



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Fahan, Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 November 2023
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0037625

About the designated centre

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

Nazareth House is a designated centre registered to provide 24 hour health and social care to 48 male and female residents usually over the age of 65. It provides long-term care including care to people with dementia. Residents who require short-term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a single-storey building located on the main link road between Letterkenny and Buncrana and overlooks Lough Swilly. The building is attached to a convent and a church, both of which are in use. Accommodation for residents is provided in single (18) and double/twin rooms (15). 28 of the rooms had en-suite facilities. There is a range of communal areas and a safe and well-cultivated garden available for residents to use during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 November 2023	19:00hrs to 22:00hrs	Nikhil Sureshkumar	Lead
Wednesday 8 November 2023	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead
Tuesday 7 November 2023	19:00hrs to 22:00hrs	Celine Neary	Support
Wednesday 8 November 2023	09:00hrs to 17:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents had a good quality of life and were generally well-supported to receive person-centred care based on their needs and abilities. The inspectors spoke with numerous residents throughout the two days of inspection, and all reported high levels of satisfaction with the care they were receiving in the designated centre. However, the general upkeep of the centre's premises required improvement.

Some positive comments from residents were that "The food is nice here and the staff are excellent ", "Staff calls at night and they help me and the calls bells are answered without much delay", "My room was cold and they changed my room and I am comfortable now", "There is great fun here at all times". However, one resident told the inspectors that they were not getting the support from a physiotherapist for improving their mobility. The resident's feedback was validated by the inspectors, and the findings are set out under Regulation 6.

The centre is in a single-storey building located on the main link road between Letterkenny and Buncrana and can accommodate 48 residents in a mix of twin and single bedrooms. The communal day rooms and some bedrooms have scenic views overlooking Lough Swilly. The centre is attached to a convent and a church. There is a sensory garden to the rear of the premises, and residents also have access to the church attached to the centre.

On arrival, a staff member guided inspectors through the signing-in process on the evening of the inspection. The inspectors attended the staff handover and was found to be detailed. The person in charge arrived in the centre later in the evening, and following a brief meeting with the person in charge, the inspectors continued the walk around. The centre had a calm, relaxing and welcoming ambience. The inspectors spoke with some visitors on arrival and were assured that visiting arrangements facilitated residents to meet with their families and friends as they wished. Visitors who spoke with the inspectors commented that they were happy about the care and service provided to the residents.

The communal areas of the centre had staff available to supervise the residents. Staff were observed to be interacting with the residents, and some residents were found to be busy reading newspapers and magazines. Other residents were observed watching television or chatting with each other during the evening hours. The inspectors observed that some residents had retired to bed, and the residents who spoke with the inspectors said that they choose where to spend their day and what time to get up and return to bed.

On the second day of the inspection, the person in charge and the chief nursing officer facilitated the inspection. The inspectors observed that there was sufficient staff present in the day rooms to support and supervise residents who spent time in these areas. Staff were observed coming and going from individual residents'

bedrooms throughout the day.

The inspectors observed that staff respected the privacy and dignity of residents. Staff knocked on residents' bedroom and communal bathroom doors and waited for a reply before entering. However, one communal toilet and some shared bathrooms of the twin-bedded rooms did not have door locks to ensure privacy.

The inspectors observed that the centre's corridors were well organised and were free of clutter. The inspectors observed that equipment was stored in a dedicated store room. This room had a cluttered appearance, and the floor surfaces were visibly dirty, with lots of boxes and equipment accumulated in this room, which did not allow for adequate cleaning of this area. Furthermore, the inspectors observed that the hoist and wheelchairs stored in this storeroom were dusty, and some wheelchairs appeared to be visibly unclean. There was a system to clean and label the equipment after its use; however, it had not been consistently followed.

The inspectors were informed that the provider had a planned schedule of maintenance work for this centre; however, the inspectors observed that significant improvements were needed with flooring, painting, and general upkeep of the premises.

The layout of multiple twin rooms requires improvement, and it was found that some of the twin-bedded rooms were poorly laid out. For example, some bed spaces in the twin bedded rooms were not suitable to meet the needs of higher dependency residents, whereas some bed spaces did not have bedside cabinets and a chair. Nevertheless, efforts were made to personalise the residents' bedrooms with photo albums and other personal belongings.

The inspectors spent time in the various communal areas of the centre observing staff and resident interaction. The inspectors observed that personal care and grooming were attended to a good standard. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful.

A schedule of activities was displayed in communal areas and in some sections of the corridor. The inspectors observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. Several new staff members were being inducted into the centre, and they were interacting well with residents and engaging in meaningful conversations with them. Residents appeared to be comfortable in the company of staff. The inspectors spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents.

The inspectors observed a mealtime in the main dining room and observed an adequate number of staff assisting residents with their meals in a patient and respectful manner. Staff were seated beside residents to assist them with food and nutritional intake and were not rushed. Several residents told the inspectors that they liked the food in the centre. The kitchen was adjoined to the dining room, and catering staff interacted with residents and staff throughout the mealtime. The food appeared wholesome and nutritious, and residents were observed completing their

meals and requesting desserts. There was good social interaction among the residents and staff. Some residents were facilitated in their choices to have lunch in their bedrooms if they did not wish to attend the dining room.

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

Capacity and capability

Overall, significant improvements were found on this inspection regarding the governance and management of this centre. The inspectors found that management systems were in place to ensure that a good quality, safe service was provided to the residents. However, some further improvements were required to ensure that staffing resources were in line with the centre's statement of purpose and that the oversight of contracts for care and the management of complaints was effective in bringing these key areas into compliance with the regulations. In addition, the oversight of the lived environment for residents and infection prevention and control processes required improvement, as discussed in the quality and safety section of this report.

The provider of the designated centre is Nazareth Care Ireland, and the provider's senior management team are involved in operating a number of designated centres in Ireland. There had been recent changes in the provider's senior management team, and although the inspectors were cognisant that these changes were recent and needed time to become established, this inspection found that the lines of authority and accountability were not clear.

In general, the provider had allocated sufficient resources for the functioning of the designated centre. However, the activity coordinator's role remained vacant at the time of this inspection. The role was being covered by a suitably trained healthcare assistant, and recruitment was ongoing; however, this was a repeat finding from the previous inspection in 2022.

The provider kept a record of the accidents and incidents occurring in the centre, and they were analysed as part of the centre's quality improvement programme. Notifications were submitted to the chief inspector in line with the regulations. The provider had carried out an annual review of the quality and safety of care delivered to residents in the designated centre for 2022.

The provider had developed several quality improvement initiatives to address the non-compliance findings of the previous inspection. As a result, the inspectors found that care records were well maintained, and a system was in place to address the needs of residents in the centre. Several audits, such as fall audits and care plan audits were in place; however, the management systems required further improvements to ensure all areas of the service were monitored consistently and

effectively.

The inspectors reviewed a sample of training, recruitment and onboarding files of staff in the centre. Staff were Garda vetted before they commenced their employment. There was a clear induction and regular staff appraisal system in place to support staff.

A schedule of training was maintained in the centre, and the staff were supported to attend training programmes appropriate to their roles. Staff were knowledgeable about the reporting arrangement in the centre.

The provider maintained a log of complaints and a record of positive feedback they received from residents and their representatives. The provider had a complaint policy and was in the process of updating their complaints procedure. The residents had access to advocacy services in the centre. There was a low level of complaints in 2023. However, a record of a complaint managed by the provider indicated that a written correspondence had not been issued to the complainant to acknowledge receipt of their complaint in line with the requirements of the regulation. In addition, the complaint officer and the review officer had not attended training in the management of complaints as required by the regulation.

The inspectors reviewed a sample of residents' contracts and found that not all residents had a contract regarding the terms on which they would reside in the centre. This is further discussed under Regulation 24: Contract for the provision of services.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a nurse on duty at all times in the centre.

There were sufficient staff with appropriate knowledge and skills to provide care and services for the residents in line with their assessed needs. An existing vacancy was being covered by staff working in the centre, and a recruitment process was underway to fill the vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had completed the required mandatory training. New staff in the centre confirmed that they were in the process of completing this

training as part of their induction programme.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of records set out in Schedules 2, 3, and 4, and found that the records were maintained in line with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that an activity coordinator had been appointed in line with the centre's statement of purpose. This was a repeated finding from the previous inspections. A senior healthcare assistant was performing this role on the day, and inspectors were informed that the recruitment was ongoing.

The provider's arrangements to provide onsite management support to the person in charge were not clearly specified. Following recent changes in the organisation's management structure, the reporting and management support structures for the person in charge had changed. Management meetings were now held remotely, and there was no evidence of the senior management team being present in the centre to meet with residents and staff and provide management oversight and support for the person in charge.

The provider's oversight of the designated centre's premises was not effective. For example:

- The issues with the layout of the twin-bedded rooms and the maintenance of premises the inspectors identified and reported under regulations 17 and 9 had not been identified and managed in a timely manner.
- One store room had not been sufficiently maintained to support effective infection prevention and control.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing with some residents regarding the terms on

which those residents would reside in the centre. For example:

- The provider had increased the weekly nursing home charges for residents by adding auxiliary charges and had made amendments to their existing contracts. However, several residents had not agreed to these changes in the contracts. A review of monthly invoices provided to residents indicated that some residents who had not agreed with the revised nursing home fees had been charged the revised fees.
- Short-stay residents had not been offered a contract regarding the terms on which they would reside in the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints received in the centre in 2023. The inspectors found that the provider had not issued a written response to a complainant informing them whether or not their complaint had been upheld, including the reasons for that decision, any improvements recommended, and details of the review process.

In addition, the provider had not ensured that the nominated complaints officers and review officers received appropriate training to deal with complaints.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. However, the centre's premises required significant improvement to ensure that they were suitable to meet the needs of the residents and to support effective infection prevention and control measures.

The inspectors reviewed a sample of care files. There was clear evidence of timely and accurate recording of fluid and food intake, repositioning charts, and showers to support residents' health care needs. Care plans were person-centred. Care records indicated that residents and were appropriate their families were included in care planning, with the residents' consent.

The inspectors found that residents had access to medical and allied healthcare professionals in a timely manner. There were also arrangements in place for out-of-hours medical support for the residents. Residents had been referred to other

healthcare professionals if a need was identified. The inspectors observed that referrals were made for residents who required occupational therapy and physiotherapy support. Occupational therapy had been provided to the residents by the national provider, but residents were only able to avail of the physiotherapy services following fall-related injuries. This meant that those residents who had non-fall-related physiotherapy needs did not have access to such services.

Staff had up-to-date knowledge and skills appropriate to their role to respond to and manage responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were observed to be knowledgeable about the residents' needs and preferences. On several occasions, inspectors observed staff responding positively to responsive behaviours and managed such behaviours with appropriate de-escalation techniques, such as distraction techniques and reassurance with residents. Comprehensive information about some residents' responsive behaviours and strategies to manage such behaviours had been clearly documented in care plans.

The person in charge of the centre was a nominated safeguarding officer and showed a clear commitment to undergo additional training required for this role. There was a centre-specific policy and process in place to protect residents from abuse.

New flooring had been carried out in some parts of the centre, which was bright and easily cleaned; however, the flooring in several areas required maintenance and repair. Furthermore, the layout of several twin bedded rooms was not suitable to meet the needs of the residents. This is further discussed under Regulation 17.

There was a well-managed vaccination programme in place. All of the eligible residents had received their COVID-19 boosters, pneumococcal and influenza vaccines. The centre had various measures in place in relation to the standard of hygiene in the centre. These processes included the use of colour-coded cloths, mops and cleaning trollies to reduce the chance of cross-infection. Clean and dirty laundry was seen to be managed safely, in line with national guidance. However, a number of further actions are required to fully ensure the designated centre was in compliance with Regulation 27: Infection Control.

The provider had taken appropriate measures to ensure adequate fire precautions were in place to protect residents. Staff had attended mandatory fire training. There was a well-maintained up-to-date fire register recording fire safety checks and regular servicing of fire safety equipment in the centre. The provider had recently arranged to carry out a fire safety risk assessment of this centre by their competent person to ensure that the current fire safety measures were adequate.

Opportunities for social engagement were available for residents, and staff were observed to be respectful and supported residents in participating in various activities. A comprehensive activity schedule for residents had been implemented since the last inspection, and inspectors observed residents participating in various activities.

The inspectors reviewed the residents' meeting records, which showed that monthly resident meetings occurred regularly. Minutes of residents' meetings indicated that residents were consulted about the quality of activities, food, and laundry services, and their suggestions were being implemented in the centre.

Regulation 17: Premises

The current layout of eight twin-bedded rooms did not support the needs of some residents. For example:

- In two twin-bedded rooms, the bed was positioned against the wall, which would make it difficult to ensure safe patient moving and handling of higher dependency residents. In addition, there was not enough room in these bed spaces to place a bedside cabinet and a chair beside the bed for residents to use. As a result, residents' wardrobes and bedside cabinets were placed away from the residents' bed space, which would make it difficult for residents to access their personal belongings.
- Bedside chairs and lockers for some residents had been removed in several other rooms.
- There is only one window in four twin-bedded rooms, and when the resident accommodated in the bed near the window decides to close their privacy curtain, the second resident in these rooms will not have access to adequate natural light.

The centre's premises did not conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013). For example:

- There were insufficient grab rails in two shared toilets of twin-bedded rooms to assist the resident. For example, grab rails were only positioned on one side of these toilets.
- Several door frames in shared bathrooms had a scuffed appearance and were in need of repair.
- The inspectors observed that three shared bathrooms lacked appropriate systems to prevent shower water from sweeping into the twin-bedded rooms. This created a risk of slips and falls and potential maintenance issues.

Judgment: Not compliant

Regulation 18: Food and nutrition

Daily menus were displayed clearly in the centre, and residents were offered a choice during mealtimes.

Appropriate nutritional assessments such as weight and nutritional risk assessments

were recorded accurately in residents' care files and continuously monitored for progress or changes in condition. There was accurate and efficient recording of food and fluid intakes for residents, where required. Inspectors observed that nutritional supplementation and food fortifications prescribed by dietitians were provided to residents in line with their needs.

Residents had access to fresh drinking water and snacks at regular intervals.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures were consistent with the national standards for infection prevention and control in community services (2018). This was a repeated finding from the centre's last inspection.

- The sluice room in the centre was cluttered with large outside wheelie bins, which made effective cleaning in this area difficult. Furthermore, these wheelie bins were full of waste items and created a malodour, which could be detected even outside the corridor of the sluice room throughout the two days of the inspection.
- Flooring in some of the en suite bathrooms was visibly damaged and required repair work, which made cleaning and disinfection of this area difficult.
- Some sanitary wear was in need of repair to allow for adequate cleaning and to prevent cross-contamination. For example, the inspectors observed that a sink and a toilet bowl in the toilet were visibly cracked.
- The inspectors observed that some equipment had labels indicating the last time/date of cleaning, but others did not. This meant that the infection prevention and control measures were not consistently followed in the centre.
- Specialist chairs and patient moving and handling devices, such as hoists stored in storerooms, were visibly unclean.
- Full-body hoist slings were not being placed in some residents' rooms in line with the provider's own procedures. In addition, multiple hoist slings were placed on a hoist that had been recently used by staff to transfer a resident. These slings had no labels to indicate if they were cleaned and to whom they belonged. This posed a cross-infection risk to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider's arrangements to meet the assessed needs of each resident were sufficient. Comprehensive assessments were carried out with residents on admission

to the centre. The inspectors reviewed a sample of six care plans and was assured that relevant information was included and updated at regular intervals. The inspectors observed that diabetic care, wound care, continence care, and responsive behaviour assessments were comprehensively recorded and reviewed at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

The residents who required continuous and regular input from a physiotherapist to improve their mobility had not been sufficiently supported in the centre. The registered provider had not made alternative arrangements to provide access to physiotherapy services in the centre for those residents who required it.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspectors showed a clear commitment to respond to responsive behaviour in a manner that is not restrictive. The centre was working towards a restraint-free environment. For example, bed rails were in place for three residents in the centre and appropriate assessments were carried out before its use. Restraint assessment files indicated that appropriate alternatives had been trialled before recommending the use of bed rails. Residents had unrestricted access to the sensory garden.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had attended safeguarding training, and there was a nominated safeguarding officer in the centre. Training had been completed online and on-site. Staff who spoke with the inspectors were knowledgeable about the safeguarding procedures that are to be followed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could undertake personal activities in private. For example:

- One communal toilet did not have a lock on its door to ensure privacy.
- Two shared bathrooms in twin-bedded rooms did not have door locks or shower curtains to ensure privacy for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0037625

Date of inspection: 08/11/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will comply with the regulation 23 and ensure that the management oversight and support for the person in charge is constant and available via the following:</p> <ul style="list-style-type: none"> • Management remains accessible to the PIC 24/7 to assist. Also, management can visit Fahan to address any issues, at the request of the PIC at one to two days' notice; • Monthly 1 to1 with the CEO on first week of every month is arranged. • Regular site visits from Senior Management team - one member of the management team visits Fahan on average once a month. • Bi-weekly Group Management Meetings on a virtual basis, • Bi-annual in person group management meetings. • The centre has clearly set objectives and formal governance arrangements to ensure that the service provided is of high quality, safe and reliable. <p>An activity coordinator will be available in the designated centre to deliver person centred activities in line with the centre's statement of purpose. There is an ongoing recruitment process is in place.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p>	

The registered provider will come into compliance with regulation 24 by ensuring that all the long term and short-stay respite residents' signed contracts copy are available in the designated centre. This includes a copy of each resident's signed contract offered at the time of admission, consisting of the details of the terms on which they would reside in the centre, and subsequently the addendum is offered to each individual resident when there are any changes made to the terms and conditions of the contract .

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The registered provider will maintain compliance with Regulation 34 by following:

- All the complainants will be provided with a written response to ensure continued implementation of complaints policy and procedure.
- The nominated complaints officers and review officers will undertake appropriate complaints management training.
- The review of complaints is completed during bi-weekly management meetings.
- The complaints procedure has been updated to reflect the best practice guidelines.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The registered provider will maintain compliance with Regulation 17 by:

- Ensuring that the premises are fit for purpose and are maintained to a high standard to meet residents' individual care needs in a safe and comfortable manner.
- A comprehensive review to address the issues with the layout of the twin-bedded rooms and the maintenance of premises has been undertaken. A schedule of works commenced in December 2023, which includes replacement of flooring, repainting and enhancement of the rooms decor, repacing the sanitary ware and other identified areas requiring maintenance works, including water leaking into bedrooms during shower time.
- In two twin-bedded rooms, the beds are now re-arranged to ensure safe patient moving and handling of higher dependency residents is facilitated.
- Each room now has a bedside cabinet and a chair beside the bed for each resident to use.
- All residents' bedrooms have access to a window. The privacy curtain rails will be re-positioned in twin-bedded rooms to ensure the all residents accommodated in these rooms will have access to adequate natural light.

- All the shared toilets of twin-bedded rooms are now fitted with sufficient grab rails to assist the residents.
- A comprehensive review of all the door frames and the surfaces with scuff marks has been completed and the required repair works will be carried out to promote effective cleaning and to prevent any risk of slips and falls .
- There is an ongoing maintenance programme is in place.

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

The registered provider will maintain compliance with regulation 27 by:

- An external area to store the wheelie bins has been designated to ensure effective cleaning of sluice rooms .
- An external contractor has been contacted and necessary work will be carried out to replace the damaged flooring and surfaces, to ensure effective cleaning and disinfection of all areas.
- All the sanitary ware requiring attention will be either fixed or replaced to allow for adequate cleaning and to prevent cross-contamination.
- All the clean equipments in the store room are now labelled with clear date and time of cleaning; and all other stored items have been re-arranged in designated store rooms . This arrangement will be kept under review to prevent the contamination of any equipment or stored products, to promote good infection prevention and control.
- Full-body hoist slings are now appropriately cleaned, labelled and stored in each individual residents' rooms in line with the in-house procedures.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

Registered provider will maintain the compliance with Regulation 6 by:
 Private physiotherapy accessibility arrangements are put in place to provide physiotherapy services in the centre for those residents who require it and are unable to receive it by the national provider.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Registered provider will maintain the compliance with Regulation 9 by: A privacy lock has been fitted on all the identified communal bathroom doors to ensure privacy.	

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.	Not Compliant	Orange	30/08/2024
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	30/08/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	30/05/2024

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom,	Not Compliant	Orange	29/02/2024

	on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	10/11/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints	Substantially Compliant	Yellow	30/04/2024

	procedures.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/11/2023
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.	Substantially Compliant	Yellow	30/11/2023