



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

## Issued by the Chief Inspector

Name of designated centre:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0037483

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

It provides twenty-four hour nursing care to 61 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a two storey building located on the outskirts of a small town.

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

Number of residents on the date of inspection:	61
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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
Tuesday 25 April 2023	10:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall feedback from residents regarding the service they received and their quality of life in Oak View Private Nursing Home was positive. Residents told the inspector they were happy in their environment and were facilitated to enjoy fulfilling and meaningful lives in the designated centre. The management and staff had a good knowledge of residents' individual life stories, their needs and preferences regarding their care and daily routines. The inspector found that there was a relaxed and homely atmosphere in all three units in the centre and that staff interactions with residents were gentle, kind and respectful.

The centre premises was arranged over two floors and was located a short distance from the town of Belturbet. Residents' bedroom accommodation was arranged on each floor, in four twin and 53 single bedrooms, all with full en-suite facilities. The centre is organised into three units. Willow Unit was located on the first floor and Elm and Sycamore Units were located on the ground floor. The Sycamore Unit is a dementia specific Unit with accommodation for 13 residents in 11 single and one twin bedroom. Each unit had separate communal facilities including a sitting room and a dining room. Access between the floors was provided by a stairs and an elevator. Residents could access the outdoor gardens as they wished, including from the dementia unit. The outdoor gardens were landscaped, interesting and had pathways to support residents' safe access.

Residents in each of the three units were observed to be participating in a variety of social activities that they were visibly interested and actively participating in. These activities were facilitated by two dedicated activity coordinators in addition to support from staff for one-to-one activities with residents on the dementia specific unit. A fun sing-song and music session in the afternoon on the day of the inspection was a particular highlight for residents and it generated lots of laughter, fun and banter. Many residents sang their favourite songs and recited their poetry. Some residents danced and a member of staff sang a witty song composed by the residents and the residents clearly enjoyed hearing it. A live music schedule with local musicians and singers was displayed in each of the units. Other activities on offer to residents included short story reading and reminiscence, baking, arts and crafts and games such as 'higher or lower' and bingo among others. Residents had worked together on a piece of art that they presented to the local hospice unit and were preparing a banner on the day of the inspection for the birthday celebrations for a resident who was turning 102 years old. Residents were supported and encouraged to go out into their local community and attended a weekly coffee morning among a variety of other excursions.

Staff and residents also told the inspector about many events which had been held in the centre and there were photographs of residents enjoying these events displayed throughout the premises. Residents' art and craft works were also displayed on the walls along corridors, in the communal rooms and in residents'

bedrooms.

The centre was warm, bright, well maintained and the layout supported residents to access all parts of the centre easily including the outdoor gardens including from the dementia unit. The decor in the dementia unit was tactile and brightly coloured throughout and the residents in this unit were observed to be comfortable and relaxed in their environment. In addition, traditional memorabilia familiar to residents was displayed in the communal rooms. Many of the residents' bedrooms were viewed by the inspector and were observed to be brightly painted and cleaned to a good standard. Residents were encouraged and supported to personalise their bedrooms and their photographs and memorabilia were displayed around them and within their easy reach and view. Residents' bedrooms were laid out to ensure they had sufficient space to meet their needs including suitable storage space for their clothing and personal items.

The communal rooms were supervised at all times when residents were in them by one or more members of staff and this ensured that staff were available at all times if residents needed their help and support. Residents' call bells were responded to promptly and staff were seen regularly checking on residents who preferred to stay in their bedrooms during the day of the inspection.

The inspector observed the lunchtime meal for residents in two of the units and saw that this was a social occasion for many residents. Many of the residents chatted together as they ate their meal. A hot meal choice was available for lunch and tea-time meals in addition to alternatives if residents preferred an alternative meal option. Residents told the inspector that the food was 'the best', 'always good' and 'perfect'. There was adequate staff in the dining rooms and they were observed mingling among the residents and giving discreet assistance and encouragement as necessary.

Residents told the inspector that their care and support was '100%' and that they felt safe in the centre. Residents said they would have no hesitation in talking to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013, as amended. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place with effective management systems to ensure the delivery of a safe and quality service. The management team were proactive in responding to issues as

they arose and used regular audits on all areas of the service and feedback from residents and residents' families to monitor and inform service improvements.

This inspection was an unannounced risk inspection completed by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Omega Nursing Home Limited is the registered provider of Oak View Nursing Home. There are two directors on the provider company board and both were very involved in the centre's day-to-day operation. The person in charge had worked in this senior role for several years and was supported in their role by a clinical nurse manager. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff. There were clear lines of accountability and staff were knowledgeable regarding their roles and responsibilities.

Monitoring and oversight systems were in place in the centre with evidence of continuous quality improvement. The provider had a number of assurance processes in place to ensure their oversight of the quality and safety of the service provided to residents and clinical effectiveness. All aspects of the service including all feedback from residents and others on the service. Quality improvement plans were developed as necessary and were progress with completion was tracked to completion. The registered provider had completed an annual review of quality and safety of the service and residents quality of life in the centre for 2022.

While there was adequate staff available with appropriate skills to meet residents needs on the day of the inspection, improvements were necessary to ensure that there were enough staff available to ensure residents had continued access to social activities during the weekends.

Staff were supported and facilitated to attend mandatory and professional development training, including infection prevention and control training to ensure staff had the necessary skills to meet residents' needs. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Records that must be maintained and available in the centre was available and was held securely. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

Signed and dated contracts regarding each resident's residency in the centre were available. Each contract described the terms and conditions of the resident's residency, the fees to be charged including fees for additional services. An additional fee was charged for participation in the social activity programme but did not specify a choice to opt-out of this fee for residents who were unable to or unwilling to participate in the social activity programme available.

A directory of residents in the centre was maintained and contained the information

required by the regulations.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations.

### Regulation 15: Staffing

Although, activity coordination staff, who worked Monday to Friday, prepared a schedule of social activities for residents to be facilitated by care staff during the weekends, care staff resources remained the same over seven days and were not increased at the weekends to cover this additional work. As a result, the inspector was not assured there was adequate staff available to carry out the planned schedule to meet residents' social activity needs.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff working in the centre were facilitated to attend up-to-date mandatory training which included fire safety training and safeguarding training. Staff were also facilitated to attend training in infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs. Staff had completed training to ensure they had appropriate knowledge and skills to support them with caring for residents' wounds. Staff has also completed training on care of residents with dementia and supporting residents who were predisposed to experiencing 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).

All staff were appropriately supervised according to their roles. An induction programme was in place for new staff and the person in charge completed annual appraisals with all staff.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were securely stored and the policy on the



retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management structure had clearly defined lines of accountability and authority and the provider ensured they had robust systems in place to ensure their oversight of the quality and safety of the service and residents' quality of life in the centre.

The registered provider ensured that adequate resources were available to support the effective delivery of care to residents. All staff were knowledgeable regarding their individual roles and responsibilities.

The monitoring systems in place ensure the quality and safety of all areas of the service were reviewed and informed a process of continuous improvement. Improvements identified as needed through the auditing process and residents' feedback was discussed at the senior management meetings. There was good evidence that action plans were developed and tracked to completion. The communication strategy ensured that all staff were made aware of areas needing improvement and the actions taken.

A comprehensive annual review of the quality and safety of care delivered to residents in 2022 was available and was developed in consultation with residents in satisfaction surveys and residents meetings.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

While, each resident had a contract setting out the terms and conditions of their residency in the centre that was signed and dated by them or their representative, setting out the terms and conditions of their residency, the additional fee charged for the social activity programme did not provide residents with an opt-out of additional charges if they were unable to avail of, or did not wish to avail of the social activities available.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the designated centre and included all information as specified by the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents in Oak View Nursing Home were provided with good standards of nursing and health care in line with their assessed needs. Care and supports were person-centred and informed by each residents' usual routines and individual preferences and wishes. The centre's management and staff were focused on having a meaningful quality of life and were being supported to go back out safely to the events they enjoyed in the community before the COVID-19 pandemic. These efforts were welcomed by the residents.

Residents' living environment met their needs to a good standard and was well maintained and decorated. The layout of the premises ensured residents had adequate communal and bedroom facilities to meet their individual needs. The provider had reconfigured storage facilities and relocated nurses' stations that were in two of the residents' communal sitting rooms on the last inspection. This meant that the purpose of some rooms were changed. The centre's management stated that they were preparing an application to vary condition 1 of the centre's registration to the Chief Inspector to ensure that the centre premises and facilities provided were accurately referenced. Notwithstanding works completed to provide additional storage since the last inspection, the inspector found that storage of residents' assistive equipment continued to require improvement and is a repeated finding from the last inspection.

Visits by residents' families were encouraged and facilitated and practical precautions were in place to manage any associated risks.

Residents continued good health and wellbeing was optimised with good standards of nursing care and timely access to healthcare to meet their needs. Residents' care plans were person-centred and reflective of residents' individual preferences and

wishes regarding their care and supports. Residents' care plans were regularly updated and residents or their families, on their behalf, were consulted with regarding any changes made. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Although residents' nutritional needs were met to a good standard, improvement was necessary to ensure records of residents' food and fluid intake was accurately referenced to inform their care and treatment plans.

Residents were protected from risk of infection. The provider ensured that all surfaces were maintained and could be cleaned and had oversight and monitoring systems in place to ensure the centre's infection prevention and control policies and procedures were implemented by staff.

Measures were in place to protect residents from risk of fire and an up-to-date fire safety policy for the centre was available. Fire safety checking procedures were regularly carried out and the records of these checks and any actions required were complete. However, these checking procedures did not identify that a number of designated refuge areas next to final fire exit doors contained items of assistive equipment and as such were not available for their intended purpose as a safe shelter for residents in a fire evacuation. The centre's fire alarm was sounded on a weekly basis to ensure it was operational. Regular servicing of the fire alarm and emergency lighting systems were completed. Each resident's evacuation needs were assessed, documented and regularly updated and simulated emergency evacuation drill records confirmed evacuation of residents during night time conditions. However, the simulated evacuation drill procedure required improvement to ensure all available staff were included and all staff were aware of their role in evacuation in the event of a fire.

Residents' rights were respected and their quality of life in the centre was promoted with a meaningful social activity programme that positively impacted on residents' well-being including residents with one-to-one support needs.

Residents were encouraged and supported to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. Actions from these meetings were progressed.

Residents had access to local and national newspapers, television and radio. However, the inspector found that some residents accommodated in the twin rooms shared one television and therefore were unable to watch their choice of programmes.

Residents were supported to practice their religious faiths.

## Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents could meet their visitors in private if they wished.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that there was insufficient storage facilities for residents' assistive equipment in the centre. This lack of adequate storage facilities resulted in hoists being inappropriately stored in the refuge area at the top of a stairs designated as a fire exit from Willow unit and in an alcove along a corridor to a fire exit on Elm unit. Following the last inspection, inadequate storage had been discussed at senior management meetings and actions taken ensured that storage of residents' assistive equipment ceased in residents' communal rooms. However, the improvement plan put in place was not effective in ensuring adequate and appropriate storage facilities for residents' assistive equipment were provided.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were provided with a varied diet and they confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were communicated to catering staff and dishes were prepared in accordance with residents' preferences, assessed needs and the recommendations of the dietician and speech and language therapists. A variety of snacks and other refreshments were available throughout the day in addition to fresh drinking water.

Mealtimes were facilitated in the dining rooms located in each of the units. The inspector observed that mealtimes were unhurried and were a social occasion for many of the residents. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available in the dining rooms at mealtimes and residents were provided with discreet assistance as needed.

Judgment: Compliant

### Regulation 27: Infection control

The provider met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018) and had addressed the findings of the last inspection to ensure residents were protected from risk of infection.

The environment and equipment was consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by alcohol hand gel dispensers now located along corridors and available at each point of care (where the care procedure takes place), in addition to clinical hand hygiene sinks for staff use. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place that were completed by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

The most recent simulated emergency evacuation drill procedure did not utilise all available staff to ensure timely evacuation of residents in the event of an emergency in the centre. For example, the most recent simulated night-time emergency evacuation drill referenced the role of only four of the seven staff available on-duty in the centre each night and therefore did not utilise all available staff to reduce evacuation timelines and to ensure the role of each staff member available in the event of a fire in the centre was clearly identified.

There was storage of assistive equipment in the refuge areas of two fire exits and posed a risk of delay in evacuating residents in the event of an emergency in the centre. This finding was also not being identified on the daily checks completed to ensure fire exits were fully accessible and free of any obstruction to ease of evacuation in an emergency situation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Although residents at risk of and with evidence of unintentional weight loss were monitored, the computerised system in use to record their food intake did not support detailed monitoring of the amounts, increased frequency and types of food eaten by these residents and therefore could not be relied on for accurate intake. Therefore, in the absence of a means of accurately recording these residents' food intake, the person in charge could not be assured that their food intake sufficiently met their assessed needs or provided an accurate record to inform their treatment

plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents nursing and healthcare was met to a good standard.

Residents had access to a general practitioner (GP) including to continue to be cared for by the GP they attended prior to them coming to live in the centre. Residents were referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. An on-call medical service was accessible to residents out-of-hours as needed. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

### Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

### Regulation 9: Residents' rights

While residents were facilitated and supported to make choices regarding their lives in the centre, the provision of one television that was shared by both residents in twin bedrooms did not ensure they each had choice of television viewing and listening.

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>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 19: Directory of residents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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 Oak View Nursing Home OSV-0000151

Inspection ID: MON-0037483

Date of inspection: 25/04/2023

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed the staffing levels over the weekend, and we will introduce extra care hours on Saturdays to carry out planned scheduled activities for our residents. We will carry out a resident survey in relation to activities on a Sunday as there are currently music sessions. Following the survey, we will introduce whatever is required.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: An opt-out of additional charges will be added to all current contracts and new contracts.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All assistive equipment has been removed from the refuge area and corridors to a new storage area.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All emergency evacuation drills going forward will ensure that all staff members involved in the drill will be utilised to ensure evacuation timelines are reduced. Following the drills a review will be carried out to ensure we achieve our evacuation timelines.</p> <p>All assistive equipment has been removed from the refuge areas into a new storage area that does not intrude into the resident's living communal space.</p> <p>The daily check list which is used to ensure fire exits are not obstructed has been updated to include fire refuge areas as well, it also includes that if there are any issues with either, it must be reported immediately to the PIC. Regular checks of these areas will also be undertaken by the PIC and the Registered Provider daily while doing rounds of the nursing home.</p>	
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> <p>A food record will be utilised on Epic Care to record accurately the food intake on all residents who have unintentional weight loss daily. The Healthcare Assistances will record the resident's food/fluid intake during the day and the Staff Nurse will input this data at the end of their shift. This data will be reviewed monthly by the PIC to ensure correct monitoring is being carried out.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An extra Television will be put into our four twin rooms with the facility to listen to it individually.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2023
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	31/05/2023
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	31/07/2023

	concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/07/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	31/07/2023

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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