



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

Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 July 2023
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0038701

About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms were also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 July 2023	09:10hrs to 17:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, encouraged by kind and dedicated staff. The feedback from residents was that they that they were very happy living in the centre and they felt supported and cared for by management and staff, who respected their opinions and choices. Overall, the inspector observed a calm and content atmosphere in the centre throughout the day.

The inspector arrived unannounced to the centre in the morning and was met by staff. The entrance porch displayed clear signage to guide visitors through the appropriate sign-in and brief infection control procedures prior to accessing the centre. An opening meeting was held and the person in charge accompanied the inspector on a tour of the premises. The inspector spoke with a number of residents to gain an insight into their lived experience in Tara Care Centre. Residents gave positive feedback about life and care in the centre. One resident said "they have been excellent since I came in, I am glad I chose to come here". The majority of residents had a diagnosis of some degree of cognitive impairment. Those residents who could not communicate their needs or wishes to the inspector were observed to be comfortable and happy throughout the day.

On arrival to the centre, staff were in the process of assisting residents to get up and dressed for the day. A number of residents were seen in the main communal areas, walking around and finishing breakfast. Visitors were seen to arrive in the morning, and throughout the day. The inspector spoke with visitors who were very complimentary of the care received by their loved ones. One visitor described how they never had a concern and were very happy with the care and support provided. During the day, residents went out with their families and friends for visits, and were seen going to appointments and other engagements.

Tara Care Centre is located in a residential area of Bray in Co. Wicklow. The premises was originally two adjoining periods houses, and the exterior of the centre retains this design. The interior incorporate elements of the older houses, and has been enhanced and modified over time to meet the residents' needs. The designated centre is registered to provide long term and respite care to a maximum of 47 residents. The centre was operating at full capacity on the day of this inspection. Residents' bedroom accommodation was arranged in single, twin and triple bedrooms on lower and upper floor levels. Access between these floors was facilitated by a passenger lift and stairs. It was evident that residents were encouraged to decorate their rooms with meaningful items and photographs from home. The inspector noted some improvements to the layout out twin and triple rooms since the previous inspection. The main sitting rooms to the front of the centre were the heart of the home, where residents gathered to enjoy a variety of activities, and to also have more quiet time listening to music or watching Mass on the TV. The weekly schedule of activities was displayed and the area was bright and

inviting. The corridor walls were adorned with residents' artwork which brought a lively and bright atmosphere to some narrower corridors and ensured an appropriate level of stimulation for residents, particularly those with a diagnosis of dementia. A designated visitors' room was also available if residents wished to meet their visitors in private.

There was access to the enclosed garden from the Butterfly unit on the lower ground floor. Staff informed the inspector that during the day residents unrestricted access the garden, and overnight it was keycode locked and alarmed. The inspector walked through the garden and found that it was secure, well-maintained and decorated with furniture, flowers, planters and a sheltered pergola. On the day of inspection, it was raining, and residents could not avail of the space, however the inspector saw photographs on display of residents enjoying time outside in the garden in drier weather.

Mealtimes were observed to take place in two areas, the main dining room and the higher-dependency Butterfly Unit. The inspector observed the resident dining experience in both areas. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot and appetising. Many residents came to the dining room for their meals, and those that chose to stay in their rooms told the inspector that this was their preference. There were regular offerings of drinks and snacks throughout the day. All residents and visitors spoken to were very happy with the range of food on offer and confirmed that choices were available at all times. The inspector noted that some improvements could be made to the mealtime experience in the Butterfly Unit, to ensure that all residents had an equitable, enjoyable dining experience. This is discussed further in the report.

There was a varied schedule of activities on offer seven days a week, led by activity coordinators who had specific training appropriate to their role. In the morning, the hairdresser was also in the centre and residents enjoyed these appointments and chatting with the hairdresser. In the early afternoon, residents gathered for a planned talk from the National Advocacy Service which had been arranged by the person in charge. In the Butterfly Unit, there was a supply of dementia-specific activity items which ensured that the dedicated activity staff member engaged residents in tactile and stimulating activities that were appropriate for residents with a diagnosis of dementia. A recent residents survey showed that the vast majority of respondents were happy with the activities they take part in.

Residents were kept up to date with everything happening in the centre via a monthly newsletter which contained details of all the activities that had taken place, and what future outings and activities were planned. One resident told the inspector they were delighted to have pictures of them included in the newsletter, proudly displaying their county flag, and described how the provider went "above and beyond" by organising a streaming platform to ensure that he could watch his county matches on TV, or listen to them on his radio.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety

sections.

Capacity and capability

Overall the inspector found that residents were supported and facilitated to have a good quality of life living in the centre. Good leadership, governance and management arrangements were in place, which ensured that the service was consistently monitored, and residents' received high-quality care. Some improvements were required in relation to fire safety, infection control, managing behaviour that is challenging, and residents' rights. These are discussed further in the report, under the relevant regulations.

This was a one-day, unannounced inspection, carried out to monitor ongoing compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 (as amended), and to follow up on the items outlined in the compliance plan following the previous inspection of the centre in May 2022. The registered provider had addressed the findings, and overall, improved levels of compliance were found on this inspection. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

Following the inspections of November 2021 and May 2022, the registered provider had a series of engagements with the office of the Chief Inspector and had submitted a timeline of fire safety works for completion by July 2022. The inspector verified that the required structural work and fire safety improvements had been completed.

Nirocon Limited is the registered provider of Tara Care Centre, which is registered to accommodate 47 residents. Nirocon Limited has two company directors, both of whom are engaged in the day to day organisation and running of the centre. One of the directors is also the person in charge, and works full-time in this role. She is supported by a supernumerary, full-time assistant director of nursing, who deputises for the person in charge in her absence. Nurses, healthcare assistants, activity coordinators and a team of catering, housekeeping, administrative and maintenance staff provide further support and care to the residents in the centre. Communication channels in the centre were seen to be strong, and there was scheduled handovers during each shift where any issues or risks could be highlighted. There was also a series of meetings held at regular intervals, including clinical governance, health and safety and infection control meetings. Minutes of these meetings provided evidence that all areas of the service provided to residents were discussed and actions agreed where improvements were required. There was a system in place to ensure that the service was consistently monitored, including the collection of key weekly clinical data to inform a regular schedule of audits.

A review of staffing levels showed that there was sufficient staff to meet the residents' needs. Staff were visible in the various areas of the centre and were

attentive towards the residents. Call bells were answered quickly. There was a minimum of one qualified nurse on duty at all times. A small number of nursing staff had agreed to working additional shifts while awaiting a new nurse to commence employment. The person in charge confirmed that this was a short-term arrangement. Improvements were seen in the provision and oversight of training in the centre. A review of training and associated record provided evidence that staff were up-to-date with important and relevant training modules. There was a system of induction for all staff members, and staff were supervised in their respective roles.

Staff files were well-maintained in a secure filing system. There was evidence that all registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration certificate. Garda Síochána (police) vetting disclosures were in place for all staff working and volunteering in the centre. Other records required under the regulations were maintained securely in the centre and were made available for review by the inspector, for example, records of restraint use, fire drills, and medication administration records. There was a system in place for the recording of incidents that occurred in the centre. The inspector reviewed records on this system and found that the Chief Inspector had been informed of all notifiable incidents, in line with regulatory requirements.

A sample of closed complaints viewed during the inspection showed that these complaints had been dealt with in the appropriate time frame as set out in the regulations and in-line with the regulatory complaints process. There was a low level of recorded complaints. Those that were recorded were subjected to audit and review, and findings were discussed with the wider staff group through meetings and handovers.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the individual and collectively assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was

appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There a was well-defined management structure in place with identified lines of accountability and authority. Inspectors spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

There was a schedule of audits in place including audit of falls, incidents, and restraints, which were completed on a regular basis. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2022. This included detailed analysis of audit results, with clearly defined quality improvement plans for 2023. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and included the terms on which the resident resides in the centre, including the terms related to the bedroom to be provided and the number of other occupants of the room. Residents' contracts clearly set out the services to be provided and the fees incurred under the Nursing Homes Support Scheme, and any other additional fees.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers provided varied services in the centre. A file was maintained for each volunteer which included a Garda vetting disclosure. The role and responsibility of the volunteer was outlined in writing, as required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were provided to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officers. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care. The inspector acknowledged that the management

and staff of the centre had made a number of improvements to ensure that residents were provided with a quality service and an environment that promoted safety. There continued to be some improvements required in relation to infection control procedures, fire safety and the management of restraints.

Overall, the premises was well-maintained both internally and externally. Following the last inspection, the registered provider had improved the configuration of a number of multi-occupancy rooms. These improvements included changing the layout of furniture and replacing the tracked privacy curtains for each bed space. Residents were now afforded the necessary privacy to conduct personal activities in private as each floor space area include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom.

The provider had a number of assurance processes in relation to the standard of environmental hygiene in the centre. These included cleaning checklists, the use of colour coded mops and disposable cleaning cloths to reduce the chance of cross infection. Staff were knowledgeable in the correct procedures to maintain good standards of cleaning and decontamination. Audits of environmental cleanliness were also completed. Notwithstanding the good levels of cleanliness, the inspector identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. These are detailed under Regulation 27: Infection control.

The registered provider had systems in place for monitoring fire safety. The fire alarm system, emergency lighting system and fire fighting equipment was observed to have maintenance and testing carried out, at recommended intervals. There were adequate means of escape, which were unobstructed. Staff had received up-to-date fire safety training. Personal emergency evacuation plans were identified for each resident which gave clear detail of the supports required to evacuate the centre in the event of a fire. An area for improvement was identified in relation to the arrangements for residents who smoked, as discussed under regulation 28: Fire precautions.

The health and social care needs of the residents continued to be met to a high level. Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a residents condition. General Practitioner's (GP's) attended the centre on a regular basis and there was documented evidence that residents had regular medical reviews There was evidence of appropriate referral to, and review by, specialist professionals where required, for example, wound specialist nurse, dietitian and chiropodist. Care plans were reflective of specialist advice, for example nutrition care plans were updated in a timely manner following reviews by the dietitian, and the relevant information was communicated to kitchen staff to ensure that the resident's changing needs were met.

The use of bed rails in the centre was regularly monitored. There were low profile beds, falls reduction mats and sensor safety alert devices available to support the

reduction of restrictive practices. The centre maintained a weekly restrictive practice log and staff had access to a local restrictive practice guideline. Improvements were required in the assessment and documentation of restrictive practice to come in line with best practice as set out in the national guidance on restrictive practice. There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) in the centre. Residents' had access to psychiatry of later life. A small number of residents living in the centre were displaying responsive behaviours. These behaviours were well managed in the centre by a person-centred approach to care. Staff had received training specific to the management of these behaviours.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted in the centre for residents' and families information.

There was a rights-based approach to care in this centre. Residents' rights and choices were respected. Residents were involved in the organisation of the service through regular resident meetings and informal feedback. The centre promoted the residents independence where possible. Residents' had access to independent advocacy services. Daily national newspapers, Wi-Fi, books, televisions, and radio were made available to all residents.

Visits to the centre were not subject to any current restrictions, and visitors were seen to be taking place throughout the day. Residents were supported to go outside and to go on outings with their family members and friends.

Regulation 10: Communication difficulties

Residents who had communication difficulties, had these difficulties outlined in their medical and nursing notes. Nonetheless, each residents' specialist communication requirements were not routinely and clearly recorded in their care plan, as required.

Judgment: Substantially compliant

Regulation 11: Visits

Visiting was facilitated in the the centre, in private and communal areas. The current visiting arrangements posed no unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The overall premises was well-maintained and conformed to the matters outlined in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

Regulation 27: Infection control

The following findings had the potential to impact on effective infection prevention and control procedures in the centre:

- curtains, which were not obviously soiled, were routinely removed and cleaned on a six-monthly cycle. Current guidance states that this should be completed on a three-monthly basis

- a small number of doors were exposed wood, which had not been painted or sealed and therefore could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure that adequate precautions were taken against the risk of fire in the area where residents smoked. The external smoking area located in the enclosed garden was not a designated area. For example;

- ashtrays were provided on each table in the garden for residents' use, thereby residents could smoke in any part of the garden
- there was no fire-fighting equipment located within the garden. Procedures for use of fire-fighting equipment in the garden were unclear.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission, to ensure their needs could be met in the centre. On admission, care plans were developed for any identified issues. The inspector saw that there were individualised care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. Care plans were person-centred, detailed and reflected the residents' preferences. Care plans were reviewed on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access appropriate assessment and treatment by their GP who visited the centre as required. Residents were also supported to access to a range of social and healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Residents' health was further maintained by staff providing a good level of evidence-based nursing care. Wounds were well-managed in the centre and referrals were made to specialist wound care nurses for additional expertise to ensure optimal

wound healing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required in the documentation of restraint use in accordance with the national policy, for example:

- the centre's consent form for restrictive practice required review. The type of restrictive device in use and the risks associated with the device in use were not recorded.
- the assessment process for use of restraint did not provide sufficient evidence as to the thorough assessment of residents prior to the initiation of a restraint. For example, in one record, a tick-box was used to state that a resident was assessed for hunger, however there was no supporting detail as to how this was assessed, or how this impacted upon the decision to use the restraint. In another record, tick-boxes were checked identifying the interventions trialled to avoid using restraint, but no detail provided on the dates, duration and response to the interventions.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While the dining experience in the centre was generally pleasant, improvements were required to ensure that the residents who had a diagnosis of a cognitive impairment, or who required additional assistance, were afforded the same experience as those residents who were less dependant. For example;

- in the high dependency Butterfly Unit, residents did not have a separate dining area to have meals. At mealtimes, portable folding tables were brought to the seating areas and residents remained in the place where they had partaken in activities
- a staff member was observed providing mealtime assistance to a resident in an inappropriate manner which did not uphold the dignity of the resident.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tara Care Centre OSV-0000107

Inspection ID: MON-0038701

Date of inspection: 19/07/2023

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 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>We have now updated the resident's communication care plan to include alternative means of communication, including google translate for non-English speaking residents. Continue to lease with the resident's speech and language therapist.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have updated our curtain cleaning procedure to include cleaning curtains every 3 months as per Community Infection Prevention and Control Manual March 2023.</p> <p>Painters are scheduled for September to address the small numbers of doors where the wood is exposed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Ashtrays have been removed from the tables in the back garden. Ashtrays are now only</p>	

in the pergola area which is our designated smoking area. Staff residents and visitors have been made aware of this situation. The designated smoking area has been fitted with a fire blanket. Firefighting equipment is accessible from the laundry exit. Procedure for the use of firefighting equipment has been amended to include above.

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:
 We have now reviewed our restrictive practice consent and risk assessment which now includes the type of restrictive practice in use and the risks and benefits of same. We have updated all the residents careplans which includes our new consent and restrictive practice risk assessment.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 New tables have been ordered and a specific dining area identified. The room is also being painted and new furniture purchased. Continue to conduct QUIZ audits on residents mealtime experience and feedback given to staff at staff meetings on how to improve the dining experience for all residents.

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	20/07/2023
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	30/09/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	08/09/2023

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/08/2023
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	30/09/2023