



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

## Issued by the Chief Inspector

Name of designated centre:	Cherryfield Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Cherryfield Lawn, Hartstown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000750
Fieldwork ID:	MON-0042102

## About the designated centre

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

Cherryfield Housing with Care is a 56 bed centre providing residential care services to males and females over the age of 18 years. The service is designed to care for people with low to medium care needs. The centre is run by Fold Ireland, a not for profit organisation registered with Approved Housing Bodies of Ireland. The centre is a purpose built two-storey building. Each floor has its own dedicated entrance. The ground floor is a dementia specific unit. All bedrooms in the centre are single rooms containing en-suite shower and toilet facilities and a small kitchenette. Each floor has its own dining and sitting room areas and there are also several rest spots located in alcoves of the corridors with comfortable seating, books and magazines. A small computer station was also available for residents use. The centre is located approximately 10km north west of Dublin city centre. It has access to lots of local amenities including Blanchardstown shopping centre, restaurants, libraries, public parks and coffee shops. The centre is well serviced by local transport including a bus and rail service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	53
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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 6 December 2023	09:05hrs to 17:35hrs	Lisa Walsh	Lead
Wednesday 6 December 2023	09:05hrs to 17:35hrs	Aisling Coffey	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that they immensely enjoyed living in Cherryfield Housing with Care. The residents spoken to were highly complimentary of the staff that cared for them and the care they received. Staff were knowledgeable of the residents' needs and striving to provide good quality care.

Following an introductory meeting with the person in charge, inspectors were accompanied on a tour of the premises. Cherryfield Housing with Care is located in Hartstown, Dublin 15, close to a shopping centre, a park and public transport routes. The centre is a two-storey building with lift access. The centre provides 24-hour care and support to older persons with low and medium-dependency needs and is staffed by care workers. The ground floor can accommodate 27 residents living with dementia. The first floor can accommodate 29 residents in need of care and support. Access to and from the ground floor from outside the centre is secured via fob and keypad access. Residents on the first floor come and go from the centre as they please, and this was observed on the day of the inspection.

Resident bedroom accommodation is referred to as a flat let. Bedrooms are unfurnished upon a resident's arrival and contain a kitchen sink and worktop area, built-in wardrobes, lockable units, a television, and en-suite bathroom facilities. All bedrooms are single occupancy. The centre is registered to accommodate 56 residents, with 53 residents present on inspection day.

The centre's design and layout supported residents' free movement throughout, with wide corridors, sufficient handrails, armchair seating, multiple alcoves for residents to relax, and clear signage to communal areas. The ground and first floor resident accommodation was laid out in three corridors, which had been named after Dublin city centre streets and were signposted as such. Each resident's front door was numbered and brightly coloured. Residents on the ground floor had a memory box outside their front door with items of personal significance to help them identify their room. There was pleasant artwork and photographs of resident outings and activities throughout the centre. There were traditional shop fronts on the corridors to evoke an atmosphere of a traditional high street and a designated reminiscence area on the ground floor with items such as decorated delph, a typewriter, a sewing machine and a traditional telephone. There were appointed smoking rooms on the ground and first floors. Residents also had access to two outdoor courtyard areas on the ground floor. These courtyards had furniture, plants and decorative features, including a telephone box and a post box. Despite the imaginative and pleasant decor throughout the centre, some areas were experiencing wear and tear and required painting, while the courtyard areas needed tidying. Additionally, there was a strong odour of smoke in the corridors outside of the two smoking rooms. These findings will be discussed further within the report under Regulation 17.

The centre had six dining rooms, and inspectors observed the lunchtime experience. Meals appeared nutritious and appetising. Menus were displayed on a board in the

dining room. The menu was written but also supported by pictures of the food for residents on the ground floor. There was a choice of meals being offered, as well as alternatives not on the menu and aligned with resident preferences. There were ample drinks available for residents at mealtimes and throughout the day on a refreshments trolley in the main seating area. Residents commented positively about the quality and variety of food. Some residents wanted to eat in their bedrooms instead of the dining rooms, however, resident were not allowed to eat in their rooms and not able to exert choice to conduct such activities in private.

Residents stated they felt very happy and safe living in the centre. Residents spoke positively about the kind and helpful staff that cared for them. The residents were also complimentary about the food on offer, cooked freshly in the centre daily. A highly complimentary family member described the service as "streets ahead" of other facilities. On the inspection day, staff were observed to be respectful, caring and attentive to residents' needs. There was a relaxed atmosphere, and residents were freely mobilising around the ground and first floors of the centre and chatting with other residents and staff. Inspectors noted the centre was bright and pleasantly decorated for Christmas. Staff were also dressed in Christmas jumpers and t-shirts.

Residents were dressed in their preferred attire on the morning of the inspection and appeared well cared for. Some residents gathered together in the ground floor sitting area where a talk on hand hygiene from an external professional took place. Residents and staff listened to this educational talk together. Some residents chose to stay in their rooms, while others strolled their floor or enjoyed the outdoor courtyard areas. Activities were observed to be taking place on the day of inspection. Singing and ball play were observed after the education talk on hand hygiene. Inspectors also noted a busy schedule of activities and outings for the Christmas period, with outings to a local theatre, trips to the city centre to see the Christmas lights and local schools entertaining the residents with carols due to take place in December 2023. While the residents were highly complimentary of the staff, the care, the premises and the food, they were more neutral regarding the activities on offer being in accordance with their interests and capacities. Inspectors also observed that there were lengthy periods of time with no activities provided and residents sitting waiting for an activity to begin. Residents could receive visitors in the centre in communal areas or the privacy of their bedroom. Residents had access to telephones, newspapers, televisions, computers, and internet services. There were arrangements in place for residents to access advocacy services.

The following two sections of the report present the findings of this inspection concerning 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

Overall the inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre. The provider had a well-defined governance and management structure that identified clear lines of authority and accountability. However, while management systems were in place to oversee the quality of care delivered to residents, improvements were required to ensure that the service was safe, appropriate, consistent, and effectively monitored. These improvements will be discussed in the report sections relating to governance and management, individual assessment and care planning, residents' rights, managing behaviour that is challenging, complaints, premises, infection control, fire precautions, notification of incidents and records.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and to review the registered provider's compliance plan arising from the previous inspection. The inspection also informed the provider's application to renew registration and to appoint a new person in charge in the temporary absence of the person in charge. During the day, the inspectors spoke with many residents and some families to gain an insight into their lives in the centre. The inspectors also observed interactions between staff and residents and reviewed documentation.

Cherryfield Housing with Care is one of two centres operated by Fold Housing Association Ireland Company Limited by Guarantee, the registered provider. The person in charge facilitated this inspection. They demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge reported to the Director of Care Services, who reported to the Chief Executive of Fold Ireland Housing Association. The person in charge was supported in their role by the Director of Care Services and a team of senior care staff, carer workers, laundry, domestic and catering staff. The person in charge was the clinical nurse in the centre, which had been a standalone post. As distinct from the person in charge, the clinical nurse's role was to provide clinical oversight of care planning and clinical expertise.

Other management systems within the centre, which were designed to ensure that a good quality of care was being delivered to residents, such as auditing, required strengthening to ensure regulatory compliance. The oversight of fire safety, infection control, and individual assessment and care planning within the centre required improvement. While an audit schedule was in place, it needed to be sufficiently robust to identify areas of non-compliance with regulations, which will be discussed further under Regulation 23. Regulation 27: Infection control was also an area of repeated non-compliance. Furthermore, there was no restraint register in place to ensure oversight of all restraints used in the centre. Some improvements were also required concerning submitting notifications regarding restraint, which will be discussed under Regulation 31.

The inspector requested a sample of staff files. Evidence of identity, qualifications and Garda Síochána (police) vetting were held on file. While most Schedule 2

documentation was on file, there were gaps in employment histories and references, which will be discussed under Regulation 21.

The provider had displayed the complaints procedure within the centre. However, the centre's complaints policy had not been updated following the changes to Regulation 34: Complaints in March 2023 and was last reviewed in September 2022. There were advertisements for advocacy services to support residents in making a complaint. Residents said they could raise a complaint with any staff member. Some improvements were required in the recording and management of complaints and will be discussed in the report under Regulation 34.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made by the registered provider. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked four days in the centre and was supported by the registered provider to ensure that the centre had a constant presence of a person in charge in the designated centre at all times. The person in charge had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. Inspectors found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

#### Regulation 21: Records

The inspectors reviewed a sample of four staff files. The required Schedule 2 documentation were available for inspectors to review.

Judgment: Compliant



## Regulation 23: Governance and management

Inspectors found that the oversight systems to ensure the service provided was sufficiently monitored required improvement. For example:

- The process for the review and management of residents' individual care needs, assessments and care plans required further oversight. For example, a sample of residents being administered chemical restraint did not have an associated assessment or care plan to guide the management of this intervention.
- The centre had no restraint register in place to provide a clinical oversight of all restraints in use in the centre. At present there was a list of each individual restraint used but there was no overview, nor auditing or trending, with a view to reducing restraint if no longer required.
- Furthermore, oversight systems for the submission of notifications to the Chief Inspector required review. For example, environment restraints within the centre, such as keypad door locks, window locks, bed sensors and chair alarms, were not being notified as required.
- The registered provider had failed to progress aspects of the compliance plan for Regulation 27: Infection control, which they set out following the previous inspection. For example, a clinical sharp's bin was seen under a table on the floor of the first-floor treatment room. The safety mechanism was not closed, which could lead to a needle stick injury. Inappropriate storage of boxes of gloves and toilet rolls on the floor in the store room and cleaners' rooms meant these floors could not be effectively cleaned.
- The complaints procedure in place had not been reviewed and updated to align with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023.

Judgment: Substantially compliant

## Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre. The person in charge understood the regulatory requirements if volunteers commenced attending the designated centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

Not all incidents required to be notified to the Chief Inspector were notified. For example, environment restraints within the centre, such as keypad door locks, window locks, bed sensors and chair alarms, were not being notified as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

While the centre had a complaints policy in place which was last reviewed in September 2022, it had not been reviewed and updated to align with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023. For example, the centre's complaints procedure had not referenced and named a review officer and there was no process set out for the review of a complaint detailed.

Furthermore, the centre had a complaints folder where the recording and management of complaints were intended to be stored; however, it did not hold any records of any complaints for 2023. Inspectors observed a resident making a complaint on the day of the inspection. Staff noted this was a regular occurrence, but there were no records of the residents issues being recorded as complaints, how this was responded to, how the complaint was being managed and the outcome of the residents complaints.

Judgment: Not compliant

### Quality and safety

Overall, this was a good service that delivered good quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. Inspectors observed kind and compassionate staff treating the residents with dignity and respect and to know their needs very well, albeit, this inspection identified some further improvements required specifically in respect of premises, fire safety, infection control, assessment and care planning, and residents' rights.

Care staff used an electronic system of assessment and care planning in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centre assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months. Residents and their families were involved in care plan reviews. While there were some examples of positive practice around post-fall follow-up and the management of diabetes, gaps were identified concerning the management of chemical restraint, which will be discussed under Regulation 5.

Residents had access to medical, nursing, and allied health professionals to optimise their continued good health and well-being. Some residents attended their own healthcare appointments independently, while professional visits to the centre supported other residents.

If residents were transferred to the hospital, the centre used its electronic records system to generate a report containing all relevant information about the resident for the receiving hospital. Similarly, when the resident returned to the centre, the person in charge took reasonable steps to ensure all relevant information about the resident was obtained from the hospital to ensure the continuation of safe, quality care.

The registered provider had taken measures to protect residents from abuse. Staff were knowledgeable about what constitutes abuse, the different types of abuse and how to report suspected abuse in the centre. The registered provider had a local policy and was investigating allegations aligned with the Health Service Executive (HSE) policy. The provider was a pension agent for four residents, and records showed the lodging of resident money into customer accounts in the resident's name. Garda Siochana (police) vetting was in place before the commencement of staff employment.

Residents could receive visitors in the centre in communal areas or in the privacy of their bedrooms. It was evident that visitors were welcome, and visitors and residents confirmed there were no restrictions on visiting. Residents had access to telephones, newspapers, televisions, computers and internet services. There were arrangements in place for residents to access advocacy services. There were facilities for recreation and opportunities to engage in activities. However, a review of activities was required based on resident survey feedback and inspectors observations. Activities and the right to eat meals in privacy will be discussed under Regulation 9.

There were areas of compliance and good practice observed on inspection. For example, the registered provider had an information guide available to residents and their loved ones, containing all the information required under Regulation 20.

Residents were highly complimentary about the food, which was freshly prepared and cooked on site. Residents had choices at mealtimes. Staff were knowledgeable concerning residents' dietary requirements and preferences. Residents had access to fresh drinking water and other refreshments throughout the day. Mealtimes were observed to be a relaxed experience.

The design and layout of the centre were appropriate to the number and needs of the residents accommodated. Significant thought and attention had been put into the decor of the premises, and residents voiced their satisfaction with their accommodation. The centre also had an on site laundry service, which was clean and tidy upon inspection. However, some areas required attention to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17.

While the centre's interior was generally clean on the day of inspection, several areas for improvement were identified to ensure compliance with the National

Standards for Infection Prevention and Control in Community Services (2018), which will be discussed under Regulation 27.

The provider had undertaken night time simulated fire drills since the last inspection, and new fire evacuation floor plans were on display in accordance with the compliance plan. However, the fire evacuation plans required further work and protective equipment was required in courtyard areas where residents were smoking. This will be discussed under Regulation 28.

### Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required attention to be fully compliant with Schedule 6 requirements, for example:

- The courtyard areas were noted to have been littered with cigarette butts, cigarette packaging, scratch cards, broken flower pots, broken garden lighting, and paint cans located in the phone booth.
- The ground and first-floor smoking rooms were not sufficiently ventilated, and there was a strong odour of cigarettes within and outside these rooms, despite windows being open and an extractor fan being in operation.
- There was wear and tear in certain areas which would benefit from painting and decoration, including the first-floor smoking room, which had ceiling staining after a leak, and the walls were extensively discoloured, the ground-floor storeroom door was marked at the bottom and bedroom 19 which had marks on the walls.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents expressed satisfaction with food, snacks and drinks. Food was freshly prepared and cooked on site. Residents' dietary needs were met. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Residents had access to fresh drinking water and other refreshments throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared and made available a guide in respect of the centre which contained information on the services and facilities, terms and conditions relating to residence in the centre, complaints procedure, arrangements for visits and information in relation to independent advocacy arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Through the use of the electronic records system in the centre, the person in charge ensured that when the resident was transferred to and from the hospital, all relevant information about the resident was provided to the receiving hospital. Similarly, when the resident returned to the centre, the person in charge took reasonable steps to ensure all relevant information about the resident was obtained from the hospital.

Judgment: Compliant

### Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, several areas for improvement were identified to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018):

- A clinical sharp's bin was seen under a table on the floor of the first-floor treatment room. The safety mechanism was not closed, which could lead to a needle stick injury. This was a repeat finding from the January 2023 inspection.
- Inappropriate storage of boxes of gloves and toilet rolls on the floor in the store room and cleaners' rooms meant these floors could not be effectively cleaned. This was a repeat finding from the January 2023 inspection.
- Store rooms on the ground and first floors contained clinical equipment used by residents, including wheelchairs, hoists, mobility aids and cushions. Staff were unclear if the equipment was clean or dirty, and there was no identifiable mechanism to determine this. Some of the clinical equipment was visibly stained and had food particles within. The centre requires a system to distinguish between clean and dirty equipment.
- Open boxes of personal protective equipment (PPE) and incontinence wear were stored with unclean clinical equipment and cleaning equipment such as vacuum cleaners, buffers, and mop handles. Keeping clean and dirty clinical equipment together represents a risk of cross-contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following improvements were required to ensure the safety of residents, staff and visitors:

- The ground-floor courtyard areas where residents were smoking required accessible fire blankets.
- The floor plans displayed by the fire alarm panel to inform evacuation procedures in the centre had been updated to include fire compartment boundaries but did not indicate the alternative escape routes to places of safety.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

There were gaps noted in risk assessment and care planning found on inspection:

- A sample of residents being administered chemical restraint did not have an associated assessment or care plan to guide the management of this intervention.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of old age and geriatrician service, optical services, the national screening programme and various allied health professionals as necessary. This access optimised their continued good health and well-being.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff were knowledgeable about what constitutes abuse, the different types of abuse and how to report suspected abuse in the centre. Residents reported that they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

While Cherryfield Housing with Care was a centre that respected resident rights, some areas for improvement were required:

- One resident had sought to eat their meal in their bedroom privately but was not permitted to unless ill.
- Inspectors observations, residents spoken to and feedback from resident surveys undertaken by the centre found that residents were seeking more variation in the activities they were offered. On reviewing the activity timetable the same activity was offered every morning without variation and the remainder of the activity schedule offered very little variation of activities also.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Cherryfield Housing with Care OSV-0000750

Inspection ID: MON-0042102

Date of inspection: 06/12/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Complaints procedure reviewed and updated to align with S.I 628 Of 2022 - Health act 2007. (Care and Welfare of Residents in Designated Centre for Older people) (Amendments) regulations 2023.</li> <li>• The sharps box is now wall mounted and a notice is displayed to remind staff that the safety mechanism must be in place at all times.</li> <li>• Inappropriate storage addressed with the external cleaning provider and staff.</li> </ul> <p>We have established a structured and comprehensive process for clinical oversight of all restraints in the Centre. This process includes regular reviews of the necessity of restraints for each resident, considering alternative interventions, and evaluating their continued need for existing restraints.</p> <p>We will conduct regular quality assurance audits specifically focused on the use of restraints these audits are designed to ensure compliance with the regulations and best practice, as well as to identify opportunities for improvement in our approach to restraint use.</p> <ul style="list-style-type: none"> <li>• Environmental restraint will be included in the notifications going forward.</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- All incidents that are required to be notified to the Chief Inspector including any restrictive practices will be included in the required notifications going forward.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- A Review officer has now been identified and included in the complaints policy.
- We will provide comprehensive training and education on the management of complaints, for all staff members so they can identify what a complaint is, how to report a complaint and the process of dealing with a complaint. HR are currently identifying and sourcing this training.
- We have reviewed and updated our complaints policy relating to the recording and the management of complaints to align with S.I 628 Of 2022 - Health act 2007. (Care and Welfare of Residents in Designated Centre for Older people) (Amendments) regulations 2023.
- We are standardizing our complaint management process to ensure all complaints are consistently handled, investigated, and resolved in a timely effective manner.
- We will be implementing quarterly audits of our complaints processes to identify areas for improvement and to ensure compliance with regulation 34.

Regulation 17: Premises

Substantially Compliant

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

- The Courtyards were cleaned in the evenings, due to the resident cognitive status they often litter this area with cigarette butts and packaging despite the bins in place. We have instructed the cleaning operatives to check this area more regularly.
- Bedroom 19 was void at the time of inspection and a works order had been issued to the contractor to paint as all voids are painted before a new resident moves in. This has been completed by the contractor.
- The First-floor smoke room has been painted.
- The Ground floor storeroom door will painted before the 31.1.24.
- The Contractor will review the ventilation in both smoke rooms.

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"> <li>• The sharps box is now wall mounted and a notice is displayed to remind staff that the safety mechanism must be in place at all times.</li> </ul> <p>To prevent any further breach of regulation 27 we will be implementing the following measures.</p> <ul style="list-style-type: none"> <li>• Increasing the frequency of inspections of the storeroom and the cleaner’s cupboard.</li> <li>• Reiterating the importance of following all protocols relating to the storage of clean and dirty equipment to all staff members.</li> <li>• Check lists will be installed and signed by staff on duty.</li> </ul> <p>Following the recent inspection, we have acknowledged the concerns raised regarding the presence of dirty clean equipment in the same area. We understand the importance of maintaining a clear separation between two types of equipment to ensure the highest standards of cleanliness and hygiene. In response to this issue, we have taken immediate action to address the situation where our dirty equipment has been relocated to a designated area separate from the clean equipment to avoid the risk of decontamination.</p> <p>Furthermore, we have implemented a comprehensive system to provide assurance that all equipment is cleaned and maintained to the required standard. As part of this system, we have introduced a labeling process to clearly indicate when the equipment has been cleaned, each piece of equipment will now be labeled after it has undergone the necessary cleaning procedures and now provides a visual indicator of its cleanest status.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire blankets have been put in place for the courtyard area.</li> <li>• The Fire company has been requested to come back and review the plans to indicate alternative escape routes to places of safety for the residents.</li> </ul>	

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"> <li>• All residents who are prescribed a chemical restraint now have a Restrictive Practice assessment in place and a Care Plan has been formulated based on the outcome of this assessment.</li> <li>• Assessments will be reviewed as part of the quarterly audit of the care planning processes on Restrictive Practice going forward.</li> </ul>	
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"> <li>• Due to the vulnerability and the complexity of the residents' medical needs a staff member is required to be available to supervise residents at mealtimes. The majority of our residents look forward to mealtimes, which is seen as social activity. However, if a resident chooses to have their meals in their room, they will be facilitated to collect their meal and return to their room.</li> <li>• The current activity program was agreed with residents in the past.</li> <li>• We will tailor activities to align with the individuals' interests, preferences, and capabilities of each resident based on their key to me assessment and careplan.</li> <li>• Following January's resident meeting we engaged residents in discussions about their hobbies, pastimes, and preferences to inform the activity planning process.</li> <li>• We plan to offer a wide range of activities to cater to the different interests and abilities based on the residents' feedback. This will include social events, arts, and crafts, physical activities, games, music therapy, reminiscing sessions, Sonas, hand massages, beauty therapy, gardening.</li> <li>• We plan to provide a flexible schedule of activity to accommodate residents with varying energy levels and preferences, offering activities at different times of the day ensuring that all residents have the opportunity to participate. Activities will be planned that are accessible to all residents regardless of their physical or cognitive impairment abilities, and adapted to facilitate the participation by residents with diverse capacities.</li> <li>• Activities will remain an agenda item for all resident, staff and family meetings so residents , staff and family members can provide feedback on activities and suggest new ideas.</li> </ul>	

## 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 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	31/01/2024
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	31/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	15/01/2024

	healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon	Not Compliant	Orange	15/01/2024

	as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	15/01/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	15/01/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after	Not Compliant	Orange	15/01/2024



	the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	15/01/2024
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Not Compliant	Orange	15/01/2024
Regulation 34(4)(a)	The registered provider shall ensure that a resident has access to records and information in relation to the complaint, subject to the law.	Not Compliant	Orange	15/01/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly	Not Compliant	Orange	15/01/2024

	recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/01/2024
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	31/01/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2024