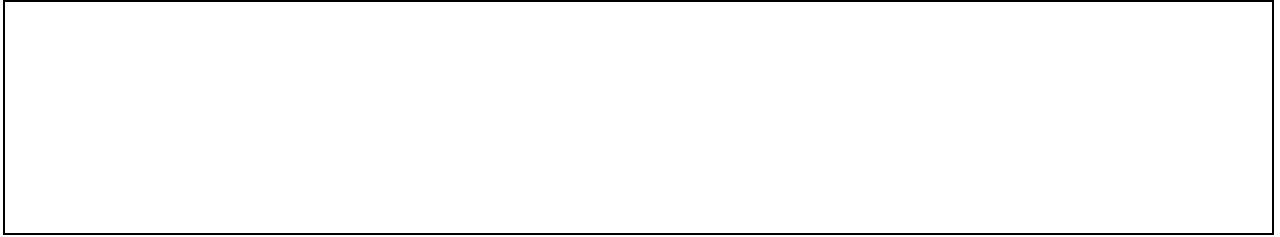
- The resident reviewed was noted to be a falls risk on admission. Significant improvements have been made with their mobility since admission. The falls risk assessment has been reviewed and amended to reflect same.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Residents Meetings will now be held monthly in line with the statement of Purpose. Completed 28/07/23 and then monthly
- The part time Activities Co Ordinator post remains advertised. Until the post is filled, care staff at weekends will be identified on the roster to be responsible for activities inhouse over the weekend. Completed 31/07/23
- Plans have been submitted to the architects in relation to the dining room and communal space. Planning permission is to be obtained in order to complete the works.



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.	Substantially Compliant	Yellow	12/09/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/10/2024
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.	Not Compliant	Orange	31/08/2024

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	04/08/2023
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.	Substantially Compliant	Yellow	31/07/2023
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	30/10/2023
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,	Substantially Compliant	Yellow	13/07/2023

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	31/08/2023
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.	Substantially Compliant	Yellow	05/07/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities	Substantially Compliant	Yellow	31/10/2024

	for occupation and recreation.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	28/07/2023