



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

Issued by the Chief Inspector

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| Name of designated centre: | Dean Maxwell Community Nursing Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | The Valley, Roscrea, Tipperary |
| Type of inspection: | Announced |
| Date of inspection: | 05 March 2025 |
| Centre ID: | OSV-0000665 |
| Fieldwork ID: | MON-0046131 |

About the designated centre

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

Dean Maxwell Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Roscrea in north Tipperary. The centre is single storey and is designed around two enclosed garden areas. The centre can accommodate up to 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and six twin bedrooms. Two of the single bedrooms with ensuite shower facilities are dedicated to palliative care. Some of the twin bedrooms have ensuite facilities, there are two assisted showers, specialised bath and eight toilets for residents occupying single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and oratory. Day care facilities are provided Monday to Friday for up to 15 people from the local area.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 22 |
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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 |
|------------------------|----------------------|--------------|------|
| Wednesday 5 March 2025 | 09:30hrs to 18:15hrs | John Greaney | Lead |

What residents told us and what inspectors observed

This was an announced inspection that took place over one day. Over the course of the inspection, the inspector spoke with residents and staff to gain insight into what it was like to live in Dean Maxwell Community Nursing Unit. The inspector spent time observing the residents' daily life in the centre in order to understand their lived experience within the centre. The inspector spoke in detail with four residents and the feedback from these residents was extremely positive. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content and their needs were attended to by staff that were familiar with their means of communication and their preferred routines.

Dean Maxwell Community Nursing Unit is operated by the Health Service Executive. It is in the town of Roscrea in close proximity to shops and restaurants and is on the same grounds as the catholic church. It is a single storey premises that is registered to accommodate 27 residents in fifteen single and six twin bedrooms. Two of the twin bedrooms are currently designated by the provider as single occupancy due to the high needs of the residents in both of these rooms. Two of the single rooms are in an area called The Laurels and are designated for palliative care. These rooms are en suite with shower, toilet and wash hand basin. There is also a small sitting room in this area with comfortable reclining armchairs, should relatives wish to remain overnight with residents that are end of life.

The centre was generally clean, bright and large sections of the premises had recently been painted. Communal areas available to residents comprise a sitting room with an adjacent conservatory area, a second sitting room called the snug, a dining room and a small oratory. Some items of equipment were inappropriately stored in the conservatory area, which detracted from the homely feel of the room. These included a wheelchair and spare footrests from a wheelchair. The flooring in this room was marked throughout and a small area had significant damage, making it difficult to clean effectively. An administration office adjacent to the conservatory area had recently been converted to a small sitting room that was predominantly used for visiting but could also be used as a quiet room for residents that wanted to spend time away from the larger sitting room. Residents had unrestricted access to two enclosed courtyards. One of the courtyards had a rubberised surface so as to minimise the risk of injury should a resident have a fall. This area had brightly coloured garden benches and landscaped to a high standard with large potted plants and shrubs and gravel beds. The second outdoor area had garden furniture but was a less attractive area to spend time due to the absence of shrubbery and the surface was in need of power hosing.

Sanitary facilities available to residents are a mixture of en suites, shared bathrooms and communal bathrooms. Two of the twin bedrooms have en suite bathrooms containing a shower, toilet and wash hand basin. A further two twin rooms have en suite toilets but also share a bathroom with one other twin room that doesn't have

en suite facilities. This bathroom contains a shower toilet and wash hand basin. The two palliative care rooms have full en suite facilities. The remaining thirteen single rooms have a wash hand basin only in the rooms but have access to communal bathrooms and toilets within close proximity to their bedrooms. These thirteen rooms have limited space and are unsuitable for residents that require specific manual handling equipment, such as a hoist. The person in charge monitors these residents and should their dependency level increase, they will be required to move to a shared room, which has more space. These rooms have a homely feel and have been renovated to a high standard with matching inbuilt wardrobes and vanity units. There is adequate space for a comfortable chair and a bedside locker. These rooms are predominantly personalised with personal memorabilia and family photographs.

Staff were observed attending to residents' personal care needs and engaging with residents in a respectful manner. All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. Residents told inspectors that staff helped them to choose their clothing daily. Call bells were attended to in a timely manner and it was clear that staff were familiar with residents' care needs and that residents felt safe in their presence.

The inspector observed the residents' dining experience during lunchtime. There was sufficient staff available in the dining areas to assist residents during meal times. Residents could choose where they wished to eat, and many residents were observed to go to the dining room in the centre for their meals. Residents were offered a choice of meals and when they asked for an alternative to the menu option this was provided. Refreshments and snacks were provided to residents at regular intervals, and residents had access to fresh drinking water and juices throughout the day.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, findings of this inspection were that the centre was well resourced and had good management systems in place to monitor the quality and safety of care provided to residents and to ensure they had a good quality of life. Action, however, was required in relation to governance and management as commitments given in the compliance plan following the previous inspection were not implemented.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The Health Services Executive (HSE) is the registered provider of Dean Maxwell

Community nursing unit. On the day of inspection, there were 22 residents living in the centre.

Senior management support is provided by the general General Manager for Older Persons Residential Services. Within the centre, the person in charge is supported by a clinical nurse manager (CNM). This management structure was found to be suitable to oversee the clinical care for the current number of residents living in the centre. Management are supported by a team of nurses, multi-task attendants and support staff. The staffing complement is made up of the centre's own staff and staff from an agency, mostly healthcare assistants. In general, however, the same agency staff were listed on the rota, indicating the provider's efforts to seek continuity of personnel and consistency of support required for residents. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

A comprehensive training programme was available to staff in the centre to support them in their roles. Records reviewed showed staff had completed training in safeguarding vulnerable persons from abuse and fire safety training, Notwithstanding this good practice, some gaps in adherence to mandatory training requirements were identified. Training will be discussed under Regulation 16: Training and staff development.

The provider had a range of management and oversight systems such as policies, clinical audits and incident management systems in place to monitor the quality and effectiveness of care and services provided to the residents. The management team were well-known to residents and staff and had day-to-day responsibility for the operational management of the designated centre. The person in charge is an experienced nurse with the required management experience for the role.

A programme of audits was in place to support the monitoring of the quality and safety of the service. These audits were used to identify risks within the service, as well as areas of quality improvement. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2024 with an associated quality improvement plan for 2025.

The inspector followed up on commitments given by the provider in the compliance plan following the last inspection. While most issues were addressed, commitments given in relation to evacuation procedures were not addressed in accordance with the time lines set out in the compliance plan. At the last inspection an urgent compliance plan was issued to the provider as it was determined that adequate arrangements were not in place for the evacuation of all residents in a timely manner in the event of an emergency. The provider responded by rostering additional staff at night time as an interim measure, until a permanent solution could be put in place. The permanent solution involved some structural alterations to allow for residents to be evacuated in their bed. On the day of the inspection, no progress had been made towards implementing the permanent solution but additional staff continued to be rostered on night duty.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector reviewed a sample of incidents that were notified and found these were managed in accordance with the centre's policies.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff on duty to meet the needs of the residents on the day of inspection. The centre's own staff are supported by agency staff, predominantly healthcare assistants (HCAs), however, these are usually returning agency staff and are familiar with residents and the operation of the centre. There was at least one registered nurse on duty at all times. Additional staff were rostered on night duty to support the evacuation of residents in the event of an emergency at night until structural works were completed to aid bed evacuation.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required in relation to staff training. For example:

- almost 65% of staff were overdue attendance in managing behaviour that is challenging
- certificates were not available to confirm attendance at training in manual handling and safeguarding resident from abuse for a number of new staff
- a significant number of staff were overdue attendance at training in infection prevention and control.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required in relation to the oversight of quality and safety. For example:

- commitments given by the provider in the compliance plan following the last inspection have not been implemented. This is predominantly related to structural changes to bedrooms to allow for the evacuation of some residents in their beds
- day services were being provided to a small number of residents. The current statement of purpose against which the centre is registered states that this

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| <p>service was suspended during the COVID-19 pandemic. An application to vary condition 1 of the registration is required prior to restarting this service</p> <ul style="list-style-type: none"> • some structural changes were made to the centre that included the creation of a new sitting room, the change of function of an nurses office to an administration office and the conversion of a store room to a nurses office. An application to vary condition 1 was submitted and therefore the provider was operating outside their conditions of registration. |
| Judgment: Not compliant |
| Regulation 31: Notification of incidents |
| <p>Records showed that three-day notifications were submitted to the office of the Chief Inspector within the required time frames. In addition, the quarterly notifications were submitted for Schedule 4 (2) events.</p> |
| Judgment: Compliant |
| Quality and safety |
| <p>Findings of this inspection were that residents living in Dean Maxwell Community Nursing Unit enjoyed a good quality of life and were in receipt of a high standard of quality care. Residents' needs were being met through good access to health care services Improvements were required in the areas of residents' rights, fire safety and the premises.</p> <p>An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. Residents' care plans, medical notes and daily nursing notes were a paper-based documentation system.</p> <p>The health care needs of residents were met to a good standard. Residents in the centre had access to medical care by local general practitioners, that visited the centre regularly and as required. There was evidence of regular medical reviews in residents' files. There was good access to services such as occupational therapy, physiotherapy, dietetics, speech and language, chiropodist and psychiatry of old age as required. Residents in the centre had access to ICPOP (Integrated Care Programme for Older Persons), which provided access to multidisciplinary assessment and support for older adults in the community.</p> |

There was a reported low incidence of wound development and the inspector saw that the risk of this was assessed regularly and appropriate preventative interventions, including pressure relieving equipment, were in use.

Management and staff promoted and respected the rights and choices of residents in the centre. It was evident that the staff knew residents well and respected their choices. The inspector observed that staff were respectful of the privacy and dignity of residents and addressed residents by their preferred title.

The building was generally clean and bright. The registered provider had support with maintenance and an ongoing repair programme was in place to ensure the premises was kept in a good state of repair internally and externally. There was adequate communal and private spaces for residents. Additional communal space had been provided since the last inspection with the conversion of a clerical office to a small sitting room. This room was tastefully and comfortably decorated and offered a place for residents to spend time away from the main sitting room or to meet with visitors in private away from their bedrooms. Residents had access to secure outdoor space through the provision of two courtyards. One of these areas had a soft artificial surface that would minimise the risk of injury should a resident have a fall. This was suitably landscaped with large potted plants and appropriate garden furniture. However, some action was required to ensure all areas of the premises conformed to the matters set out in Schedule 6. This is further discussed under Regulation 17: Premises.

The centre does not have a laundry and residents' clothes and bed linen are laundered externally. Clothes are collected and returned three times each week and residents expressed satisfaction with the service.

During the walk-through, the inspector observed that fire escape routes were kept clear and available for use. Staff spoken with had good knowledge of the evacuation strategy. Records were available that identified the preventive maintenance of equipment in accordance with relevant standards. Action was required in relation to fire safety. It was identified on the last inspection that adequate arrangements were not in place to safely evacuate all residents in the event of a fire. Temporary mitigation measures were put in place following the inspection, which included rostering additional staff on night duty. This was done in anticipation of a more permanent solution, which involved structural work to facilitate the evacuation of some residents in their beds. The inspector was informed that funding was made available but the tender for the work was unsuccessful. Regular fire drills were conducted that reflected the evacuation strategy and there was learning identified from the drills. Areas of required improvement in relation to fire safety are discussed under Regulation 28 of this report.

In advance of the inspection, a number of satisfaction surveys were sent to the provider for completion by residents and/or their relatives. There was approximately a 50% response rate and a review of the surveys suggested a very high level of satisfaction with the service provided to residents. Residents' views and opinions were sought through residents' meetings that were held on an almost monthly basis. However, was not clear from the records if issues raised at the meetings by

residents were addressed to their satisfaction, because there was no associated action plan to indicate who exactly was responsible for addressing the requests or if they had been addressed to the satisfaction of the residents. This is discussed further under Regulation 9 of this report.

Residents were seen to enthusiastically participate in activities on the day of the inspection. The centre also had access to a minibus and a member of staff was authorised to drive, so that residents could be taken on occasional outings to places of interest in the community. There was a desktop computer in the Snug that was connected to the internet and designated for use by residents. The inspector reviewed the record of activities that had taken place. There were gaps in the records and it was not therefore possible to confirm if activities had been facilitated every day. This and other issues in relation to residents' rights are discussed in more detail under Regulation 9 of this report.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were available for residents' use.

Judgment: Compliant

Regulation 17: Premises

While the premises was generally bright and clean, there were some areas of improvement required in relation to general maintenance and storage. For example:

- the floor covering was damaged in a sitting room and also in a communal bathroom. This would make them difficult to clean effectively
- there was some inappropriate storage, such as unused footrests from wheelchairs stored in the corner of the sitting room
- the pedal opening mechanism of a waste bin in a sluice room was broken and would not operate effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While mitigation measures, in the form of additional staffing, were in place to support the evacuation of residents requiring the use of a hoist, the long term

solution proposed by the provider was not completed in accordance with the time frame given in their compliance plan response to the most recent inspection. The long term solution involved structural changes to the premises to support the evacuation of residents in a bed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre, as per regulatory requirements. Care plans reviewed were updated as required and at a minimum of four monthly. A sample of care plans reviewed contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence-based health and nursing care. Residents had timely access to a general practitioners from a number of local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietetics and specialist medical services such as community palliative care and community mental health services as required. There was a low incidence of pressure ulcer formation in the centre and wound care practices were found to be in line with evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed a sample of care plans and saw that they outlined triggers and appropriate interventions to support residents with responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 9: Residents' rights

Action required in relation to residents' rights included:

- there were no designated activity staff and staff were assigned on a daily basis to facilitate activities for residents. Records were maintained of what activities were facilitated each day, however, there were days when the record was blank and it was therefore not possible to ascertain with certainty what, if any, activities were facilitated on these days
- while there were regular residents' meetings, there was no action plan to confirm what actions were taken in response to issues raised by residents. Records indicated that there were repeated requests for activities, such as more quizzes and outings. The record did not indicate who exactly was responsible for addressing the requests or if they had been addressed to the satisfaction of the residents. It was also not clear if these were the views of the majority of residents or were they requests from just one 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 | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | 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 | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Dean Maxwell Community Nursing Unit OSV-0000665

Inspection ID: MON-0046131

Date of inspection: 05/03/2025

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Actions Completed :</p> <ul style="list-style-type: none">• Certificates in Manual Handling & Safeguarding Residents from Abuse for new staff have been collated and are on file.• Training completed: 56% staff have completed Infection Control training, 84% staff have completed Standard Precautions & 81% staff have completed Hand Hygiene.• All staff have been advised to complete standard precautions training module on HSEland by 30th May 2025. CNM2 will monitor progress with this and populate training matrix. <p>Actions to be completed:</p> <ul style="list-style-type: none">• "Managing behavior that is challenging" training will be arranged by nurse management. It is intended that this training will be completed by all staff by June 30th 2025.• Local IP&C Department has been contacted to provide training for infection control and hand hygiene in house, date for training to be confirmed. | |

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| 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>Structural changes to bedrooms: This refers to the intention of management to widen bedroom doors in two bedrooms to facilitate bed evacuation in the event of a fire.</p> <p>Actions completed :</p> <p>Additional staff were rostered to work at night to ensure safe evacuation of the residents in the event of a fire. This remains in place.</p> <p>Maintenance Department , in line with public procurement regulations , went to tender on two occasions to secure a contractor to carry out the works . This exercise was unsuccessful on the first occasion. It has now been sent out to tender for a second time and a contractor has been secured on the second attempt.</p> <p>Actions to be completed :</p> <p>Contract will be issued during the week starting the 21st April 2025. If accepted by the contractor, it is anticipated that the works will be completed by mid July 2025.</p> <p>Day services: The day centre has not been formally reinstated in the designated post – COVID 19 pandemic. Day centre services had previously included approx. 15 clients in attendance per week with day centre transport to / from the centre, personal care, chiropody, nurse led health checks carried out. Therefore, an application to vary was not made to restart the service.</p> <p>However, two regular respite clients have been facilitated to attend the designated centre to avail of socialization and meals during the course of a day.</p> <p>Actions completed :</p> <p>Access to the designated centre by the two regular respite clients has been paused.</p> <p>Actions to be completed :</p> <p>In the event that there is a plan to resume the day centre, an application to vary will be submitted in advance.</p> <p>Structural changes: this refers to the repurposing of rooms within the designated centre which has resulted in the addition of a sitting room for residents.</p> <p>Actions completed:</p> <p>Application to Vary commenced has been submitted 17th April 2025</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Actions completed :</p> <p>Inappropriate storage: items have been removed from area. Waste bin replaced.</p> <p>Actions to be completed :</p> <p>Floor covering in sitting room and communal bathroom will be addressed.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Actions completed :</p> <p>Additional staff have been rostered to work at night to ensure safe evacuation of the residents in the event of a fire.</p> <p>In line with the commitment given in the compliance plan following the last inspection, local Maintenance Department, in line with public procurement regulations, has been to tender on two occasions to secure a contractor to carry out the works. On the first occasion, this exercise was unsuccessful in securing a contractor to carry out the works . It has now been sent out to tender for a second time and a contractor has now been secured.</p> <p>Actions to be completed :</p> <p>Contract in relation to the works will be issued during the week starting the 21st April 2025. If accepted by the contractor, it is anticipated that the works will be completed by mid July 2025.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Actions completed :</p> <p>Multitask attendants are allocated to activities twice daily and reminded to document what activities are done daily and keep records updated, CNM2 to monitor.</p> <p>Residents meeting action plan has been reviewed and amended to include names of residents who wished to comment or who requested/suggested activities and the people with responsibility for actions and if they are completed. The amended action plan has been communicated to staff.</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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/06/2025 |
| 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 | Not Compliant | Orange | 31/07/2025 |

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| | effectively monitored. | | | |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Substantially Compliant | Yellow | 31/07/2025 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 17/04/2025 |
| 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 organisation of the designated centre concerned. | Substantially Compliant | Yellow | 17/04/2025 |