



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

Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	12 October 2023
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0041682

About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in recently extended single-storey premises in a rural location. There are two twin rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Thursday 12 October 2023	09:05hrs to 16:35hrs	Helena Budzicz	Lead
Thursday 12 October 2023	09:05hrs to 16:35hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Santa Maria Nursing Home. Residents told the inspectors that they were happy living there and that they felt safe. The residents appeared relaxed in their surroundings and were seen to be interacting well with each other and the staff on duty.

On arrival at the centre, the inspectors were greeted by a senior staff nurse who informed them that the senior management team, comprised of the person in charge and assistant director of nursing, were not available as they were on leave. While the services were delivered by a well-organised team of staff, it was evident that there were no management contingency measures in place to meet unplanned absences.

Following a short introductory meeting, the inspectors went on a walk around the centre. They observed that many residents were up and dressed and appeared well-groomed, with their hair and clothing done in accordance with their preference.

The lived-in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in, and throughout the day, residents were seen using these spaces. Inspectors observed confusing signage displayed throughout the centre, which required review. For example, out-of-date timetable of activities from 2022 and signs informing of bio hazards and COVID-19 requirements to keep a two-metre distance were observed in several locations.

The inspectors spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspectors that they have 'the loveliest of staff'. Staff were observed to speak with residents kindly and respectfully and to interact with them in a friendly manner.

Residents informed inspectors that they were happy with the food quality and that the meal service was very good. They said that they got plenty to eat, had lots of choices of food available and had access to food at all times. Residents were also able to choose where they wanted to eat; some preferred the dining room, and others preferred to eat in their bedrooms.

Lunch was observed in the two dining rooms, the Memory Care unit and the Main House. The menu was displayed on blackboards at the entrance of both dining areas. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch. The mealtime experience appeared to be a social occasion, with residents and staff chatting with each other and soft music playing in the background. Inspectors found that staff were knowledgeable of the residents' preferences and those with special requirements such as diabetic diet and modified textured diets for those with

difficulty swallowing.

Some residents informed the inspectors how staff supported them to enjoy life in the centre. An activity coordinator was on site to organise and encourage resident participation in events. Newspapers were delivered daily to the centre. A hairdresser came to the centre twice a month, and residents said they loved getting their hair done. However, one resident spoken with said that they would like 'more to do' and in particular they would like a visit from an entertainer as 'you can't beat live music'. On the day of inspection, the inspectors observed a lively game of bingo; however, they also observed that there was little to do for the rest of the residents who were not able to join in or participate.

Residents told the inspectors that they had enough storage for their belongings and clothes in their rooms. Residents said that their clothes had been regularly laundered and returned to their rooms promptly. However, they informed inspectors of the new laundry arrangements. Clothes were going to be sent out of the home to be laundered, and they hoped 'it would be as good as the service they were used to'.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that action was required by the provider to ensure that the management systems in place were effective in bringing the designated centre into compliance with the regulations. There was no defined management structure in place as the contingency plan in place to meet unplanned absences was not effective.

This was an unannounced risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspector reviewed, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

Ronnach Teoranta is the registered provider for Sancta Maria Nursing Home. As per the organisational structure in the statement of purpose, the person in charge was supported by a registered provider representative and a team consisting of an assistant director of nursing (ADON), registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. However, the person in charge had been absent for a number of weeks and the assistant director of nursing was absent for a few days due to unplanned leave.

There was an overreliance on the staff nurses to run the centre during their absence, as the position of clinical nurse manager (CNM) was vacant and was not filled in the last few months. From speaking with the staff members, inspectors found that staff were not clear on the reporting structures in the absence of the management.

There had been recent changes to the governance and management structures in the centre, which, in effect, had resulted in a depletion of available support for the management team.

Following the inspection, an urgent action plan request was issued to the registered provider in respect of significant identified risks and associated non-compliance with Regulation 5: Individual assessment and care plan and Regulation 23: Governance and management. The responses to aspects of the urgent action plan submitted by the provider did not provide sufficient assurances.

Inspectors reviewed five contracts of care. Overall, they met the legislative requirements, and will be discussed further under the relevant regulation.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

The complaints procedure was on display in several prominent positions within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of their complaint. However, on the day of inspection inspectors could not establish if there were any open complaints in the centre and this will be further discussed under Regulation 34: Complaints.

Regulation 15: Staffing

On the day of inspection, the inspector observed that there was a sufficient number and skill mix of staff to meet the assessed needs of the 54 residents present in the centre. However, there were a number of staff vacancies not filled on the day of the inspection, including the position of the clinical nurse manager. This impacted on the oversight and monitoring of the service as discussed under Regulation 23: Governance and management.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records made available on the day of inspection indicated that not all staff had completed mandatory or refresher training in a number of key areas of practice. For example, 21 staff members were out-of-date with fire training, 22 staff members were out-of-date in infection control and prevention, four were in manual handling training, and two staff did not have up-to-date training in safeguarding of vulnerable adults. Inspectors also identified that newly recruited staff members had not completed some of the mandatory training required to fulfil their roles. Additionally, there was no training schedule available on the day of the inspection, and the inspectors could not establish the future planned dates for the provision of training.

Furthermore, the inspectors were not assured that the oversight of staff practices was adequate and effective due to the absence of management structures.

Judgment: Not compliant

Regulation 23: Governance and management

While there were management systems in place, the quality assurance systems and the management structure in the centre were not sufficiently robust and failed to ensure that the service provided in the centre was safe and effective in a number of areas. For example:

- The designated centre did not have sufficient resources to ensure the effective delivery of care in line with its statement of purpose. The full-time staffing levels in the statement of purpose did not reflect the staffing levels available in the centre due to staff vacancies. There were two vacancies for healthcare assistants, one for staff nurses and three for laundry and housekeeping staff. The position of clinical nurse manager (CNM) had not been replaced, although it was a planned absence. The provider representative assured the inspectors on the day of the inspection that the recruitment is ongoing to fill the vacant positions.
- The current contingency arrangements in the absence of key-relevant people within the governance and management structure in place were not effective nor sustainable. Planned or unplanned absences were not replaced to ensure continuity of service. The provider was requested to review and complete an urgent compliance plan following the inspection regarding effective operational oversight of service and to ensure that effective support and adequate management oversight were in place, aligned with the statement of purpose upon which the registration of the centre was granted. The provider's response did not provide satisfactory assurances.
- The lines of accountability and responsibility in the centre were not clear in the absence of senior management and had not been communicated to staff; in their conversation with inspectors, staff were not clear on who to report to.
- The oversight of the training records and staff training needs required review

as outlined under Regulation 16: Training and staff development.

- Staff on duty did not have access to the complaints system when the management of the centre was not present and, therefore, had no access to log a complaint on the system. Contingency arrangements had not been considered by the registered provider.
- The systems for admissions to the centre required full review to ensure that adequate resources were in place for the safe delivery of care. The inspectors found unsafe levels of admissions, up to nine admissions in some weeks and without the required pre-assessments completed. Urgent assurances were sought from the provider that they would review the admissions process, and the provider's response did not provide satisfactory assurances.
- The oversight and management systems for residents' assessments and care planning arrangements required to be strengthened to ensure residents received care in line with their assessed needs, as further described under Regulation 5: Individual assessment and care plan.
- There was evidence of high levels of admissions of new residents per week, with no planned additional resources considered to ensure this was done in a safe manner. This was not a safe practice and added significant pressure on the care and nursing staff. The provider was issued with an urgent compliance plan in respect of this.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contracts of care were in place for both long-term and short-stay residents. They clearly set out the terms and conditions of the resident's residency in the centre, the cost of residing in the centre, and any additional fees. The contract also clearly stated the bedroom to be occupied and the occupancy number of the room.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Chief Inspector within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were required to ensure more robust processes were implemented to manage complaints in the event of unplanned absences.

- Staff training was required on the complaints process; staff spoken with were unaware of the procedure, which posed a risk that raised complaints would not be escalated to the relevant people.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care provided to residents was found to be good. Staff worked tirelessly to provide optimum care to residents. Although improvements had been made since the last inspection in relation to residents' rights, further action was required in relation to meeting the social care needs of residents, and it will be discussed further in the report.

The inspectors found that detailed individual assessment was not completed prior to admission to the centre to ensure that the provider could meet residents' needs. An updated care planning documentation following the resident's admission to the centre was also not available for each resident re-admitted to the centre. This posed the risk that any changes in resident's needs would not be appropriately identified and responded to. The level of admissions to the centre was concerning as it compounded the pressures on nursing and care staff who were not allocated additional time and resources to complete the required assessments and paperwork, as evidenced by the findings under Regulation 5: Individual assessment and care planning.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Training records indicated that all staff have completed safeguarding training with two staff due to refresher training. A review of sample staff records showed that recruitment procedures were in line with employment and equality legislation, including appropriate An Garda Síochána (police) vetting disclosures prior to commencing employment.

The centre was a pension-agent for five residents. To date, there was a separate client account in place to safeguard residents' finances. The registered provider representative gave assurances to inspectors that while a new arrangement was being introduced under the new management structure, it would be aligned to the previous system with a separate client account to ensure residents' finances were

safe.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, the inspectors found that not all residents in the centre had adequate arrangements in place to support their recreational needs, which will be discussed under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely while having regard for their well-being, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

From the documentation reviewed, inspectors were assured that each resident received end-of-life care based on their assessed needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs in their last days.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessment and care planning documentation was reviewed by inspectors. There was evidence of non-compliance with the regulation as follows;

- There were numerous gaps in the information data collected in some of the pre-admission assessments, which meant that a clear picture of the resident's identified needs could not be established. Some of the pre-assessments were completed by staff on duty over the phone, and some were not dated and signed; therefore, it was hard to establish who was the person who completed them.
- Staff continued to rely on information from old pre-assessments for residents who were re-admitted to the centre. Inspectors saw that some of these old pre-assessments were dated in the previous year, and therefore, there was no up-to-date information with respect to how resident's needs may have changed since the previous admission.
- Care plans were not always initiated within 48-hours from admission to the centre. In the case of residents who were re-admitted to the centre, care plans were not timely updated upon readmission, meaning that staff relied on the older care plans left in the system to inform their care delivery and not on the current assessment of need.

Judgment: Not compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse, including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Based on the inspectors' observations and feedback from residents, action was required in relation to supporting each resident's rights to meaningful occupation and social engagement. For example;

- There were limited activities on the day of inspection for residents who were unable to partake in group activities. Residents were observed lying in their bedrooms or sitting in the communal areas for long periods of time with no

stimulation and little else to do. In particular, residents with dementia were not supported to join in group activities in smaller groups or pursue individual activities relevant to their interests and abilities.

- Inspectors saw that there were no activities scheduled for residents in the Memory Unit, and two schedules available in the Main House unit were from 2022. This did not provide assurances that planned activities took place and that residents were informed of what activities were available to them on a daily basis.
- The door to the enclosed outdoor space in the Memory Unit had a key-code lock. This arrangement did not support a restrictive free environment and residents' unrestricted access to outdoor space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0041682

Date of inspection: 12/10/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The center is actively recruiting candidates to fill all current vacancies (CNMs, Housekeeping, Nurses and Care Staffs). One candidate has been interviewed (prior to the inspection in July 2023) and offered a CNM position and the candidate accepted the offer and expecting to commence her role by the first week of Feb 2024. A second CNM position is also advertised both internally and externally (on indeed and via recruitment agency). We are recruiting overseas candidates as well to fill current vacancies and the centre has already contacted two overseas recruitment agencies for this. We are hoping to have the overseas candidates to join the team in four to six months' time. The centre has contacted another recruitment company for assistance with housekeeping and HCA recruitment.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff members who are due for mandatory training are booked in for those trainings in November 2023 via an external training provider. All training courses are scheduled within the center.</p> <p>One session of manual Handling training has been completed on 06/11/2023 and 10 staff members attended the training. One fire safety training session is completed on 13/11/2023 and another session is booked on 20/11/2023 (20 staff members). Two infection control training sessions are completed on 06/11/2023 and 10/11/2023 (20</p>	

staff members).

Two safeguarding training sessions are booked for twenty staff members on 23/11/2023 and 30/11/2023 (20 staff members).

We have a comprehensive training matrix in place which is reviewed by the administrator and the DON to identify the training needs of staff members and to proactively facilitate trainings.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The center is actively recruiting candidates to fill all current vacancies (CNMs, Housekeeping, Nurses and Care Staffs). One candidate has been interviewed (prior to the inspection in July 2023) and offered a CNM position and the candidate accepted the offer and expecting to commence her role by the first week of Feb 2024. A second CNM position is also advertised both internally and externally (on internet and via recruitment agency). We are recruiting overseas candidates as well to fill current vacancies and the centre has already contacted two overseas recruitment agencies for this. We are hoping to have the overseas candidates to join the team in four to six months' time. The centre has contacted another recruitment company for assistance with housekeeping and HCA recruitment.

The DON and the ADON were on unplanned leave on the day of the inspection and this was a very unusual and unexpected ones off event in the center. The current ADON was the CNM in the center previously and her internal promotion resulted in a CNM vacancy in the center. But the CNM vacancy was published without any delays and a candidate has been interviewed and offered the CNM position (in July 2023) and the candidate accepted the offer. This candidate holds a relevant Management Qualification as well which will enable this candidate to act up in the future during unexpected absences of senior management. We are expecting this candidate to commence the role by the first week of Feb 2024. The DON is back to work from 06.11.2023 and the ADON is back to work from 16.10.2023. A second CNM role is also published as an extra CNM in the team could ensure prompt clinical supervision.

The center has already contacted an external company to support the center to bring its governance up to the regulatory expectations. The senior management in the center already had its first meeting with the company virtually on 08/11/2023. The center will have weekly governance meetings on Monday afternoons until Dec 2023 and the frequency of the meeting will be reviewed in Dec 2023 with a view to have the governance meeting biweekly then.

All staff have already been communicated (via the center's online communication system) in detail of the updated lines of communication, management structure and

reviewed complaints procedure in the company due to the recent change in management.

All staff members who are due for mandatory training are booked in for those trainings in November 2023 via an external training provider. All training courses are scheduled within the center. One session of manual Handling training, one fire safety training session and two infection control training sessions have been completed already.

All registered nurses have access to log complaints now irrespective of the presence of higher management in the center.

The center has decided to recruit a second CNM as this could ensure the best clinical supervision and facilitate safe admissions and discharges.

Preadmission assessment form is reviewed by the DON on 08/11/2023 and the same will be completed for all future admissions irrespective of their previous stay history in the center. The reviewed preadmission assessment form has sections to document date of assessment, name of the staff who completed the assessment and the staff signature as well.

The senior management in the center has completed a care plan training session on 15/11/2023, by an external company. The DON and the ADON will meet all nurses in the center to provide training on assessments and care plans. Also, the center is planning to provide a care plan training session for all nurses and hoping to complete this training program by end of this year. Moreover, the nurses are advised to follow the admission checklist (available on electronic nursing system) and to complete care plans and assessments as per regulatory requirements.

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

All staff have already been communicated (via the center's online communication system) in detail of the updated lines of communication, management structure and reviewed complaints procedure in the company due to the recent change in management.

All registered nurses have access to log complaints now irrespective of the presence of higher management in the center.

A signing sheet is made available for staff members to acknowledge the receipt of the above communications. A review and audit to ensure the staff knowledge and adherence to the center's complaints policy will be carried out by the DON / ADON in four months' time.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The senior management in the center has completed a care plan training session on 15/11/2023 by an external company. The DON and the ADON will meet all nurses in the center to provide training on assessments and care plans. Also, the center is planning to provide a care plan training session for all nurses and hoping to complete this training program by end of this year. Moreover, the nurses are advised to follow the admission checklist (available on electronic nursing system) and to complete care plans and assessments as per regulatory requirements.</p> <p>Preadmission assessment form is reviewed by the DON on 08/11/2023 and the same will be completed for all future admissions irrespective of their previous stay history in the center. The reviewed assessment form has sections to clearly document date of assessment, name of the staff who completed the assessment and the staff signature.</p> <p>The center will make sure that all readmitted residents will have updated care plans as per resident's assessment findings, wishes, choice, capacity and capabilities.</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 center will have person centered activity care plans for all residents and make sure that each resident is facilitated with occupational and therapeutic activities and social interaction to support their rights to meaningful occupation and social engagement. All nurses in the center will be trained by an external company on developing person-centered activity care plans. This training is planned to be completed in-house by Dec 2023.</p> <p>The team will make sure that residents who are unable to engage in group activities will be provided with one-to-one sessions based on their wishes, choices and priorities. A meeting was held with the activity coordinator (DON & ADON) on 09/11/2023 and discussed the findings during the recent inspection. It is agreed that the activity team will facilitate one-to-one activity sessions for residents who are bed / chair bound and with limited mobility. Also, activity staff have agreed to read activity care plans completed by the nursing team and to make sure that each resident is facilitated activities according to their priorities, wishes and capacity. This will give an opportunity for the activity team to</p>	

review the care plans and to input their suggestions as well. We will make sure that residents with dementia are also offered and facilitated with group activities. The activity schedule is already reviewed, updated, and made available in all areas in the center.

The DON / ADON / CNM will meet the activity team on a monthly basis (in first week of each month) to further review the above implementations and to make changes if needed any.

Residents in the Memory Care unit will be facilitated to use the outdoor space by providing them with the code for the exit door to the courtyard. The staff in the Memory Care unit will ensure that the exit door to the courtyard is unlocked without any delays when a resident wants to access the outdoor space. Moreover, the door code will be shown above the keypad at the exit door. This will be in conjunction with residents' rights to promote an unrestrictive environment based on residents' abilities, wishes and priorities.

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	30/04/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/12/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	29/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	29/02/2024

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	29/02/2024
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.	Not Compliant	Orange	29/02/2024
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	29/02/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health,	Not Compliant	Orange	30/04/2024

	personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(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.	Not Compliant	Orange	30/04/2024
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	29/02/2024
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	29/02/2024