



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:	23 January 2025
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0045286

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 75 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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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 23 January 2025	09:30hrs to 16:00hrs	Michael Dunne	Lead
Thursday 23 January 2025	09:30hrs to 16:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

The inspectors found 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 with the quality of care, they received on a daily basis and, with their quality of life in the centre.

Following, an introductory meeting with the provider to discuss the format of the inspection, the inspectors completed a walk about of the designated centre along with the provider. This provided the opportunity for inspectors to talk with residents and observe the day to day routines in the centre. The inspectors met several residents during the walk about and all residents' who expressed a view, described the service as 'second to none'. Residents said that they felt safe in the centre and, that if they did have a problem or a concern they could raise it with any member of the staff team.

Observations by inspectors 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 and relaxed 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.

The centre was clean, comfortable and tastefully decorated with murals and pictures located throughout the designated centre. There were numerous spaces available for residents to relax and spend time on their own or in the company of others. Communal rooms were furnished to a high standard and, included suitable seating to meet the needs of the residents. There was unrestricted access to all internal and external facilities in the centre. Internal courtyards were well-maintained, safe and suitable for resident's use. Notice boards were located at various locations in the centre, informing residents of key events, and activities that were planned. Details of how to register a complaint and access advocacy services were also displayed in the centre.

Storage facilities were well maintained and, equipment used to assist residents with their transfer and mobility such as hoists, zimmer frames and wheelchairs were observed to be clean and, well-maintained. Doors to high risk areas such as the sluice room were secured to maintain resident's safety. There were hand sanitizing stations located on the corridors of the centre to facilitate effective hand hygiene practices.

Residents' 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 residents' bedrooms were spacious and suitable for the assessed needs of the residents. Residents' private accommodation was mainly provided in single-occupancy and twin-occupancy bedrooms with an en-suite facility which included a toilet, wash hand basin, and shower. There were also four three bedded multi-occupancy rooms which accommodated 12 residents. These four bedrooms did not provide residents with sufficient space to be able to access their personal storage. In addition residents in these bedrooms 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.

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 were sufficient numbers of staff available to provide support and assistance and 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.

There was a schedule of activities available to the residents. The schedule was 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. Some residents told the inspectors that they wished to spend quiet time in their bedrooms or in other quiet areas rather than engage in group sessions. Residents went on to say that staff respected their preference not to participate in the group activities and supported them to spend their time quietly as they wished.

Inspectors observed several residents attending the hairdresser. This was an enjoyable experience for residents who told the inspector that they regularly attended the hairdresser. Mass was celebrated weekly in the centre by the local priest. Inspectors observed staff preparing for the service in a very respectful manner and an altar was created. Some residents expressed their appreciation of this service and told the inspector that the weekly mass and other religious activities were very important to them.

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

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 inspection found that there was an established and experienced management team with good oversight of the quality and safety of the service provided, which ensured that the care and services provided were safe and appropriate for the assessed needs of the current residents.

This was an unannounced inspection to monitor 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 actions that the registered provider had agreed to implement, in order to achieve compliance with the regulations, arising from the last inspection carried out in April 2024. The provider had committed to reducing the occupancy of their triple rooms to twin rooms and, some twin occupancy rooms down to single rooms.

The provider had made significant progress to date and had refurbished bedrooms to a high standard, where occupancy levels had reduced. Two twin bedrooms 49 and 34 had their occupancy reduced and were now single bedrooms. While, two three bedded rooms, 27 and 47 also had their occupancy reduced and were now two bedded rooms, as agreed by the provider and were now fully compliant with the regulations.

The provider had also committed to reducing the occupancy of a further four multi-occupancy rooms, namely bedrooms, 23,28,29 and 48 to twin-occupancy rooms. This would be achieved through a gradual process when the current residents occupying these rooms leave the designated centre, or avail of other accommodation in the designated centre, to comply with the conditions of registration which the provider was found to be operating the centre within.

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There were clear governance and management structures in place in the centre with clear lines of reporting and accountability. The registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The person in charge is supported in their management role by a director of the company who is actively involved in the running of the centre. Additional resources available to the person in charge include, two clinical nurse managers and a team of nurses and health care assistants. There is also a team of catering, housekeeping, maintenance, administration and, activity staff to support the delivery of care to the residents.

There were established systems in place to monitor the care and welfare of the residents and, the management team was well-known to residents, staff and visitors. Audits were completed to monitor and review the care and services provided and, where area's for improvement were identified clear action plans and, a review were in place and completed. The inspectors reviewed the minutes of management and staff meetings held in the centre and, were assured that topics

such as quality and safety, risk, safeguarding, planning and infection prevention and control were regularly discussed as part of their meeting agenda's. An annual review had been completed for 2024 and included residents' feedback.

Staffing levels on the day of this inspection were adequate to meet the needs of the 67 residents accommodated in the centre during the day and at night. Observations of staff and residents' interactions confirmed that staff were aware of residents needs and, were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members however, management confirmed that agency cover could be sought if needed.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. Supplementary training was also offered to staff, in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end-of-life care.

Overall, there was effective maintenance and, monitoring of records in this centre, which ensured that information used to maintain residents health and social care needs were kept up-to-date. A review of the resident directory found that these records were accurate and updated in line with Schedule 3 of the regulations.

The provider maintained an electronic record of all accidents and incidents involving residents that occurred in the designated centre. Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

The registered provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. The provider was keen to learn from complaints and, to identify patterns that may impact on the quality of the service provided through regular review at governance meetings.

Regulation 14: Persons in charge

The person in charge works full time in the designated centre and was well known to residents and staff. The person in charge is an experienced nurse who meets the requirements of the regulations. They facilitated the inspection and were knowledgeable about their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing
The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
All staff were facilitated to attend up-to-date mandatory training which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' care and support needs. Staff were appropriately supervised according to their individual roles.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
<p>The inspectors found that the provider was working towards achieving regulatory compliance to comply with the restrictive conditions, attached to the registration since the last inspection. Evidence gathered on this inspection found:</p> <ul style="list-style-type: none"> • That management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. • There were sufficient staffing resources in place on the day of the inspection and, the centre had a clearly defined management structure in place with appropriate lines of authority and accountability.

- An annual review of Quality and Safety had been completed for 2024, which was comprehensive and included residents feedback and also identified area's for improvement to be completed in 2025.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident reports and care records showed that Schedule 4 incidents were notified to the Chief Inspector within the required time frames of three days. Schedule 4 quarterly notifications were also submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. There was a low level of complaints in this centre. The complaints procedure was displayed in the communal area of the centre.

A review of the complaints log found that the staff documented every dissatisfaction with the service and investigated each complaint. A plan was put in place to resolve issues to the satisfaction of the complainant. Each complaint was documented in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Residents were supported and, encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and, that their assessed needs were being met. Regular consultation between the provider and, residents ensured that resident's voices were being heard in this centre.

The inspectors found that the provider was working towards achieving compliance with the regulations and, had already reduced the occupancy of bedrooms 27,34,47 and 49. There were four additional bedrooms that required a reduction in occupancy and the provider was committed to achieving this reduction, in line with a restrictive

condition attached to the centre's current registration. However, the current layout of these four multi-occupancy rooms continued to negatively impact on residents. These findings are discussed in more detail under Regulation: 9 Residents' Rights, Regulation: 17 Premises and Regulation: 12 Personal Possessions.

The provider maintained a paper based resident care record system. A review of the records showed that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and support to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of residents care plans and found that care plans were clear and, well-written to guide staff in the delivery of effective care interventions.

Residents had good access to their general practitioner (GP) and, specialist medical services including psychiatry of old age. Specialist health services such as dietitian, speech and language therapy, tissue viability nurses, palliative care and occupational therapy services were made available for residents in line with their needs.

Staff and resident interactions that were observed by the inspectors were found to be supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues. In addition to the structured resident meetings the provider kept residents informed either verbally or through regular written communication.

Overall, residents rights were upheld and residents were supported to remain independent and, lead their lives as they wished to in the centre. The activities schedule set out the activities provided on a weekly basis. There was a good balance between support available for group and individual activities that residents wished to pursue. The inspectors reviewed the staff roster and, observations on the day confirmed that there were sufficient resources made available to support residents with their social care needs.

Shortly, after arriving at the designated centre, the inspectors observed residents attending a religious service, while in the afternoon, a large number of residents attended a pre organised music session which went down very well with the residents. Another key activity observed on the on the day was the attendance of the hairdresser. Several residents were observed having their hair done, residents really enjoyed the social aspect of this service, where they could chat with their fellow residents about issues important to them and reminisce about past events.

The provider had taken reasonable precautions against the risk of fire to ensure that residents and staff were safe in the event of a fire emergency. Staff who spoke with the inspectors during the course of the inspection, were knowledgeable about what to do in the event of a fire activation and, on how they would use current fire procedures to maintain residents' safety. Residents' personal emergency evacuation plans (PEEPS) were found to be clear and detailed. Regular fire safety checks were carried out in this centre, and staff maintained daily, weekly and monthly checks of

fire doors and means of escapes. Service records were available for fire extinguishers and emergency lighting and, inspectors found these records to be in order and all were up to date.

The provider had improved fire safety in the centre by updating their floor plans to clearly show the correct fire compartments and, had carried out some improvement works to fire doors in the centre. Lock bolt devices found fixed to two compartment doors on the last inspection had been removed. However, at the time of this inspection the provider had yet, to upgrade six fire doors in the centre. The provider informed inspectors that this was due to delays in the availability of the fire doors. Following the inspection the provider submitted assurances that the fire doors had arrived in the centre and were scheduled to be fitted in March 2025.

The registered provider had ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship in this centre. There were effective cleaning protocols in place along with safe storage practices which ensured the separation of clinical and non-clinical supplies. There was also effective practices in place to provide safe care for residents with a colonized multidrug - resistant organism (MDRO).

There was good oversight of residents nutritional and hydration needs. Care plans were in place which identified residents food preferences. Measures were also in place for residents who required assistance from dietitians or from speech and language therapists (SALT) with their swallowing. There was a good range of food choices available to residents on a daily basis.

Residents had access to newspapers, radio and television. There was internet available so that residents could keep in touch with family and friends through social media. Resident meetings were held on a regular basis with the last meeting held on 8 January 2025. Residents had access to advocacy services when required.

Residents families and friends were made welcome and, were encouraged to be involved in the care and ongoing lives of the residents. The inspectors observed visitors coming and, going throughout the day and, were well known to the staff team. The provider encouraged feedback from family members about the care and support that their loved ones received in the centre, in order to address areas where the service could be improved.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed several visitors attending the designated centre during the day. Residents access to their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge did not ensure that all residents living in the designated centre were provided with,

- Adequate space to store and maintain their personal possessions and clothes in bedrooms 23,28,29 and 48.
- The current layout of these multi-occupancy bedrooms meant that residents would have to enter the bed spaces of other residents to access their wardrobe facility.

Judgment: Substantially compliant

Regulation 17: Premises

Notwithstanding the significant improvements that the provider had implemented in a number of multi-occupancy rooms the inspectors found that the layout of four multi-occupancy bedrooms was not suitable to meet the needs of the residents accommodated in those rooms. This was evidenced by:

- The size and layout of some bed spaces in these rooms did not facilitate the safe manoeuvring of large equipment, such as hoists and was unsuitable for residents with higher dependency levels who needed to use this type of equipment.

These bedrooms did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- The inspectors found that the floor space available to residents in four three-bedded rooms was below the minimum floor space requirement of 7.4 square meters.
The limited space around each of the beds in these four bedrooms did not allow for a comfortable chair and a bedside locker for each resident.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had addressed the majority of fire safety concerns identified at the last inspection in April 2024. Fire doors and intumescent strips had been ordered and were due for fitting in March 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care files and noted that the assessments carried out following their admission into the centre were comprehensive. Each resident had a care plan, which was reviewed at appropriate intervals. The records indicated that the residents were consulted during care planning.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the layout of rooms 23,28,29 and 48 did not ensure that the residents accommodated in these rooms had sufficient private space to undertake personal activities in private. For example,

- The location of privacy curtain fittings did not ensure that there was sufficient space available when a resident was receiving personal care without encroaching on the other residents bed space.
- In addition the proximity of the beds to each other meant that other residents and staff in the room could overhear any conversations in relation to each residents personal care.

There was only one television provided for residents residing in three-bedded rooms, which impacted on residents choice of viewing.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0045286

Date of inspection: 23/01/2025

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: As per condition 4 of our registration we will reduce all three beds to twin in rooms 23, 28, 29,48 through gradual reduction in occupancy. By reducing occupancy this will provide adequate space to store and maintain personal possessions and address wardrobe facilities.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: As per conditions of registration we will reduce all three beds to twin in rooms 23, 28, 29,48, through gradual reduction in occupancy. By reducing the occupancy this will address storage and position of wardrobes.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors and intumescent strips are onsite and are acclimatising to the temperature of the building as per manufacturer's instructions they will be fitted by end of April.	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As per our conditions of registration we will reduce all three beds to twin in rooms 23, 28, 29,48, through gradual reduction in occupancy. By reducing the occupancy this will ensure sufficient private space.</p> <p>Where sensitive conversations are occurring with residents, their families or allied health professionals have access to multiple visiting rooms. Staff ensure that the privacy and dignity of every resident is safeguarded during personal care.</p> <p>All residents have access to a television in multioccupancy rooms.</p>	

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	31/10/2027
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	31/10/2027

	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.	Not Compliant	Orange	31/10/2027
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	31/10/2027
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2025
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	31/10/2027
Regulation 9(3)(b)	A registered provider shall, in	Not Compliant	Orange	31/10/2027

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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