



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0039536

About the designated centre

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

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. It is currently registered for 76 residents. Most of the residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. The building has two floors with all residents accommodated on the ground floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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 16 August 2023	09:35hrs to 17:35hrs	Michael Dunne	Lead
Wednesday 16 August 2023	09:35hrs to 17:35hrs	Mary McCann	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy living in the centre and with the quality of care they received on a daily basis and their life in the centre.

Shortly after arrival at the designated centre and following an introductory meeting the inspectors completed a tour of the designated centre with the provider. The inspectors observed that the premises were in a very good state of repair, well-maintained, clean and tastefully decorated. There were a number of spaces available for residents to relax and spend time on their own or in the company of others. Residents expressed satisfaction with the service provided to them and described it as 'first class'. Residents said that staff were attentive to their needs and 'couldn't do much more for you'. Residents' privacy and dignity was observed to be respected by staff using 'care in progress' signage when providing intimate care to residents.

Inspectors met and spoke with several residents during the inspection. Observations confirmed that there were positive interactions between residents and staff, with residents observed to be relaxed in the company of staff. Some residents who were unable to express their views verbally appeared to be content in their environment. Staff who spoke with the inspectors were familiar with the residents' preferred daily routines, their assessed care needs, the activities they enjoyed, and residents' key interests such as artwork, singing, or knitting.

Inspectors observed that residents looked well and their clothes and footwear was suitable and fitted them well. Residents said they were very satisfied with the laundry service and they got their clothing back quickly, well-cleaned and fresh.

Communal rooms were tastefully furnished with suitable seating to meet the needs of the residents. Inspectors observed a meal service in the dining room and found this to be a pleasant experience for the residents. The dining room was well-arranged with tables laid out with table cloths, cutlery, menus, and condiments. The lunch was served by the chef and kitchen staff and was well-presented and appetising. There was sufficient numbers of staff available to provide support and assistance to ensure residents were able to enjoy their meal in a relaxed and dignified manner.

Residents confirmed to inspectors that they enjoyed the food and that it was always of good quality and plentiful. On the day of the inspection residents were provided with a choice of menu which consisted of shepherd's pie, chicken kiev and a salmon dish, while dessert options included carrot cake or strawberry cheesecake. The centre also provided an all-day breakfast option for the residents. Snacks and drinks

were available on request day or night.

Resident bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest such as personal photos and other items. Some residents brought in furniture from home which had a personal significance for them and made them feel comfortable and at ease in their environment. The majority of resident rooms were spacious and suitable for the assessed needs of the residents. Resident accommodation was mainly provided in single and twin rooms occupancy with an ensuite facility which included a toilet, wash hand basin, and shower. However there were some twin and multi-occupancy rooms which did not provide residents with sufficient space to be able to access their personal storage due to the current layout of these rooms. In addition residents did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so.

There were two large enclosed gardens which residents had easy access to. Residents told the inspectors that they had a BBQ in one of the gardens when the weather was good and that they used the gardens weather permitting. A large gas BBQ was available in one of the gardens, Inspectors also noted in the minutes a residents meeting that residents had requested a BBQ and this had occurred.

There was a schedule of activities available to the residents posted on a large notice board in one of the corridors. During the inspection inspectors observed the activity co-ordinator engaged with a group activity in the day room. Residents were actively engaged in this session. A live music session took place on the afternoon of the inspection. While some residents were seen to enjoy this session, inspectors observed that some other residents were not engaged in this session. Some residents told the inspectors that if they wished to spend quiet time in their bedrooms or in small quiet area rather than partake in group sessions, which this was supported by staff.

Residents who spoke with the inspectors about visiting arrangements, confirmed there was no restrictions with regard to visiting. Visitors were observed coming and going throughout the day

Mass was celebrated in the centre fortnightly by the local priest. Inspectors observed staff preparing for this in a very respectful manner and an altar was created. Some residents expressed their appreciation of this service and other religious activities as very important to them.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. Inspectors found that there are effective management and oversight arrangements in place to ensure that these standards are maintained. The management team were proactive in response to issues identified through audits and day to day monitoring of the service with a focus on continual improvement.

There were however some aspects of current practice that required improvements and these issues are described in more detail under the relevant Regulations and under the themes of Capacity and Capability and Quality and Safety.

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

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There is a clearly defined management structure in place with the person in charge supported in their management role by a director of the company who was actively involved in the running of the centre. The person in charge is also supported in their role by two clinical nurse managers and a team of nurses and healthcare assistants. There is also a team of catering, housekeeping, maintenance, administration, and activity staff to support the delivery of care to the residents.

The registered provider maintained systems to ensure that the service was effectively monitored. There was a programme of audits in place to review clinical care provided to the residents. Overall audits were found to have associated action plans in place to mitigate against risk and to improve the service provided. Management meetings were held on a monthly basis and there was effective oversight of key service areas such as fire safety, infection prevention and control, communication, audit findings and resident feedback. The provider was using resident feedback and resident and relative's satisfaction questionnaires to develop service provision.

There were measures in place to maintain records and documents were readily available for the inspectors to review. The inspectors reviewed a sample of residents' contracts for the provision of services and found that some contracts did not accurately describe some charges that featured on these contracts. These findings are set out under Regulation 24. The statement of purposes gave an accurate account of the services provided however a section of this document described day care provision, however the provider was no longer involved in the provision of day care services and this was requested to be removed from this document. There were sufficient numbers of staff available in the designated centre on the day of the inspection to meet the assessed needs of the residents. Arrangements were in place to maintain staffing levels to cover staff absences.

Staff had access to regular training to enable them perform their duties to a high standard and ensure positive outcomes for the residents. Staff discussed their training programme with inspectors and described how training informed their day

to day work practice. There was an induction programme in place to orientate new staff into the centre. There was also an appraisal system which was working well to support and review staff performance in their current roles.

A review of the complaints records confirmed that the provider was managing complaints in line with the updated complaints policy. There was effective oversight of complaints with corrective action taken to resolve issues that impacted on the quality of the service, for example, some residents complained of their food being cold, this was addressed directly with staff and the catering service within the required timeframe.

Residents confirmed to the inspectors that if they had any concerns they would not hesitate to speak with a staff member and felt assured that their concern would be taken seriously and would be investigated.

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed staff training documentation which confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided every three years. There was a range of supplementary training available for staff to attend such as infection prevention and control, nutrition and hydration and therapeutic interventions in dementia.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which included all of the information required under schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that there were sufficient resources in place to provide services that met the assessed needs of the residents. There was a clearly defined and stable management structure in place which provided oversight of the service provided. A range of systems were in place to monitor clinical, operational and environment aspects of the service.

There was an annual review of quality and safety in place which incorporated the views of residents and their families for 2022 and this document described some service improvements for 2023 which included the provision of new seating, a review of current activities and building upgrades.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a number of contracts for the provision of services and found that one contract had not been signed by the provider. In addition, the contracts reviewed did not accurately reflect the current charges for some of the additional services provided. For example:

- Charges for the labelling of clothes were no longer in place but were still indicated on the contract.
- Charges for prescription items had not been updated to reflect the current rate of charges applicable under the medical card scheme.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place it was not reflective of the current services provided in the designated centre by the registered provider. For example:

- The statement of purpose made reference to the availability of day care services to the community however this service was no longer available.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible and effective policy and procedure in place for dealing with complaints received by the provider. This procedure had been updated to incorporate amendments made to this regulation by recent statutory legislation. Inspectors observed that the complaints policy was advertised in various locations throughout the designated centre. A review of the centre's complaints log found that all complaints had been reviewed by the provider in line with their policy

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of schedule 5 of the regulations. All policies had been reviewed and updated by the provider in April 2023.

Judgment: Compliant

Quality and safety

The inspectors observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents were satisfied with their quality of life and the care they received from staff who were observed to respond promptly to residents requests for assistance. Residents' needs were being met through good access to health care services, opportunities for social engagement and a well-designed and maintained premises that met their needs. Residents had good access to a range of planned activities which they were observed to enjoy on the day of the inspection.

The inspector found that some improvements were required to ensure that all resident's had access to appropriate social care interventions. Furthermore inspectors found that the layout of a number of resident bedrooms did not meet the requirements of the regulations. While there was effective care interventions provided for residents who may present with responsive behaviours the arrangements in place to prevent all residents accessing the main dining area outside of meal times was overly restrictive and required review.

The inspectors were assured that residents' health care needs were met to a good standard. There was regular access to a GP service. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy and podiatry.

Residents care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed, records confirmed that family members and significant others were consulted on these occasions. One resident care plan reviewed by the inspectors did not give clear, up to date information about their nutritional requirements and this meant that current interventions may not meet this resident assessed needs.

The inspectors found that on the whole residents' rights and choices were promoted and respected in the centre. Information with regard to advocacy services was displayed on notice boards throughout the centre. Records and discussions with the provider confirmed that residents were supported to access and engage with advocacy services. Generally residents had opportunities to participate in social activities in line with their interests and capabilities. However, a number of residents who did not attend the planned music session were not provided with stimulation or alternative activities for this period which meant that these residents did not have opportunities to engage in activities in accordance with their assessed needs and preferences.

Residents were supported to practice their religious faith and also had access to newspapers, radio, and television. Staff had undertaken training in human rights and were aware of the FREDA principles of ensuring that residents' rights to fairness, respect, dignity, equality, and autonomy were encompassed in the service provided. Several of the residents living in the centre were from the local community and had an interest in farming activities, the provider supported residents to maintain their interest by providing access to a national farming magazine and also facilitated a streaming link to local farming sales.

The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviours. A comprehensive policy on the management of restrictive practices was available and accessible to the staff team. The registered provider maintained a restrictive practice register which was reviewed on a regular basis by the clinical team. The inspectors observed that residents could not freely access their dining areas as the provider was concerned that residents could enter the kitchen facility, however this meant that residents could not access communal areas of their home without having to ask for access.

Inspectors observed good practices with regard of infection prevention and control (IPC), which included good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The centre was clean, well maintained. Inspectors observed alcohol hand rub gel was available on all corridor areas. The provider had installed a laundry system which allowed for used laundry to flow from dirty to clean

without a risk of cross contamination. The sluice rooms were well-maintained and records confirmed that sluicing equipment were serviced regularly.

While the premises were well-maintained and suitable for the majority of residents living in the centre, the layout of three multi occupancy bedrooms and two twin-bedded rooms was not suitable to ensure that they met the assessed needs of the residents occupying these rooms. At the time of the inspection these rooms were not fully occupied however inspectors observed that the location of resident personal storage, bed location, seating arrangements and location of televisions meant that residents could not easily access all areas in their bedroom or enjoy watching the television without entering the personal space of other residents residing in these bedrooms.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Staff were observed to communicate in a kind and caring way with residents. Residents who displayed challenges with their communication were given sufficient time and support by the staff team to make their point of view known. Residents who required support with their vision or hearing were referred to the appropriate services in a timely manner. A comprehensive communication policy was in place which described the measures to put in place to support residents who may present with communication needs.

Judgment: Compliant

Regulation 17: Premises

Inspectors were not assured that the layout of two twin and three multi-occupancy rooms that accommodated 13 residents met the requirements of regulations. The current layout did not allow the resident to have a comfortable bedside chair within their own private space. The suitability of these rooms are also discussed under Regulation: 12 personal possessions and under Regulation: 9 residents' rights.

Judgment: Substantially 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. Kitchen and care staff were knowledgeable as to which residents required a modified diet.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had reviewed and updated the residents' guide to ensure that guidance on complaints and on visiting was in line with current guidance. Inspectors observed that the residents guide was available to the residents.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required provisions as set out in Regulation 26.

The local risk register was kept under review by the person in charge and was found to be comprehensive and well-organised. The risk register identified risks and included the additional control measures in place to minimise these risk.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of information contained in one nutrition care plan required updating to reflect resident's current care needs for example the care plan indicated that a resident did not require any nutritional supplements but also gave details of the supplements the resident was receiving.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner from a local practice. Residents

also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the provider was working towards a restraint free environment the inspectors observed that residents could not access the dining room independently as this room was only accessible via a key pad.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken measures to protect residents from abuse. There was an up-to-date safeguarding policy in place which was well-known among the staff team. Staff demonstrated a good awareness in relation to their role in keeping residents safe and were aware of when to report a concern. The provider acted as a designated pension agent for some residents, a review of records found that there was a robust and transparent process in place to ensure that residents finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the ability of residents residing in two twin and three multi-occupancy rooms to exercise choice in their daily routines was limited due to the current layout of these rooms.

For example:

- Residents who shared two some twin and three multi-occupancy rooms could not undertake personal activities in private due to the current layout of these rooms.
- There was only one television provided for residents residing in multi-occupancy rooms which impacted on residents choice of viewing.

On the day of the inspection it was observed by inspectors that not all residents were provided with opportunities to participate in activities in accordance with their capacities and capabilities, For Example

- An inspector observed that there was an absence of planned activities provided for 11 residents located in the second living/dining room. The inspector was informed that the majority of these residents had a diagnosis of a dementia and did not wish to attend the music session in the main sitting room, however there was no alternative activities provided for these residents to engage in apart from watching television. A number of residents could not see the television as other residents using mobility chairs were positioned in front of them which impeded their vision of the television.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider maintained effective oversight of infection prevention and control practices and ensured the centre was in compliance with the regulations and associated standards for the prevention and control of health care associated infections published by the Authority.

Judgment: Compliant

Regulation 12: Personal possessions

While the majority of residents living in the designated centre were able to access and retain control of their clothing and personal belongings, residents living in two twin and three multi-occupancy rooms did not have sufficient space available to them to be able to access these items without impinging on other residents personal 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0039536

Date of inspection: 16/08/2023

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract of care has been updated.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Day care is a service we wish to continue to offer.</p> <p>Due to covid the day care service had been temporarily discontinued to mitigate the risk of infection. The Statement of Purpose has been revised to include the scope of daycare services in the community to support older person to remain at home for as long as they safely can. A strategic plan and risk assessment in relation to reinstating the services has been developed. The timeline for reinstating of the service is 30.11.2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The RP shall speak with each of the residents and their representatives to ensure they</p>	

are involved in all decisions regarding changes to their accommodation in line with the requirements of Regulation 9.

A team including finance, fire expert, and structural engineers will be erected to complete a risk assessment of the two twin and three multi-occupancies rooms to ascertain the options available for the service. The scope to either change the layout of the rooms or explore the possibility of the following:

- Changes to registration (bed number)
- Re-configuration of room layout to address risks identified in this report.
- Provision of additional bed spaces through the extension of the facility.

A robust project plan, work plan, and revised timelines of 28.02.2024 will be developed by the project team and communicated to the regulator with regular updates on the progress of each stage.

The compliance plan received did not adequately assure the chief inspector that the proposed actions will result in compliance with the regulations.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The keypad access has been removed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents are actively engaged in daily activities by the activity's coordinators. St Phelims Nursing Home will complete an assessment of each resident where there are difficulties with cognition to explore alternative meaningful activities for residents based on their previous preferences and their current capabilities. The programme shall be expanded to include options for the following:</p> <ul style="list-style-type: none"> • Sensory Activities such as Hand Massage, Spa therapy, scent cards • Sound/Music Therapy • Pet Therapy • Reminiscence • Sensory Box • Dementia products such as fidget widget toolkits will be purchased from suppliers that 	

specialise in activity products designed for people with dementia.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

On the day of inspection residents living in the two twin and the three multioccupancy rooms had reduced occupancy. However, we will complete a risk assessment of the two twin and the three multioccupancy room to ascertain the options available for the service. The scope to either change the layout of the rooms or explore the possibility of the following:

- Changes to registration (bed number)
- Re-configuration of room layout to address risks identified in this report.
- Provision of additional bed spaces through the extension of the facility.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	06/10/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	06/10/2023

	and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2024
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	30/04/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall 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.	Substantially Compliant	Yellow	06/10/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out	Substantially Compliant	Yellow	

	in Schedule 1.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	06/10/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	06/10/2023
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	06/10/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	06/10/2023