



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

## Issued by the Chief Inspector

Name of designated centre:	Tralee Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Teile Carraig, Killerisk Road, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0000566
Fieldwork ID:	MON-0039029

## About the designated centre

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

Tralee Community Nursing Unit is a designated centre located in the urban setting of the town of Tralee. It is registered to accommodate a maximum of 43 residents. It is a single-storey facility set on a large site. Residents' bedroom accommodation is set out in two units, Loher unit with 22 beds and Dinish unit with 21 beds. Each unit is self-contained with a dining room, kitchenette, day room. Bedroom accommodation comprises of single, twin and four bedded rooms. The Rose Café is located at the entrance to the centre has café style seating. The atrium is a large communal space located between the two units with comfortable seating. The quiet visitors room is located between both units. The oratory is situated on the corridor by the main entrance. Tralee Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 18 January 2023	10:00hrs to 17:15hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Overall, residents who spoke with the inspector provided positive feedback about the care they received and services provided in Tralee Community Nursing Unit. The inspector spoke with several residents throughout the inspection and the general feedback was that they were well cared for by a very nice, kind team of staff and that they had a very good relationships with staff in the centre. The inspector also met with four visitors who were extremely complementary about the care their family member received. Two visitors told the inspector that the staff took time to get to know families and they were always greeted with a warm welcome in the centre.

On arrival, the inspector had an opening meeting with the person in charge. The plan for the inspection was outlined and a number of documents were requested that would be reviewed as part of the inspection. Following this meeting the inspector was guided on a tour of the premises. Tralee Community Nursing Unit is a single storey, purpose built designated centre, located in the town of Tralee, County Kerry. The centre is registered to provide care for 43 residents and there were 41 residents living in the centre on the day of this inspection. The inspector saw that the entrance to the building was bright and welcoming, visitors were required to sign in, apply a mask and complete hand hygiene on arrival.

Operationally, the centre is made up of two distinct wings, Lohar (22 beds) and Dinish (21 beds), each with their own day and dining room facilities. Overall, the inspector found the premises was laid out to meet the needs of the residents and to encourage and aid their independence. The corridors were wide and well lit. Grab rails were available along corridors, to assist residents to mobilise safely. The inspector saw the centre to be appropriately furnished and decorated, with pictures, ornaments and comfortable furnishing throughout. However, some areas of the centre were observed to be unclean such as floors in communal rooms and utility rooms, which is further detailed under regulation 27.

Bedroom accommodation in the centre comprises of five four-bedded rooms, two twin rooms and 19 single rooms. The majority of residents use shared bathroom facilities, in close proximity to their bedrooms and three residents in the centre have en-suites. The inspector saw that some bedrooms were very personalised with residents belongings from home and pictures of their families. All beds in the centre had colorful quilts and blankets, which created a comfortable homely environment. There was sufficient space in bedrooms for residents to live comfortably, including adequate space to store personal belongings. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner throughout the day. Residents had easy access to two secure outdoor areas, one of which was being renovated on the day of this inspection.

Between the two units Dinish and Lohar, lay large shared communal spaces, which were called the "Rose Café" and "The Atrium". The inspector observed these areas

were homely and nicely decorated. Walls were decorated as shop frontages, one depicting a post office and another a traditional Irish shop. There were many facilities for residents in this area such as exercise equipment, nice comfortable seating large tables, books and a large flat screen television. Off this area was an activities room, which the inspector saw had art work that residents had made and art supplies for residents use. However, the inspector observed that these areas were not in use on the day of inspection and remained empty throughout the day. Although the inspector saw a game of bingo for five residents at 11:30 am and a staff member painting some of the ladies nails, there was minimal activities and social stimulation for some residents seen, particularly those situated in the day rooms in Lohar and Dinish, who remained there throughout the day, with the television on.

The inspector spent time observing the dining experience for residents on both units. Overall, the findings were mixed. Residents situated in the dining rooms for the meals were afforded a nice dining experience which was sociable. Tables were nicely set, menus were available on tables and music played in the background. Residents reported they enjoyed their meals and always got choice. Staff were present during mealtimes to provide discreet assistance and support if required. However, a few residents were observed being seated in the hallway, across from the nurses station for their meals. The inspector was informed that this was due to the fact that there was not room for residents in the dining room and to aid staff supervision of the residents. This is further detailed under regulation 9.

The inspector observed that all residents living in the centre were very well dressed. Ladies were observed to be wearing their jewellery and had their hair nicely styled by staff. There was a hairdressing salon in the centre which was nicely decorated with hairdressing chairs, sinks and appropriate equipment. The inspector was informed that the local hairdresser attended the centre weekly.

All residents spoken with said that staff were very kind and supportive to them everyday. One resident told the inspector "you couldn't meet nicer people than in here". It was evident that staff knew residents well and all interactions by staff with residents were seen to be respectful and kind at all times. The inspector observed many positive interactions between staff and residents throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations. Findings of this inspection were that while the governance and management of the centre was satisfactory, some of the

management systems within the centre required review, to ensure that a safe, consistent and quality service was provided to residents living in the centre.

The registered provider of Tralee Community Nursing Unit is the Health Service Executive (HSE). There was a defined management structure in place. Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. From a clinical perspective the centre is managed by a person in charge, who works full time in the centre. They are supported in their role by a clinical nurse manager, who deputises in their absence. The person in charge reports to the general manager for older persons services in the HSE, who the inspector was informed, was available for consultation and support on a daily basis. The centre is also supported by centralised departments such as human resources, finance, fire and estates and clinical practice development. Lines of authority and accountability, and roles and responsibilities were understood by all staff.

On the day of inspection, there were sufficient nursing and healthcare staff, with the appropriate skill mix, to support the direct provision of care to the residents. However, the allocation of staff to provide social stimulation for residents required review, which is actioned under regulation 9. The service was also supported by housekeeping, catering and administration staff. Training within the centre was being monitored by the management team, however, there were some significant gaps in the centres mandatory training, which is further detailed under regulation 16. The inspector found that there were satisfactory arrangements in place for the ongoing supervision of staff, through senior management presence and through formal induction and performance review processes.

The provider had systems in place to monitor the quality and safety of the service provided to residents. Information arising from complaints, incidents and resident feedback was used to inform service improvements. Clinical and environmental audits were carried out on a scheduled basis, however, these were not always effective in identifying deficits in the service, which is further detailed under regulation 23. The inspector reviewed the management meeting records and found that regular management meetings, nurses meetings, and staff meetings occurred in the centre, and the minutes of the meetings evidenced good attendance of key personnel. It was evident that residents were consulted with about the running of the centre, via residents meetings every two months.

The management team had a system in place to identify and manage risks. Risks were regularly reviewed and evaluated to ensure that measures in place to mitigate or eliminate identified risks were effective. Complaints were recorded in line with regulatory requirements and the centres policy.

Each resident had a written contract of care that detailed the services provided and the room occupied by the resident was also reflected in the contracts reviewed. However, information pertaining to the fees to be charged were not retained in residents contracts, which is a regulatory requirement. The registered provider was maintaining a directory of residence in the centre, which contained all information, as specified under Schedule 3 of the regulations.

## Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the care needs of residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose. The delegation of staff to the provision of activities for residents in the centre required to be actioned, which is detailed under regulation 9.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced there were significant deficits in mandatory training for staff and this did not comply with the centres policy; for example:

- all registered general nurses were due cardiopulmonary resuscitation (CPR) training.
- all staff working in the centre were due responsive behavior training, which had expired in 2019.
- eighteen staff were due training in safeguarding vulnerable adults.

Judgment: Not compliant

## Regulation 19: Directory of residents

The directory of residents was reviewed and contained the information as required by Schedule 3 of the regulations. The provider had recently implemented a new system of recording residents information, which was more efficient and ensured all information was documented as required, such as if a resident is transferred to another designated centre or a hospital.

Judgment: Compliant

## Regulation 23: Governance and management

The following required action pertaining to the governance and management of the



service to ensure that the service provided is safe, appropriate, consistent and effectively monitored:

- management systems in place, in areas such as environmental hygiene, residents documentation and staff training required to be enhanced, to ensure the effective delivery of a safe, appropriate and consistently monitored service. These are all outlined further under the specific regulations.
- the lack of activity provision and social care provision observed on the day of this inspection, was impacting negatively on the quality of life of residents.

Judgment: Substantially compliant

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

Residents contracts of care did not contain the fees to be charged for the services provided, which is a regulatory requirement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the required information specified in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. There was one complaint on record since the previous inspection of this centre. A review of the complaints log indicated that this complaint was recorded, investigated and the satisfaction or otherwise of the complainant was documented.

Judgment: Compliant

## Quality and safety

Overall, residents health and welfare was maintained to a good standard of evidenced-based care. Residents reported that they were happy with the care they received from staff and they felt safe living in the centre. However, action was required with regard to the provision of social care, an appropriate dining experience for residents, residents care documentation and infection control practices within the centre.

Good standards of evidence based health and nursing care was provided for residents in the centre. Residents were supported to attend out-patient appointments and had timely access to general practitioners. A review of residents records also indicated access to other allied health professionals, including physiotherapy, psychiatry of older age and community palliative care. Recommendations were detailed in residents' records and were followed by staff, with good outcomes for residents. Arrangements were in place to monitor residents' nutritional status and residents at risk of malnutrition. There were clear pathways to follow, should residents be identified as at risk of malnutrition.

All residents had a care plan in place, as per regulatory requirements. It was evident that staff used a variety of accredited assessment tools to complete an assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. However, significant improvements were found to be required in the care planning process, to ensure that information was accurate and could direct care delivery, which is further detailed under regulation 5. Documentation pertaining to residents transfer to acute services also required to be reviewed and monitored, to ensure it contained all relevant information, which is detailed further under regulation 19.

Staff were found to be knowledgeable about resident's likes, past hobbies and interests. There were systems in place to safeguard residents from abuse and adequate financial arrangements in place for residents for whom the provider was pension agent. All staff had a valid Garda vetting disclosure in place, prior to their commencement of work in the centre. Systems were in place to monitor and reduce restrictive practices. A restrictive practice register was maintained in the centre that monitored the use of chemical and physical restraint. Risk assessment were completed for residents that required, or requested, the use of bedrails. Risk assessments detailed the analysis of potential risks to residents, regarding the use of bedrails and the alternative trialled.

There were opportunities for residents to consult with management and staff on how the centre was run and were provided with access to independent advocacy services. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Although some activities were seen to take place on the day of this inspection, these were minimal and many residents were not afforded social stimulation. This is actioned under regulation 9.

## Regulation 11: Visits

The inspector found that residents were facilitated to receive visitors in designated visiting areas and in the privacy of their bedrooms. There were no restrictions on visitors. Visitors spoken with were extremely complementary about the care their loved one received in the centre.

Judgment: Compliant

## Regulation 17: Premises

The registered provider was required to address the following with regards premises, to ensure that it conformed to the matters set out in Schedule 6 of the regulations:

- some flooring in bedrooms was torn and needed to be repaired or replaced.
- some walls were chipped and paint had fallen off.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

There were sufficient numbers of staff to support residents with their meals. Residents received a nutritious and varied diet and it was evident that the was choice available. Residents expressed satisfaction with the food provided, which was prepared off site in the local hospital. Drinks and nutritious snacks were available at all times. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider has prepared and made available to residents a guide in respect to the centre. This guide contained all information as per regulatory

requirements.

Judgment: Compliant

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

On review of residents records the inspector was not assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. For example; the correct resuscitation status, an accurate past medical history and details pertaining to catheterisation. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Not compliant

### Regulation 26: Risk management

There was a risk management policy in place which identified the risks as set out in the regulations. There were also arrangements in place to review incidents and accidents. The centres risk register was found to be updated on a regular basis, as per the centres policy.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- some areas of the centre were observed to be visibly unclean such as a sluice room, floors in communal rooms and surfaces in residents bedrooms.
- there were gaps in cleaning schedules for some days, therefore, it was difficult to determine if cleaning had taken place.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A review of residents care plans found that in some instances they did not contain the necessary information to guide the safe and effective deliver of care to residents. For example:

- although staff were assessing residents every four months, as per regulatory requirements, in some instances these assessments were not reflected in the residents care plans. Therefore, it was difficult to determine the level of care the resident required.
- there was not a robust enough system for assessing residents. Therefore, the inspector was not assured that care plans were based on an accurate comprehensive assessment and gave an accurate reflection of the residents medical status.
- some information in care plans was found to be outdated and did not reflect the residents current care requirements.
- two care plans had not been updated to reflect medication review and input from a dentist. Information contained in the care plan referred to episodes of care one year ago.
- wound care documentation for one resident was found not to reflect the current plan of care to include a comprehensive scientific assessment.

The management team within the centre acknowledged that this was an area for improvement they had identified.

Judgment: Not compliant

## Regulation 6: Health care

Residents had access to appropriate medical and allied healthcare support to meet their needs. Residents had timely access to their general practitioner (GP) and were provide with access to allied health and social care professionals such as dietetic services, speech and language, tissue viability nursing expertise as required. There was evidence that the recommendations of health and social care professionals was implemented, to ensure the best outcome for residents. There was a very low incidence of pressure ulcer development in the centre and there were no residents with pressure ulcers on the day of inspection.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Where restrictive practices were implemented in the centre the registered provider had ensured that it was used in accordance with national policy. Staff demonstrated an awareness of how to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents were observed to receive care and support from staff that was respectful and non-restrictive. As mentioned earlier in this report, all staff working in the centre were due training in this area, which is actioned under regulation 16.

Judgment: Compliant

### Regulation 8: Protection

There was an up-to-date policy on safeguarding residents from abuse. Residents who spoke with the inspector stated that they felt safe in the centre. The provider was pension agent for one resident and arrangements in place for the management of these finances were audited routinely. Some staff were due safeguarding training, which is actioned under regulation 16.

Judgment: Compliant

### Regulation 9: Residents' rights

The following pertaining to residents rights required to be addressed and appropriate action taken to meet the rights of the residents :

- two residents were observed having their main meals across from the nurses station and therefore, they were not afforded a dining experience. The inspector was informed that this was for supervision purposes or because there was not room in the dining facilities. This required review and reflected institutionalised practice.
- ensuring that all residents are afforded social stimulation, as some residents were observed sitting in the same area for the day, with little to occupy them except for the television.

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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Tralee Community Nursing Unit OSV-0000566

Inspection ID: MON-0039029

Date of inspection: 18/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Mandatory Basic Life Support training schedule was devised immediately, BLS Training commenced on the 8th February 2023 and further dates have been confirmed 21st February, 24th February, 6th March and 8th March 2023 all staff will have completed BLS Training.</p> <p>All staff will have completed Responsive Behavior Training by 27th March 2023. This will be monitored by management.</p> <p>All team members have completed Safeguarding Training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management have engaged with the external cleaning company's supervisor to ensure they provide a consistent quality standard of service to meet environmental hygiene standards. Management have completed a quality environmental walk-around with the external cleaning company's supervisor and a comprehensive action plan is in place. An agreement is in place to ensure the supervisor undertakes environmental audits due week beginning 27th February 2023.</p> <p>Management will oversee and monitor the quality of resident's documentation and</p>	

address any shortfalls; this is detailed under Regulation 5.	
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: Residents fees have be recorded on the Contract of Care	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Engagement with Estates department has taken place, to review the condition of Flooring and the need for painting and wall protection throughout the Wards and Nursing Unit. A quality improvement plan to address issues and concerns is in place.  Preliminary works have commenced to replace flooring, painting walls and wall protection has been put in place as indicated.	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Nurses have been alerted, to ensure the information on the Transfer document is accurate and reflects the residents care plan.	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Management have communicated with the external cleaning company's supervisor in relation to cleaning schedules and signature sheets. This system has been reviewed and communicated with staff as part of quality improvement and enhancing the standard of environmental cleaning, maintaining accurate records on the daily cleaning schedule.

(As highlighted under Regulation 17 above, an audit and quality improvement plan is in place).

Infection Prevention and Control - Internal Review is scheduled for 22nd February.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 A comprehensive plan is in place to ensure the individual residents assessment and care plan reflect the residents healthcare needs, and has been communicated to RGN.

Nursing management have put in place a robust system, to include devising a schedule to review all resident's healthcare records and residents assessments to ensure they reflect the healthcare needs of individual residents. Feedback will be disseminated to RGNs with recommendations as appropriate.

All care plans will be reviewed to ensure care interventions are current and reflect the resident's current treatment plan, changes to medications and care requirements e.g. wound care management.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Individual resident's meals will be provided in a suitable environment in accordance with their wishes and preferences to enhance their mealtime.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	12/03/2023
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	01/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/03/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	03/02/2023

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	03/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not	Not Compliant	Orange	28/02/2023

	exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	20/02/2023
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	20/02/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	20/01/2023