



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

Issued by the Chief Inspector

Name of designated centre:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	03 November 2023
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0041466

About the designated centre

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

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Friday 3 November 2023	09:40hrs to 17:00hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their care needs were met and their independence was promoted. Care was provided in an open and positive culture by a dedicated staff team who were clear about the provider's philosophy of care and values. This helped to ensure that care was person centred and residents were supported to maintain their self care abilities and to make decisions about their day to day routines and the care and services they wished to receive.

Residents told the inspector that they felt valued and listened to. One resident said that she felt "cherished " and that staff would do anything for her. Residents were overwhelmingly positive about the staff who provided their care. This was reflected in the comments and feedback from family members who spoke with the inspector and in the resident questionnaires that were reviewed on the day. Staff were observed to be respectful and empathetic with residents on the day. Residents were given time to understand what staff were saying to them and their responses were respected by staff. Where a resident declined care or services this was acknowledged by staff and reported to nursing staff or the person in charge.

There was a calm and friendly atmosphere which helped to reassure residents, especially those residents who were living with dementia and who needed time to process stimuli in their environment. Staff were cognisant of these residents' communication needs and their need for assurances around key aspects of their daily lives such as meal times and meaningful activities. This helped to ensure that residents were supported to spend their day as they wished whilst still being offered choices and encouraged to try new things.

The person in charge and the general manager were well known to residents and their families and were seen to be available to both residents and their families throughout the day. Families and friends were made welcome and were greeted by staff and signed into the premises before they entered the resident areas. There was a visiting room available however on the day most residents chose to meet with their visitors in their bedrooms. Visitors said that they were encouraged to come in to the centre regularly and that they were kept informed about any changes in their loved one's health or well-being. Those visitors who spoke with the inspector were very positive about the care and services that were provided and said that they would recommend the centre to others.

The designated centre is purpose built as a nursing home and is well laid over a ground floor footprint with wide corridors and accessible bedrooms and bathroom/toilet facilities. Corridors, toilets and bathrooms had handrails in place to support resident independence and safety. Communal rooms were well lit and comfortably furnished for residents. There was a choice of larger and smaller, quiet seating areas for residents so they could choose the type of environment that suited

them.

Activities were provided in small group and one to one sessions. Residents were heard enjoying a music session before lunch and although some residents were not joining in with the activity staff involved them in the session explaining what was going on and what the other residents were doing. Residents with cognitive impairment and some residents who were non verbal were seen smiling and obviously enjoying this level of participation. Later in the day some of these residents were observed enjoying hand massage and gentle tactile interactions with staff. During the afternoon most of the residents were joining in with a bingo session which was organised in the main foyer area so that tables and seating could be set out to reflect a community bingo afternoon.

Some residents chose to spend the day in their bedrooms. The inspector spoke with two residents in their bedrooms. Both residents confirmed that they preferred to spend their day quietly in their rooms however they said that staff always let them know what activities or events that were happening if they wished to attend any of the sessions. One resident said that she " Had everything I need right here in my room. I enjoy the view of the garden from my bed. I am quite content " Both residents had decorated their bedrooms with pictures and ornaments from home and took a real pride in their personal space.

The inspector observed a lunch time meal and found that there were enough staff on duty to support residents at meal times. Menus offered choices of main courses at each meal. The lunch time meal was three courses and residents said that the portion sizes suited them and there was plenty of choice. Tray service was available for residents who wished to take their meals in their bedrooms. Specialist diets were catered for and residents who needed textured meals were offered choices at each meal time.

Residents said that they felt safe and that if they had any concerns that they could talk with a member of staff. The inspector observed that residents appeared comfortable and relaxed in the presence of staff. This was validated by the resident feedback on the day in which staff were described as polite and respectful.

The next two sections of the report will set out the findings of the inspection under the relevant regulations in the capacity and capability and quality and safety pillars.

Capacity and capability

This inspection found that the centre was well managed by an experienced team who promoted an open and inclusive culture in which residents received person centred care in line with their needs and preferences.

This was a short notice announced inspection to monitor compliance against the Health Act 2007 (Care and Welfare of Residents living in Designated Centres for Older Persons) Regulations 2013 as of March 2023. The inspection was carried out over one day and was facilitated by the person in charge and the general manager.

The person in charge works full time in the designated centre. They are supported by a clinical nurse manager and the general manager. The staff team consists of nurses, care staff, housekeepers, activities staff and maintenance staff. The inspector spoke with a number of staff on the day and staff were clear about their role and what was expected of them in their work.

Safe recruitment practices were in place to protect the residents, including satisfactory An Garda Siochana (police) vetting disclosures prior to commencing employment. There were enough staff on duty to ensure residents needs were met however the inspector found that at one part of the morning there were no staff supervising residents in one of the communal lounges because the staff member had been called away to attend to a resident. This was addressed by the management team when the inspector made them aware of the situation.

Staff reported that they had access to regular training and updates and were knowledgeable about key areas of safe working practices such as fire evacuation procedures and infection prevention and control standards. Staff were seen to work co-operatively to ensure that residents needs were met and this helped to create a positive and caring environment in which residents told the inspector that they felt valued and well cared for.

There was a range of quality assurance processes in place which were implemented consistently to ensure care and services were delivered to the expected standards. Audit reports were communicated to the relevant staff and improvement actions had clear time frames for completion. Some improvements were required to ensure that staff records were audited in line with the audit schedule but all other audits had been completed at the time of the inspection. When incidents occurred these were reported and followed up in line with the centre's policies and procedures and any learning was communicated to the relevant staff.

There was a complaints policy in place that was up dated in line with the legislative changes and additional requirements of Regulation 34. The complaints officer and review person were identified. All complaints and feedback were recorded and communicated to the relevant staff. However the records for the one complaint that had been received since the last inspection did not include the investigation report and the outcome of the investigation.

Resident feedback was encouraged through day to day communications with staff and managers and through resident meetings and the annual survey of the service. There was a quality improvement plan in place for 2023 and this was being implemented at the time of the inspection.

Records were well maintained and were accessible. Resident and staff records were stored securely.

There were effective arrangements in place to manage risk and protect residents from the risk of harm. An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register that was reviewed on a monthly basis and updated regularly. This was a live document including both the clinical and environmental risks, which were appropriately mitigated and escalated as required.

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies remained current and in line with best practice.

Regulation 14: Persons in charge

The person in charge is a registered nurse who has more than 15 years experience in care of older persons. The person in charge holds a management qualification and meets the criteria of the regulations. The person in charge facilitated the inspection process and demonstrated a good understanding of their regulatory responsibilities. They work full time in the centre and are well known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents. Rosters showed that there were always two nurses on duty in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training and refresher training to ensure their mandatory training was up to date. All staff were up to date with their fire safety, moving and handling and safeguarding training. Records showed that staff had access to infection prevention and control updates and training included the standards for the prevention and control of health care associated infections published by the

Authority.

Staff training records showed that 17 staff had not received training in managing challenging behaviours and 21 staff had not received training in dementia care. This is addressed under Regulation 7 in the quality and safety section of the report.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was well resourced to ensure that care and services were delivered in accordance with the statement of purpose.

There was a clearly defined management structure and staff were clear about their roles and the standards that are expected of them in their work. Reporting and communication structures were well established and staff worked well together as a team.

There were comprehensive quality assurance systems in place to ensure care and services were safe and appropriate. The audits and management reports were reviewed and signed off by the senior management team. Where non-compliance or improvements were identified an improvements action plan was implemented. The management team and staff were open to feedback and demonstrated a commitment to continuous improvement.

The annual review for 2022 and quality improvement plan for 2023 included feedback from residents and staff. The improvement actions were implemented at the time of the inspection. The records of governance and management meetings showed that the quality improvement plan was reviewed regularly to ensure the changes were implemented. These improvements included the purchase of individual glucometers for those residents who used them and an additional carer on duty between 17.00 hours and 22.00 hours to provide evening activities for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that had been recently updated to include the changes to the legislation in relation to Regulation 34. The statement of purpose included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Records showed that where a notifiable incident occurred these were notified to the Chief Inspector within the required time frames. All quarterly reports were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The records showed that there had been one formal complaint that had been investigated and addressed to the complainant's satisfaction however there was no clear record of how the complaint had been investigated or the outcome of that investigation.

Judgment: Substantially compliant

Quality and safety

Care was provided in an open and supportive manner in which residents were respected and their rights were upheld. Daily routines were flexible and the residents were observed to spend their day as they wanted and to participate in the daily routine and activities as they wished. Staff knew the residents and were familiar with their preferences. Staff continued to offer the residents choices such as offering different drinks and encouraging a resident to sit where they might be better able to see the view of the garden rather than in their usual seat with their back to the garden. However if the resident refused care or services this was respected by staff.

Overall, residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details. Residents had access to appropriate equipment to meet assessed needs such as pressure relieving

equipment or manual handling equipment.

Residents had access to a range of medical and other health and social care specialist teams to support their ongoing care and to promote their self care abilities and independence. Where occupational therapy and physiotherapy services were not being made available to residents from the local community services the provider had identified and reported the gap to the relevant service managers and when the service was still not made available for residents had sourced private services for the residents.

Care was person centred and this helped to ensure that staff knew the residents well and were familiar with the antecedents that may trigger episodes of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The levels of responsive behaviours was low in the centre. Staff demonstrated empathy and respect when supporting residents who became agitated.

The centre had low levels of restraint. Where restraints such as lap belts and bed rails were in use the equipment was risk assessed and there was a clear record that other equipment and solution had been trialled but were not effective. Residents or where appropriate had signed to give consent for the equipment to be in use. The restraints register was up to date and records showed that restraints were reviewed regularly.

The range of activities available included activities for those residents with higher levels of cognitive and mobility needs. Staff were deployed to ensure there were enough staff to support residents to participate in line with their wishes and abilities.

Overall the premises were well laid out to meet the needs of the residents. The centre was clean and tidy. Communal rooms were comfortably furnished and nicely decorated. Many of these rooms enjoyed a view of the extensive gardens that surrounded the centre. Residents had access to these gardens and to secure internal courtyards. There sufficient communal toilets and bathrooms however one of the spacious communal bathrooms was being used as a store room for equipment and other items on the day of the inspection. This was a repeat finding from the previous inspection. The provider cleared the stored items from this bathroom on the day of the inspection.

Residents' bedrooms were mostly single occupancy with four twin bedrooms. These four bedrooms were being used for single occupancy and had been single occupancy since 2020. All bedrooms were en-suite with toilet and shower facilities. Residents had enough storage for their personal possessions including a lockable storage space if they wished. Bedrooms were personalised with photographs and memorabilia from the resident's home. Residents said that their bedrooms were comfortable and they enjoyed their personal space. However the layout of the twin bedrooms did not ensure that if these rooms increased to twin occupancy in line with the number of beds for which each of these rooms was registered that both residents could have a comfortable chair beside their bed to sit out. Furthermore the

privacy curtains in these rooms had been removed in 2020 as there was only one resident accommodated in the room. This did not ensure that if the rooms were occupied by two residents in line with their registration that the two residents would be able to carry out personal activities in private.

Television, radio and newspapers were available for residents. Staff were observed chatting with residents about the daily and local news topics on the day. Residents also had access to internet services and were using their mobile phones and tablets on the day to keep in touch with their families and friends through social media sites.

Advocacy services were made available for residents and information about the services were available on the resident notice board and in the resident information guide.

Regulation 13: End of life

The inspector reviewed a sample of residents' care records and found that where the resident had expressed a preference for their end of life care that these wishes were recorded and were made known to staff. This included where the resident wished to be cared for. Where a resident preferred to go home or transfer to hospital this was recorded and their wishes were facilitated.

End of life care plans detailed the residents preferences for spiritual and family support at end of life. The resident's family and friends were encouraged and supported to be involved in the resident's end of life care and were made welcome in the centre.

The nursing and care team worked with specialist practitioners such as the palliative care team and the resident's general practitioner (GP) to ensure that appropriate care and comfort were provided for the resident.

Judgment: Compliant

Regulation 17: Premises

Although the four twin rooms in the centre met the minimum floor space required for each resident the current layout of these rooms did not allow sufficient space between each of the beds to place a comfortable chair for each resident so that they could sit beside their bed.

These rooms were being used for single occupancy at the time of the inspection and

one room was vacant.

There was not sufficient space for the storage of large items of equipment. As a result one of the two large communal bathrooms was being used to store equipment and other items and was not available for residents to use. The provider did have a plan to review storage in the designated centre but this had not been completed at the time of the inspection.

Judgment: Not compliant

Regulation 20: Information for residents

There was an up to date resident's guide available for residents and their representatives to inform them about the care and services and daily routines in the designated centre. This included the terms and conditions relating to residency in the centre, the complaints procedure and the visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that included the required information as per Schedule 5 of the regulations. There was also a plan in place for responding to a major incident in the centre.

Incident reports were recorded and communicated to the person in charge and the provider. Incidents were reviewed and where improvements were identified these were communicated to the relevant staff and implemented.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control was well managed in the centre. The provider had identified a clinical lead for infection prevention and control. This person had completed additional training and was providing training updates and spot checks on staff practices to ensure that infection prevention and control standards were upheld. The policy included an action plan to maintain good practice in anti-

microbial stewardship including the use of antibiotics.

The inspector found that the centre was clean in all areas. Cleaning schedules for daily cleaning and deep cleaning were available for review and were up to date. There was a clear procedure for terminal cleaning of bedrooms as they became vacant. High risk areas such as the laundry, the sluice room and the cleaner's store were kept clean and tidy and had suitable hand washing facilities.

Staff who spoke with the inspector demonstrated a good knowledge of infection prevention and control procedures and were aware of what they needed to do to keep residents protected from the transmission of infections. Overall staff practices were in line with good standards in preventing the spread of infection however the inspector observed that one clinical waste bin located along a corridor was overfilled. This was addressed when the person in charge was made aware.

The oversight of infection prevention and control was included as part of the clinical governance management meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed the actions from the previous inspection and this inspection found that there were adequate precautions in place against the risk of fire.

Means of escape including corridors and final exit doors were kept clear and records showed that these were checked each morning and evening when staff came on duty. Additional emergency lighting had been installed both inside and outside of the building. All fire doors were checked weekly as part of the maintenance checks and all doors were closing on the day of the inspection. The fire blanket in the smoking room had been replaced with one of the recommended size. However the small fire blanket was still in place until the provider removed it on the day of the inspection. This blanket had passed the date it was deemed effective.

Records showed that in house checks were completed on fire doors, evacuation routes and the fire alarm panel. In addition fire equipment was regularly checked and serviced by the fire equipment specialists.

Staff who spoke with the inspector reported that they received annual fire safety training and attended regular fire drills and practice evacuations. Staff were clear about the evacuation procedures and what to do if the fire alarm sounded in the centre. Staff training records confirmed that all staff were up to date with fire safety training requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident's care records and spoke with a number of residents on the day. Records showed that the person in charge completed a pre-admission assessment for all potential new residents to ensure that the centre could meet the person's needs and that a good client/home fit was achieved.

In addition records showed that all newly admitted residents had a comprehensive assessment of their needs when they came to live in the centre. The assessment included potential risks such as skin integrity and falls as well as the resident's current needs. Nursing staff worked with the resident and where appropriate their representative to develop a care plan setting out the care and support the resident needed. Care plans identified self-care abilities as well as where support was needed. Care plans were reviewed regularly by nursing staff and were updated if the resident's care and support needs changed. As a result the care plans reviewed by the inspector were up to date and provided sufficient detail to guide staff on the care and support the resident required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and specialist medical services including psychiatry of later life. Residents were able to access regular medical reviews to monitor their health and well-being. Records showed that where a resident's general condition changed medical reviews were sought promptly.

In addition the residents had access to a range of specialist practitioners including speech and language therapy, tissue viability nurses and dietitian. Where there was difficulty accessing physiotherapy and occupational therapy services from the local community services for residents the provider had sought services from appropriate private providers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A number of staff had not received training in the management of responsive behaviours and dementia. The person in charge had recently attended further training in this area and the provider had a plan in place to roll out training to all staff.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had robust systems in place to ensure residents were protected from abuse. These included safeguarding training and updates for all staff working in the centre. In addition any allegations or incidents of abuse were recorded and investigated by the person in charge.

Records showed that all staff were up to date with their safeguarding training. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for and what to do if they witnessed such an incident or a resident raised a concern to them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns.

Records showed that one recent incident had been reported, investigated and followed up in line with the centre's safeguarding policy and procedures. The provider had identified a need for additional training for some staff and this had been completed at the time of the inspection.

The provider was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The position of the privacy curtains rails in some of the twin bedrooms did not ensure that if there were two residents occupying these rooms the residents could carry out personal activities in private.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0041466

Date of inspection: 03/11/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints will continue to be reviewed and investigated as per the complaints policy, the investigation report will be attached to the complaint rather than filed elsewhere, this will ensure full transparency and reassure that an appropriate outcome has been achieved.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure that if and when the double rooms are used for two residents they allow sufficient space between each of the beds to place a comfortable chair, also the provider will ensure that the privacy curtains are reinstalled thus, ensuring that each resident has privacy and dignity at all times.</p> <p>Storage space was addressed at the time of the inspection and items were removed from the communal bathroom.</p> <p>The bathrooms will be used for their stated purpose only, a bathing facility. Storage space has been reviewed and sufficient appropriate storage space has been made available in the designated centre.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The registered provider had already reviewed training requirements prior to the inspection and had herself attended Train the trainer course to allow her to commence training staff in January 2024 in areas relating to behaviour that is challenging and dementia.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider will ensure that privacy curtains are reinstalled to the double rooms thus ensuring privacy and dignity at all times when two residents require the room. Presently the double rooms are used with one resident and have been since 2020.</p>	

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.	Not Compliant	Yellow	06/11/2023
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 recorded and that such records are in addition to and distinct from a resident's individual care	Substantially Compliant	Yellow	03/11/2023

	plan.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/02/2024