



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

Issued by the Chief Inspector

Name of designated centre:	The Royal Hospital Donnybrook
Name of provider:	The Royal Hospital Donnybrook
Address of centre:	Morehampton Road, Donnybrook, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	18 July 2022
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0037442

About the designated centre

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

The designated centre is located in the Royal Hospital Donnybrook. The provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer (CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre. The designated centre provides long-term residential services for 66 residents over the age of 18 years old with high and maximum dependency care needs. The premises is divided into three distinct units; Rowans, Oaks and Cedars. Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four beds). Oaks and Cedars units are identical and each can accommodate up to 18 residents in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and visitors' lounge on each unit. Rowans unit can accommodate 12 residents under the age of 65 years in eight single and two twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor. All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site. The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Monday 18 July 2022	10:30hrs to 20:00hrs	Siobhan Nunn	Lead
Friday 5 August 2022	10:30hrs to 16:00hrs	Siobhan Nunn	Lead

What residents told us and what inspectors observed

Residents told the inspector that they were happy with the care they received from staff in the designated centre. They said that they felt safe and well cared for. However, many residents spoke about their dissatisfaction with the quality of the food they received.

On arrival at the centre on both days the inspector was asked by reception staff to complete infection prevention and control measures, such as hand hygiene, having their temperature taken and wearing a face mask. The inspector met with managers within the designated centre to discuss the format of the inspection and to request documentation.

The designated centre is laid out over two floors with the Oaks and Rowans units on the Ground floor and the Cedars unit on the first floor. All units are located off large corridors which lead to other services which were not part of the designated centre. Residents in the Oaks and Cedars units had access to communal space which includes a dining room and a small family room in each unit. The Rowans unit has two lounges and a dining room.

Residents' bedrooms were clean and tidy and had been personalised with pictures and ornaments. In a number of the four bedded rooms residents' belongings were located around the head of their bed due to the configuration of the rooms, which gave a cluttered appearance to the environment.

Two of the four bedded rooms had been refurbished, one on the Oaks unit and one on Cedars unit. However work had not commenced on the remaining eight four bedded rooms which required renovation, in accordance with the registered providers conditions of registration. Residents in the newly renovated four bedded rooms spoke of their satisfaction with their space and the privacy it provided. Another resident said that they were looking forward to moving in to a renovated room when the works were completed.

The first day of the inspection was very warm and the inspector observed that residents were provided with iced drinks throughout the day, including water and fruit juices. Out of seven residents that the inspector spoke with regarding their food, five residents said that they did not enjoy the food. Their comments included that the food was "awful", "tasteless", "hit and miss", "not enjoyable" and "some glitches". One resident said that there had been improvements with the snack menu.

Resident notice boards were located on each unit with leaflets available providing information on topics such as the dietetics department and catering, how to complain, advocacy, falls prevention and hand hygiene. Residents were seen to meet their visitors in their bedrooms and to go out for walks around the campus.

The inspector observed that many residents used motorised wheelchairs to mobilise, thus enabling them to move freely around the designated centre. This also enabled residents to access facilities external to the designated centre within the Donnybrook campus. Residents spoke with the inspector about enjoying the communal gardens, attending events in the concert hall, and visiting the café.

Staff were observed providing care in a respectful manner, using privacy screens and asking residents about their preferences as they delivered care. One visitor told the inspector that the care their relative received was "excellent". Volunteers and activities workers were observed interacting with residents in a kind and joyful manner, and assisting residents to participate in activities such as scrabble and a music session.

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 the quality and safety of the service being delivered.

Capacity and capability

The designated centre had an established management structure with a number of systems in place to monitor the quality and safety of the care provided. However the systems were not always effective in ensuring the quality of the service, or compliance with the regulations. Resources were not available to complete the reconfiguration of residents' bedrooms, which would have ensured that residents' privacy and dignity was maintained within their living area. Furthermore, the registered provider was found to be in breach of a condition of registration issued by the chief inspector when registering the designated centre.

The Royal Hospital Donnybrook is the registered provider for The Royal Hospital Donnybrook. Since the last inspection the registered provider had appointed a dedicated person in charge to the designated centre, who reports to the director of nursing. The person in charge is supported by an assistant director of nursing, registered nurses, health care assistants, activities workers, household, cleaning, and maintenance staff.

Volunteering in the designated centre had been reviewed in recent months and volunteers had resumed attending the centre following the lifting of restrictions due to COVID -19. The inspector viewed an updated policy on volunteers and a volunteer handbook. A volunteer coordinator was in place to supervise the recruitment and ongoing work of volunteers.

Monthly hand hygiene, environmental, nursing and health and safety audits were completed. A new system of auditing nursing metrics including falls, skin integrity and administration of medications, had been introduced and audits were completed by nurses on each unit. Action plans were developed following audits and a practice development nurse provided oversight and guidance to nurses on the units when

completing audits and action plans. However, some areas of the auditing process required improvement. This is discussed below under Regulation: 23 Governance and Management.

A comprehensive risk register was in place which identified risks on each unit, including, falls, absconsion and medicine errors. A responsible person and a timeframe for the completion of actions was linked to each risk.

The inspector reviewed the staffing records of two staff members. All of the required information was in place including references, Garda vetting and evidence of the person's identity. Volunteer records were also reviewed and they contained details of the selection process and Garda Vetting. However the inspector found that some resident records were not stored in a safe manner that upheld resident confidentiality. This will be discussed further under regulation 21:Records

The annual review for 2021 included action plans for areas that needed to be improved in 2022. Although the report was developed using residents' feedback it was not made available to the residents

Regulation 21: Records

The inspector found that not all records were kept in a safe manner. For example resident life story folders were stored together in an open container attached to the wall in resident's rooms. As a result anyone could view the resident's personal information.

The inspector observed two computers, which were not locked, containing information about residents' medication in a clinical store room. The door to the clinical store was open with no staff attending to the room at the time. This meant that the residents' information was not safe.

Monitoring checklists for two residents were left open on an unattended nurses station. As a result residents' personal information was not stored in a confidential manner

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider was in breach of Condition 3 of their registration, which requires them to keep one four bedded room vacant in both the Cedars and Oaks units to facilitate the renovation and reconfiguration of rooms 8, 15, 17 and 19 in each unit. The Oaks unit did not contain a vacant four bedded room. Following the inspection the registered provider confirmed that a four bedded room in the Oaks

was vacant.

There were delays in commencing refurbishment plans due to the tendering process and ongoing negotiations to secure funding resulting in a negative impact on residents lived experience.

The auditing system did not include residents' consent to restraints. Consent was not reviewed on a recent care planning audit which had identified a score of 100% for person-centred care planning. On the day of the inspection the inspector noted that template care plans were being used which had not been amended to provide person-centred information.

An annual review was prepared for 2021, however a copy of the review was not made available to residents.

Judgment: Not compliant

Regulation 30: Volunteers

The person in charge ensured that volunteers were Garda vetted, supervised and had their roles and responsibilities set out in writing. The inspector viewed the records of two volunteers and found that they contained a signed volunteer agreement, a confidentiality agreement, and a record of their Garda vetting.

Judgment: Compliant

Quality and safety

Residents received good quality clinical care within the designated centre. Residents feedback in respect to the quality of food being served had not resulted in the registered provider delivering the improvements that were requested.

Access to physiotherapy, occupational therapy, social work, tissue viability nursing and dietetic services was provided through referrals. A programme to reduce the number of avoidable pressure ulcers was being led by the tissue viability nurse. This provided extra education and support to staff in the prevention, monitoring and treatment of wounds.

The designated centre had an up to date safeguarding policy in place. The inspector reviewed the registered provider's response to two safeguarding concerns and found that they were fully investigated. This included contact with the local An Garda Síochána and the HSE Safeguarding Team. Following one investigation the registered provider reviewed the notification processes between the different

organisations involved in safeguarding residents. Learning from the review was shared with staff, to ensure that in future all parties are contacted promptly.

The inspector observed improvements to residents' personal space in multi-occupancy rooms. The rooms had been de-cluttered and residents had access to a wardrobe and a locked storage cupboard within their floor space. However, residents continued to be unable to make decisions about the the environment due to the open plan nature of the rooms.

The inspector reviewed care records for eight residents. The person in charge had arranged pre-admission assessments for all residents to determine if their needs could be met by the designated centre. Care plans had been developed within 48 hours of admission. However some records did not contain up-to-date care plans or records of the care provided.

The registered provider had policies in place to guide staff on the use of physical restraint and the care of residents with behaviours that challenge, however not all restraints were recognised in the physical restraint policy.

Residents were offered a choice of lunch and evening meal on the morning prior to the meals being served. The inspector observed staff assisting residents with their meals in a calm and cheerful manner, at the residents' pace. However the food did not smell appetising and the inspector was not able to identify the content of one modified meal.

A residents' guide was in the process of being updated by the registered provider on the first day of inspection. A draft was submitted to the inspector following inspection however it did not contain all of the required information under Regulation 20.

Residents had access to a variety of group and one to one activities delivered by activities staff and volunteers. These included bingo, music sessions, reading, group crosswords and animal therapy. Religious services were available on a weekly basis to residents. The inspector observed residents listening to their radios, reading the newspaper and watching television in their rooms.

Staff were observed to adhere to good infection prevention and control practices throughout the inspection. This included wearing face masks and washing hands in designated hand wash sinks following the delivery of care. A comprehensive review had been completed by the person in charge, of the COVID-19 outbreak experience in the designated centre in February and March 2022. Some of the challenges identified in the report included staff shortages and delays in receiving swab test results. The inspector was informed that all residents who were eligible had received the most recent COVID-19 vaccination booster.

Regulation 17: Premises

The internal reconfiguration of the four bedded rooms had not been completed in line with restrictive condition 5 of the registration of the designated centre. Residents in these rooms were not afforded sufficient privacy or control over their environment. This is a repeat finding from the previous two inspections on the 24th November 2021 and the 26th Jan 2021.

The inspector observed areas of the designated centre that were not kept in a good state of repair. For example a resident alerted the inspector to the fact that a blind in their bedroom had been broken for a number of days and this meant that the sun was shining directly into their space in the early morning. This had been reported to staff. As a result they were unable to control the heat or light in the area around their bed. A temporary solution was promptly implemented on the first day of inspection and the blind was fully repaired by the second day.

On the second day of the inspection the residents' garden in the Rowans unit was seen to be overgrown with weeds emerging between brick pavement stones. There were no tables or benches in this area to encourage residents to use the garden.

Judgment: Not compliant

Regulation 20: Information for residents

The inspector viewed the draft information guide for residents, which contained the complaints procedure, visiting arrangements and a summary of the services and facilities in the designated centre. However, it did not contain details of the terms and conditions relating to residence at the designated centre.

Judgment: Substantially compliant

Regulation 27: Infection control

The designated centre was clean and tidy, with well organised cleaning schedules. A nominated Infection Prevention and Control (IPC) lead nurse supported staff to implement IPC measures in line with the standards for the prevention and control of healthcare associated infections published by the Authority.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the review of care plans and the recording of care

delivered. For example:

- A safeguarding plan for a resident with ongoing safeguarding concerns was out of date. Information about safeguarding was recorded in other parts of the resident's record, which meant that up to date guidance was not easily accessible to staff.
- The inspector reviewed records for a resident who required turning every two hours, to improve skin integrity. Over a four day period there were a number of gaps in the recording, and one night where turning had not been recorded.

Judgment: Substantially compliant

Regulation 6: Health care

Medical and health care services were provided to residents according to their needs. They had access to a variety of specialist allied health services, general practitioner GP and consultant geriatrician services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that restraints were used in accordance with the national policy published by the Department of Health. For example:

Bed, floor and chair alarms were not recognised by the registered provider as restraints and were not notified to the Chief Inspector.

A resident's consent had not been recorded for the use of medication. The inspector viewed records where medication had been used on two occasions as a restraint.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had measures in place to ensure that all allegations of abuse were investigated, and learning from investigations was shared with staff. Staff who spoke with the inspector were knowledgeable about what to do if they had a safeguarding concern. The registered provider acted as financial agent for six residents.

Judgment: Compliant

Regulation 9: Residents' rights

Five residents who spoke with the inspector expressed varying degrees of dissatisfaction with the food provided by the registered provider. Although residents had voiced their concerns at residents meetings and participated in feedback where they voiced their concerns, sufficient action had not been taken to implement changes in line with residents' choices. Residents had expressed their concerns about food at the previous inspection.

Residents in multi-occupancy rooms were not afforded the right to carry out tasks in full privacy due to the open plan layout of the rooms. For example a resident said that the reduction in occupancy of their room from five to four residents had allowed for more privacy but that they were were looking forward to moving to a renovated room which would provide private space.

Judgment: Not 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0037442

Date of inspection: 18/07/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Observation:</p> <ol style="list-style-type: none"> 1.The inspector found that not all records were kept in a safe manner. For example resident life story folders were stored together in an open container attached to the wall in resident's rooms. As a result anyone could view the resident's personal information. 2.The inspector observed two computers, which were not locked, containing information about residents' medication in a clinical store room. The door to the clinical store was open with no staff attending to the room at the time. This meant that the residents' information was not safe. 3.Monitoring checklists for two residents were left open on an unattended nurses station. As a result residents' personal information was not stored in a confidential manner <p>Action:</p> <ol style="list-style-type: none"> 1. Resident life story folders moved to each residents own wardrobe(in a folder attached to the inside of the door) and any personal information document are stored in the ward record room ensuring privacy and confidentiality. Life stories were kept in rooms as residents and families would like to see this from time to time. 2. Staff were reminded/reinforced strictly to ensure that clinical store room should be locked at all times when unattended And the Tablets for digicare should be locked once finished using it.This is audited monthly by CNM. (On the day of inspection,due to heat wave in the country,it was >30'c temperature in the room,So door left open with indirect supervision by staff to ensure medication store safety.) IT team has put auto lock measures for digicare tablets used by nurses. 3. Staff refreshed GDPR policy via HSE land. Any record of resident information should be kept in the specified record room, if the staff are not using it . The CNMs in the ward Auditing this monthly. This is the usual practice. <p>Expected Completion Date: Completed. 31/08/2022</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Observation:</p> <ol style="list-style-type: none"> 1. Although funding had been secured to reconfigure these rooms a date had not been set to commence the work. Oaks and Cedars refurbishment: Anticipated completion date 31st May 2023 for these two units. 2. The auditing system did not include residents' consent to restraints. Template care plans were being used which had not been amended to provide person_centred information. 3. An annual review was prepared for 2021, however a copy of the review was not made available to residents. <p>Action:</p> <ol style="list-style-type: none"> 1. Full funding has been approved for refurbishment as planned, a first meeting with contractors is scheduled for Oct 13th. Provisionally we expect works to be completed by Sept 2023 2. RHD encourage and aims a restraint free environment at all times. Auditing system now includes check for 'Consent to Restraint'. All careplans under review currently and work is in progress to optimize Person centered care planning . Practice development working on giving extra training on this area for RGNs as required. Expected Date of Completion 31/10/22. 3. A Copy of the Annual review report published was made available to all, by keeping it in each unit in a folder accessible to everyone.(Completed 30/08/22) 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Observation:</p> <ol style="list-style-type: none"> 1. The internal reconfiguration of the four bedded rooms had not been completed in line with restrictive condition 5 of the registration of the designated centre. Oaks and Cedars refurbishment: Anticipated completion date 31st May 2023 for these two units. 2. Some areas of the designated centre were not kept in a good state of repair. 	

3. The residents' garden in the Rowans unit was seen to be overgrown with weeds emerging between brick pavement stones.

Actions:

1. First meeting with contractor scheduled for Oct 13th. Provisional work programme is to Sept 2023.
2. Maintenance Team were alerted to these particular areas which have now been rectified. (This had already been reported to staff and onwards to the maintenance department, there was a delay from the external company in providing the new blind)
3. Regular Garden maintenance plan in place with a new landscaping company organised by the maintenance manager. Garden works in Rowans has completed by 31/08/2022. We plan to purchase suitable tables and chairs for this area for residents which are likely to be bespoke: standard wheelchair accessible tables are not suitable for our profile of residents.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

Observation:

1. Draft information guide for residents did not contain details of the terms and conditions relating to residence at the designated centre.

Action:

1. Resident guide updated by Director of Nursing, draft copy ready for Printing and will be available to residents by October.

Expected Completion Date: 31/10/2022

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Observation:

1. A safeguarding plan for a resident with ongoing safeguarding concerns was out of

date. Information about safeguarding was recorded in other parts of the resident's record, which meant that up to date guidance was not easily accessible to staff.

2. Over a four day period there were a number of gaps in the recording, and one night where turning had not been recorded.

Action:

1. All staff nurses were reminded at a review of Careplans to ensure that actions taken are completed and recorded. CNM's now fully responsible the care plan audit and making subsequent improvements.

2. Extra training and reinforcement given to HCA highlighting the importance of record keeping and maintenance. Allocated Staff Nurse for each team on the shift should ensure that the HCA records are been updated before the end of their shift.

Expected Completion Date: Completed 05/09/2022

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Observation:

1. The inspector was not assured that restraints were used in accordance with the national policy published by the Department of Health.

2. A resident's consent had not been recorded for the use of medication.

Actions:

1. Restraint Policy updation in progress. (Expected Completion Date: 30 Sep 2022)

2. Consent recording is now updated in residents careplan and individual assessment as relevant. (Expected Completion Date: Completed 13/09/2022)

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Observation:

1. Five residents who spoke with the inspector expressed varying degrees of dissatisfaction with the food provided by the registered provider.
2. Residents in multi-occupancy rooms were not afforded the right to carry out tasks in full privacy due to the open plan layout of the rooms

Actions:

1. Catering department has been notified of this concern. Hospital Management reviewing this issue. Short term improvements sought from current company which uses the cook-chill system. A new tender for catering is in progress and will be based on the 'cook fresh' approach.

Expected Completion Date: 31/03/2023

2. Awaiting contractors for refurbishments work to improve privacy in the multi-occupancy rooms. All design and tender work had been completed at the time of inspection and the centre was awaiting decision on the additional funding required. Currently resident's privacy are met using foldable screens as required. All residents who uses the shared bedroom were aware of this prior to the admission and are happy with the plan currently in place. The initial contractor meeting is Oct 13th and provisionally the designated Centre should be modified as planned by Sept 2023.

Expected Completion Date: 30/09/2023

Oaks and Cedars refurbishment: Anticipated completion date 31st May 2023 for these two units.

The OGP tender is in progress and will be on the basis of cook-fresh rather than cook chill. Pending that development the following actions have been taken:

- The snack menu has been refreshed and is available 24/7
- Attention is given to communicating availability of same to residents e.g. visual display
- On-going monitoring and sampling of food led by our in-house catering supervisor
- Regular engagement with Aramark catering management on performance/delivery
- Change of supplier implemented where warranted e.g. recent change in meat supplier
- SLT training of ward staff on appropriate engagement with residents for eating and drinking for dysphagia
- We will also seek out opportunities for cookery displays/events at unit level.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/05/2023

	effective delivery of care in accordance with the statement of purpose.			
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	13/09/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/08/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	05/09/2022

	consultation with the resident concerned and where appropriate that resident's family.			
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	30/09/2022
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.	Not Compliant	Orange	31/05/2023
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.	Not Compliant	Orange	31/05/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the	Not Compliant	Orange	31/05/2023

	organisation of the designated centre concerned.			
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