



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

Issued by the Chief Inspector

Name of designated centre:	Glenaulin Nursing Home
Name of provider:	Glenaulin Nursing Home Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	13 July 2023
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0040766

About the designated centre

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

Glenaulin Nursing Home provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require; long term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end of life care. The designated centre is based in a period residence built in 1903. The centre can accommodate for 84 residents with 38 single rooms, 16 twin rooms and four multi-occupancy rooms. Communal areas consist of spacious dining and lounge areas, a visitors room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
--	----

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 13 July 2023	08:00hrs to 18:30hrs	Margo O'Neill	Lead
Thursday 13 July 2023	08:00hrs to 18:30hrs	Karen McMahon	Support

What residents told us and what inspectors observed

This inspection took place in Glenaulin Nursing Home in Chapelizod over the course of a day during which time inspectors spend time observing and speaking to residents and staff. Residents reported they were satisfied with the service and the staff working in the centre. Inspectors observed that residents appeared comfortable and relaxed throughout the inspection.

Glenaulin Nursing Home is comprised of a period house and a modern purpose build building. The centre has 84 registered beds located over three floors; 38 of which are single occupancy bedrooms, 16 double occupancy, two triple occupancy and two four-bedded bedrooms. Bedrooms viewed by inspectors were observed to be clean and many residents had personalised their rooms with photographs, ornaments and other memorabilia that reflected their likes and hobbies. Inspectors observed that in some multi-occupancy bedrooms there was insufficient personal space within privacy curtains for residents to conduct their personal care activities and in other multi-occupancy bedrooms the layout and configuration did not facilitate privacy and autonomy for all residents. Furthermore inspectors observed that not all residents in the multi occupancy rooms had unrestricted access to a television. This is detailed in the following sections of the report.

Sitting rooms and dining spaces were located on the lower ground and ground floors of the centre. Residents were observed sitting and relaxing in the sitting rooms reading the newspapers, listening to soft music or chatting with other residents or staff throughout the day. Residents also reported positively regarding the cleanliness of the centre saying it was 'clean' and the food was great.

Residents were positive regarding the staff, with one resident saying that 'staff are friendly' and provide 'plenty of help which is good'. Some residents reported concern that staff were always 'very busy' however, inspectors observed only positive respectful interactions between staff and residents throughout the day.

Mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables which were tastefully laid out. A daily written menu was available for all residents. There was a choice of hot meals at lunchtime and a choice of a hot or cold option for the evening meal. The lunch was observed to be well presented, warm and with ample amounts on the plate. One resident told inspectors the food was lovely and 'if you want more you can get it'.

During the inspection the main dining rooms were observed to be full and small sitting rooms on the ground and lower ground floor were being used for the other residents to take their meals. There was one setting for meals on the day of inspection; previously there had been two settings. As a result of this change inspectors observed that sitting rooms were now being used for dining also. Many residents were sat in armchairs which were too low to allow residents to sit

comfortable at the tables that they were sat at. While other residents who were sat in armchairs had small low coffee tables where their food was placed. This did not provide comfortable seating position for residents during meal times.

Activities were observed taking place throughout the day and many residents were observed participating in these activities. In the morning many participated in small group or individual activities led by the activities staff. In the afternoon the residents were observed to be enjoying a large gathering in the large ground floor sitting room where they were having a 'Wimbledon' party. Residents were seen singing, enjoying snacks and 'mocktails' and watching the live tennis match on TV. Information boards in several areas informed residents of activities taking place that day.

There was an information corner in the reception area for residents to inform them regarding advocacy services and other relevant information. One resident that spoke with inspectors said 'it was great here' and that they could make their own decisions about whether they ate in their room or the dining room and could participate in activities when they wanted to or just enjoy the quiet of their bedroom if they preferred not to attend activities on a particular day.

Outings had resumed for residents. For example, inspectors were informed of weekly trips to a nearby hotel for afternoon tea for residents.

There was a dedicated hair salon on the first floor of the centre. A hairdresser attended twice a week to attend to residents' hair styling needs.

Inspectors found that the centre's oratory was unavailable to residents at the time of inspection due to damage to the ceiling as a result of heavy rain fall that had occurred several weeks earlier.

A number of secure gardens were available for residents. The largest was located at the rear of the building. This had pathways that ran beside the river Liffey to enable residents safe access and seating areas to enjoy the river views. The smaller garden areas contained relaxing water features and appropriate furniture. Inspectors observed that these areas were maintained to a good standard.

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

Capacity and capability

Inspectors found that residents living in Glenaulin Nursing Home received a good standard of care that met their assessed needs and residents were supported to live a good life. The inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of registration for Glenaulin Nursing

Home. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection and was under review.

During the inspection inspectors followed up on concerns received by the Chief inspector of Social Services since the last inspection related to staffing levels, complaint management and activities for residents. Inspectors identified that further action was required to ensure that complaints were managed in line with the centre's policy.

Outstanding actions identified on the last inspection in August 2022 were also followed up by inspectors and found that although some improvements had been made in some areas many actions had not yet been addressed and further action was required to come into compliance in the following areas; premises, governance and management, protection, infection control, and residents' rights.

The registered provider for Glenaulin Nursing Home is Glenaulin Nursing Home Ltd. Since the last inspection the centre had come under new senior management and the centre is now part of a larger nursing home group, Grace Healthcare. A new person in charge had started in March 2023, to lead the day to day operations in the centre. Inspectors observed that the person in charge was well known to residents during the inspection and that they possessed the necessary qualifications and clinical and management experience to meet the requirements of Regulation 14, Person in charge. A new assistant director of nursing had also been appointed to the service, their role was to provide support to the person in charge. Staff reported feeling supported by the new local management team.

Management systems required strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored. In particular inspectors identified that systems in place for the oversight of the premises and safeguarding required review. This is detailed under Regulation 23, Governance and Management.

An annual review of the service for 2022 was made available to inspectors, this was found to have been informed by feedback from residents. Action plans were developed for areas requiring improvement.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 82 residents living in Glenaulin Nursing Home. A clinical nurse manager worked Monday to Sunday 8:00hrs to 20:00hrs in a supernumerary capacity to provide clinical oversight to the the service. Four registered nurse were on duty Monday to Sunday and 16 health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs. At night three registered nurse and six health care assistants were present in the centre.

Inspectors were informed that there was ongoing recruitment to fill vacancies in the designated centre. Inspectors were informed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in Glenaulin Nursing Home. A sample of these disclosures were provided to inspectors.

The registered provider was aware of the amendments to Regulation 34, Complaints procedures that had occurred in March 2023. Inspectors were provided with an updated complaint policy which on the first page detailed a summary of the complaint procedure and the time lines within which complaints would be processed and dealt with. There was a named complaints officer and identified review person. Inspectors observed that there was written information available for residents regarding advocacy services and the person in charge was liaising with external advocacy agents so that they would attend the centre to provide information to residents. A sample of records of the complaints received were maintained separately to residents care records. Inspectors found that not all complaint records were fully complete.

Inspectors requested individual records for residents who the registered provider acted as pension agent for. Despite numerous requests this information was not provided to inspectors during the inspection.

Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector of Social Services as part of the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person appointed to fill the role of person in charge of the Glenaulin Nursing Home met the requirements of the regulations. Inspectors observed they were well known to residents during the inspection and residents reported they could and would bring issues or concerns to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 82 residents living in Glenaulin Nursing Home at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 21: Records

Inspectors were not provided with full records regarding residents' accounts on the day of inspection despite repeated requests for these records.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place had not consistently or effectively addressed areas identified for improvement. For example; configuration of multi-occupancy bedrooms had been identified on the last inspection as requiring action. Most had not been reconfigured to ensure residents' right to privacy, dignity and autonomy could be maintained. This is a repeat finding.

Oversight systems for safeguarding required improvement. During the inspection, inspectors became aware of a safeguarding allegation which had not been recognised as a safeguarding concern. Inspectors were also informed that peer to peer incidents were not viewed as safeguarding concerns nor had they been notified to the chief inspector.

Management had not identified the safety risk to residents posed by a badly damaged bench in an external garden area. Inspectors requested for this to be addressed during the inspection to ensure no residents would be affected.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that all complaints received, the outcomes of investigations into the complaints, any actions taken on foot of a complaint were fully and properly recorded. Inspectors were verbally informed that two complaints had been closed however found that records relating to these complaints were not fully completed. Furthermore on one occasion inspectors identified that a written complaint received had not been responded to within the time-frame outlined in the centre's policy.

Judgment: Substantially compliant

Quality and safety

Residents were receiving a good standard of care in Glenaulin Nursing Home and appeared well cared for. Actions were required however in relation to Regulation 17, Premises, regarding the layout of multi-occupancy rooms and use of sitting rooms for the dining for some residents, Regulation 8, Protection, regarding the recognition of safeguarding incidents. This is further detailed below.

A sample of care plans were reviewed on the day of inspection. Improvements had been made following the findings of the previous inspection. All newly admitted residents had a comprehensive assessment carried out prior to admission. Care plans were individualised and reflected the needs of the resident. They were reviewed quarterly and changes in care were evidenced in them. Care plans that looked at responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) highlighted the resident's triggers and identified methods of de-escalation and advice on how to deal with these episodes, should they occur.

There is a low level of use of restrictive practice in the centre. From the sample of care plans reviewed it was found that restrictive practice assessments had been carried out by the multi-disciplinary team and there was evidence of consultation with residents and family members, where appropriate. All use of restraints had a signed consent form in place and were recorded in the restraint register.

Training records supplied to inspectors on the day of inspection showed that most staff had up to date safeguarding training. Staff spoken with were knowledgeable around safeguarding and knew how to report any concerns, suspicions or allegations of abuse. Safeguarding care plans were in place for residents who required it and these reflected their needs. During the inspection, inspectors became aware of a safeguarding allegation which had not been recognised as a safeguarding concern however. Inspectors were also verbally informed that peer to peer incidents were not deemed to be safeguarding concerns and therefore were not been notified to the Chief Inspector of Social Services. This is outlined under Regulation 8: Protection.

Inspectors found that little action had been taken to address the configuration of multiple occupancy bed rooms. Previous inspections found that multi-occupancy rooms did not provide adequate space around the bedside to provide room for both a locker and a chair. The residents' private space to dress and carry out personal hygiene care was tight, when privacy screens were pulled. The television in these rooms was not accessible to all residents who resided there. These issues had not been dealt with since the previous inspection.

Inspectors observed that small sitting rooms on the ground and lower ground floors were being used for residents to take their meals. Residents were seen sitting in

these rooms at dinner and tea time to eat their meals. There was inappropriate low seating and small side tables been used, to facilitate the arrangement. The use of these rooms was not appropriate and not in line with their purpose as stated in the statement of purpose.

There was improved compliance in infection prevention and control, since the previous inspection. Drying racks had been put into all sluice rooms. There was a programme to monitor for and manage risk of Legionella and staff were up to date on infection prevention and control training. The centre was observed to be clean and tidy. However the clinical room had not been fitted with a clinical hand sink.

The registered provider had taken adequate precautions against the risk of fire, however inspectors noted gaps in documentation regarding the ongoing monitoring and servicing of fire safety equipment and escape routes. This is detailed under Regulation 28, Fire Precautions.

Regulation 17: Premises

The registered provider had not ensured that the premises of the designated centre was appropriate to the needs of the residents of the centre and used in accordance with the statement of purpose. Inspectors observed that a sitting rooms were used at meal times for residents to take their meals. Inspectors observed that there was inappropriate furniture and food was not served in an appropriate manner. The visitor's room on the ground floor was not available for residents to receive visitors at the time of inspection limiting residents' choice about where to meet their visitors in private.

The registered provider had failed to address the findings of the previous inspection regarding the reconfiguration of many of the multi-occupancy rooms. Repeat findings included:

- In some of the multi-occupancy rooms the space available to a resident behind their privacy screen was not adequate to afford the resident sufficient space and privacy to attend to personal activities such as dressing.
- Some residents did not have a chair beside their bed where they could sit to get dressed in private or to have quiet time in their own space. For some of these residents there was insufficient room to have a chair by their bed without blocking access to their bed or locker.
- Some areas of the centre required attention to ensure they were maintained to an appropriate standard. For example; Inspectors found that the centre's oratory was unavailable to residents at the time of inspection due to damage to the ceiling caused by heavy rain fall that had occurred several weeks earlier.
- An area of flooring on the top floor was observed to be raised and uneven, this posed a potential trip hazard.

Judgment: Not compliant

Regulation 27: Infection control

The following infection prevention and control issues were identified during the inspection:

- There was no clinical hand wash sink available in the clinical room. This was a repeat finding from the previous inspection.
- Domestic products were seen in use to clean the centre. Which is not in line with current guidelines and practises.
- There was damage to a wall in a communal bathroom, this did not support effective cleaning.
- The dedicated specimen fridge for the storage of laboratory samples awaiting collection was located within the clinical room. This increased the risk of environmental contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors noted gaps in documentation regarding the ongoing monitoring and servicing of fire safety equipment and escape routes. As a result inspectors could not be assured that all equipment and fire safety precautions were in order. For example:

There was no record that daily checks of the fire alarm panel and system occurred to ensure the system was functioning.
There were gaps in the records of daily checks of evacuation routes and weekly checks of electromagnetic door locks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reflected the assessed needs of the resident and all new residents had a comprehensive assessment carried out prior to admission. Care plans were reviewed on a quarterly basis and involved input from residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills and training to deal with responsive behaviours. Care plans adequately recorded residents' needs. Use of restraint was low and used only in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that one safeguarding concern had not been recognised or investigated appropriately. Inspectors were also verbally informed that peer to peer incidents were not recognised as abuse and so were not notified to the Chief Inspector of Social Services.

The registered provider acted as a pension agent for nine residents at the time of the inspection. Details of a separate bank account for all residents' monies was available to inspectors. Inspectors were unable to review records regarding residents' accounts on the day of inspection however as these were unavailable.

Judgment: Not compliant

Regulation 9: Residents' rights

Most multi-occupancy bedrooms required action to ensure the configuration supported residents' right to privacy and autonomy. For example, in some multi-occupancy bedrooms residents were required to walk through another resident's private space in order to leave the room or to access facilities such as the hand wash basin therefore impacting on residents' right to privacy and autonomy. This is a repeat finding.

Inspectors observed that there was now only one sitting for meals where as previously there had been two sittings. Some of the smaller sitting rooms were now being used as dining rooms to accommodate one sitting of lunch and residents' evening meal. This resulted in residents not always being able to eat a meal comfortably due to the inappropriate furniture available.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0040766

Date of inspection: 13/07/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: - On the day of inspection information was shared with inspectors around resident's accounts. No further requests were made. This information is available within the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Review and installation of multi occupancy rooms are underway and it will be completed by 28th February 2024. - The oratory roof has been repaired and the oratory is now back in full use. This was completed by August 22nd 2023. - The Garden bench was fixed by July 25th 2023 and all furniture will be reviewed on a regular basis moving forward by the maintenance team on site. - Oversight of all potential safeguarding incidents is being strengthened through the introduction of a weekly review by the COO/ Quality team to ensure that all necessary incidents are reported appropriately. This is in place since August 28th 2023.	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The complaints process within the Centre will be followed by all staff. All complaints and actions outcomes will be recorded in the electronic health record moving forward, including acknowledgement of complaint and closure of complaint. All complaints will be reviewed at the monthly Senior Management team meeting to ensure any ongoing issues or improvements can be escalated to ensure timely close off. This will be completed by August 31st 2023.

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:

- Additional furniture has been reviewed for the dining room and additional furniture will be in place by 31st December 2023
- The visitor's room on the ground floor is now available to all residents to meet visitors. There is ongoing supervision of this to ensure this is the case by the Senior Management team within the home.
- Two sittings have been reintroduced for mealtimes to ensure that all residents have an enjoyable and comfortable dining experience. This will be reviewed on an ongoing basis by the Senior Management team. This was completed by July 25th 2023.
- Review and installation of multi occupancy rooms are underway and it will be completed by 28th February 2024.
- An audit has been completed on the number of chairs required for all rooms with additional equipment to be ordered in line with the ongoing equipment provision within the home.
- The oratory roof has been repaired. This was completed August 22nd 2023.
- The damaged flooring which was identified as raised and uneven has been addressed- July 25th 2023.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The handwash sink in clinical room has been ordered and is due for installation by 12th September 2023.
- The bathroom wall requiring replacement is under review and planned completion of works by 31st October 2023.
- The use of domestic products within the centre has ceased, with only approved products from a central supplier in use. There is ongoing monitoring of this by the

<p>Hygiene Manager within the centre.</p> <p>- The specimen fridge has been moved away from the clinical room to a more suitable area. This was completed by July 25th 2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The feedback from the findings during the inspection in relation to documentation has been reviewed and education provided to all staff to ensure their understanding of the importance of the completion of same. An individual – charge nurse has been identified to complete the daily checks of the fire alarm panel and systems within the centre. This is in place from 14th July 2023. These checks are then reviewed weekly by senior management to ensure adherence. This is also in place since July 14th 2023.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: - All staff have been re-educated on the importance of reporting all peer to peer incidents which are not related to symptoms of dementia must be recorded and reported as appropriate. Ongoing communication to ensure understanding is in place in the centre. - An audit of all peer to peer incidents will be completed on a regular basis to ensure the process is being completed. This will be completed by the Senior Management team by October 31st 2023. - Oversight of all potential safeguarding incidents is being strengthened through the introduction of a weekly review by the COO/ Quality team to ensure that all necessary incidents are reported appropriately. This is in place since August 28th 2023.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: - Two sittings have been reintroduced for mealtimes to ensure that all residents have an enjoyable and comfortable dining experience. This will be reviewed on an ongoing basis</p>	

by the Senior Management team. This was completed by July 25th 2023.

- Additional furniture for the dining spaces has been reviewed and additional furniture will be in place by December 31st 2023.

- Review and installation of multi occupancy rooms are underway and it will be completed by 28th February 2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	28/02/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	13/07/2023

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	13/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/02/2024
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	31/10/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/07/2023
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the	Substantially Compliant	Yellow	31/08/2023

	outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/10/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	28/02/2024