



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

Issued by the Chief Inspector

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| Name of designated centre: | Kiltipper Woods Care Centre |
| Name of provider: | Stanford Woods Care Centre Limited |
| Address of centre: | Kiltipper Road, Tallaght, Dublin 24 |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 May 2025 |
| Centre ID: | OSV-0000053 |
| Fieldwork ID: | MON-0045835 |

About the designated centre

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

Kiltipper Woods Care Centre is purpose-built and was established in 2004. The centre provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The centre can accommodate 122 residents, both male and female. Residents have access to amenities and a host of recreational activities, providing a warm and friendly atmosphere. The services and expertise of skilled and friendly staff enhance the quality of life for all residents who live in the centre. The centre comprises of residential accommodation primarily in single en-suite bedrooms and a number of double en-suite bedrooms, a day care centre, a rehabilitation hydrotherapy department and a coffee shop. Kiltipper Woods is situated at the foot of the Dublin Mountains close to the M50 and is serviced by the Luas Red Line in Tallaght and the 54A bus route. The care centre is also situated close to shops, public houses, restaurants, sports grounds and many other amenities.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 118 |
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------------|----------------------|-----------------|---------|
| Thursday 29 May 2025 | 09:00hrs to 18:15hrs | Catherine Furey | Lead |
| Thursday 29 May 2025 | 09:00hrs to 18:15hrs | John Greaney | Support |

What residents told us and what inspectors observed

This was a one-day unannounced inspection conducted by two inspectors of social services. On arrival to the centre, inspectors met with the director of nursing and were later joined by the person in charge. Following an introductory meeting, both inspectors took a tour of the centre separately, accompanied by members of nursing management. This allowed inspectors to meet with residents and staff and observe practices in order to gain insight into the lived experience of residents.

Inspectors noted that there was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The overall feedback from residents was that they were happy living in Kiltipper Woods Care Centre. Residents spoken with were complimentary of the staff, stating that they were friendly and promptly responded to requests for assistance. During the inspection, there were many examples of residents and staff engaging in light-hearted chatter and conversation

Kiltipper Woods Care Centre is purpose-built and accommodates 122 residents in 92 single, 13 twin and one four-bedded room. It is a two storey building, which for operational purposes is divided into six different units. There is bedroom accommodation on both floors. All bedrooms are en suite with shower, toilet and wash hand basin. Bedrooms were spacious, bright and well maintained. All had lockable storage space, and many bedrooms were decorated with residents' personal photographs, possessions and memorabilia.

The centre was generally clean, bright and in a good state of repair. Corridors were sufficiently wide with handrails on both sides to support residents with a mobility impairment to safely navigate the centre. Alcohol hand gels were available in all corridors, however, some additional dispensers were required to support staff comply with good hand hygiene practices. There is adequate communal space that is comfortably furnished. Residents had access to secure gardens with multiple access points from different parts of the centre. It was noted, however, that the door to the courtyard from Oakwood was locked on the morning of the inspection and residents in this unit could not access the outdoor space without the assistance of staff. The outdoor areas were landscaped to a high standard with mature shrubbery, plant and flower beds and had suitable garden furniture, making them an inviting place for residents to spend time when the weather was suitable.

Inspectors observed the dining experience in one dining room at lunch time and saw that the meals provided were of a high quality and well presented. There were two options for the main meal at lunch time. Inspectors asked residents what they had chosen for their meal and some residents could not remember. There were no menus on the walls or tables in this dining room. Staff were observed delivering meals to residents but not explaining what the meal was. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Some residents were observed in rooms at

lunchtime. Inspectors spoke to some of these residents, who verified that this was their personal choice on that particular day. Other residents were required to stay in their rooms as they were isolating due to infection. These residents received their meals from staff and where required, staff stayed to assist them. All residents complimented the food on offer in the centre and stated it was of a very good quality, with plenty of options. Between mealtimes staff offered a selection of hot and cold drinks and snacks such as sandwiches, biscuits, fruit and yoghurts.

Inspectors observed that there was sufficient domestic staff on duty to ensure that the centre was cleaned appropriately. Staff had the required equipment and materials to complete cleaning duties efficiently and properly. However, there was no evidence that appropriate cleaning of the isolation rooms was completed. This is discussed further under the Quality and Safety section of the report.

There was a programme of activities in the centre. On the day of the inspection, there was only one staff member on duty who was dedicated to activity provision, based in the Aspen Wood unit..There was low attendance at the activities on this unit. In addition to the activity session in Aspen Wood, a musician and his band were providing a music session in the large sitting room on Oak Wood. This music activity session was attended by over 25 residents from Oak and Maple and a small number of residents from Hazel unit. A number of residents attended external day services from 10am – 4pm, on the day of the inspection.

Healthcare staff told inspectors that they incorporated activities into their daily role. Residents were offered the choice to watch the activity session or music session on the in-house TV channel which is televised live from the activity room to their bedroom. Inspectors observed staff engaging with residents in day rooms by chatting, reading newspapers, having a quiz and playing well-loved songs on the TV. This presented a nice atmosphere and individual interactions between staff and residents were observed to be kind and respectful.. One resident said she enjoyed the selection of weekly activities and would always attend whatever was on. Another resident said there could be more on offer. Overall, inspectors observed that one dedicated activity staff member was insufficient to provide meaningful and person-centred activities.

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

Overall, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. It was evident that the management team focused on providing a quality service to residents and on improving their wellbeing while living in the centre. The registered provider had made good efforts to increase compliance with the regulations, which evidenced a sustained commitment to

continuous quality improvement, with the aim of enhancing the residents' experience living in the centre. Some action was required by the provider with regards to infection control procedures, care planning and the provision of activities.

This was an unannounced, one-day inspection, to monitor compliance with standards and regulations. The inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in April 2024, that these actions had largely been completed. There were 118 residents living in the centre on the day of the inspection and there was four vacant beds. Approximately 20% of the residents were short-stay residents, who were primarily located in the Rose wood Unit. These residents' primary focus is on rehabilitation with a main focus on daily physiotherapy sessions and daily activity of living practice with occupational therapists. The person in charge outlined that this particular group of residents do not generally attend the activity sessions with the long-term residents as they are otherwise engaged with their individual therapies, group exercise programmes and falls education and falls prevention programmes.

The centre is owned and operated by Stanford Woods Care Centre Ltd who is the registered provider. There are four company directors, two of whom are engaged in the daily operations of the centre; one director is also the person in charge, and a second director is in the role of Director of Operations. The person in charge worked full-time, five days per week and was responsible for the daily delivery of care and support to the residents. She was supported in the role by a full-time, supernumerary director of nursing and four assistant directors of nursing, ensuring that there was sufficient oversight of care provision. The director of nursing deputised for the person in charge in their absence. There was a system of on-call and weekend management cover in place to support staff.

A team of clinical nurse managers, nurses and healthcare assistants, a catering and domestic team, and a team of activity coordinators, physiotherapists and administration staff ensured that residents clinical, social and spiritual needs were met and their human rights upheld. The Director of Operations led the operational management of the centre, with responsibility for areas including human resources, accounts, maintenance and ancillary services.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as restrictive practices and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at management meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and relevant national updates. Staff were given opportunities to feed back on the service.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. On admission, residents were provided with contracts of care which detailed the services, fees, and terms relating to the bedroom to be occupied, in accordance with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

A complete application to renew the registration of the centre was submitted by the registered provider within the required timeframe.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents and other risks including loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly-defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their individual roles and responsibilities. There were strong communication systems in the centre, ensuring good oversight of resident care and support. The centre was well-resourced to provide this support.

An established system was in place for the overall monitoring of clinical and social care delivery and clinical and environmental risks. This ensured that the service provided was safe, appropriate, consistent and effectively monitored. The person in charge completed an annual review of the quality and safety of care delivered to residents.

One of the audit tool reviewed by inspectors required review. The audit tool for infection prevention and control required amendment to ensure that it clearly covered all aspects of good practice, for example the correct management of clinical waste. This is actioned under Regulation 27: Infection control.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident was provided with a written contract of care. Contracts specified the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any). Contracts included details of the services to be provided, whether under the Nursing Home Support Scheme or otherwise, to the resident, and the fees to be charged for such services.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre. This contained all of the information required under Schedule 1 of the regulations, for example, the aims and objectives of the centre and the procedure respecting complaints.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident records identified that all required notifications had been submitted within the required timeframes. For example, notifications of outbreaks of infectious diseases were submitted within two days of occurrence and notifications of restrictive practices were submitted quarterly.

Judgment: Compliant

Quality and safety

Overall, this was a centre where residents expressed satisfaction with the standard of care received from staff that were familiar with, and responsive to, their needs. Action was required in relation to infection control, care planning, and the provision

of activities in accordance with each resident's interests. These are detailed under the respective regulations in this report.

Inspectors viewed a sample of care plans. Residents were assessed prior to admission to ascertain if the centre could meet their needs. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, risk of falling, assessment of malnutrition, risk of pressure related skin damage and the support needed to ensure their safe mobility. While most of these care plans were personalised, additional detail was required in others to ensure that staff could effectively meet each resident's needs. This will be discussed further under Regulation 5: Individual assessment and care plan.

Residents had access to health and social care professional support to meet their needs. Residents were predominantly under the care of one general practitioner (GP) who attended the centre regularly and was also available out-of-hours. A referral system was in place for residents to access health and social care professionals such as dietitians, speech and language services and psychiatry of later life. From the sample of files reviewed, it was evidenced that recommendations from health and social care professionals were implemented to improve residents' health and well being. Residents preferences in relation to areas such as end-of-life care were recorded, with support provided in the centre where required from the end-of-life team.

Overall, the premises' design and layout met residents' needs. Efforts were made to ensure that the multi-occupancy rooms maintained residents' privacy and dignity. Residents had access to communal space that was suitably furnished. There were a number of external courtyards that were landscaped to a high standard and were an inviting place for residents to spend time when the weather was suitable. Residents could receive visits in their bedroom or a private room, according to their preference. The provider had a proactive programme of maintenance and decorative upgrades in place.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was observed to be generally clean on the day of inspection. The centre had nominated infection control link nurses providing specialist expertise. The volume of antibiotic use was monitored and recorded on a regular basis. Notwithstanding these good practices, further oversight and actions were required to comply with the regulations.

Inspectors observed that management and staff made efforts to ensure residents' rights were respected and upheld. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings. Satisfaction surveys were also carried out with residents. While staff were designated to oversee the programme of activities, more focus was required on the

recreational programme to support residents participate in activities that are meaningful to them. This is outlined further under Regulation 9 of this report.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Observation of staff interaction identified that staff communicated respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

Regulation 10: Communication difficulties

Communication was enabled and encouraged for all residents, including those residents with communication difficulties. Staff described to inspectors the strategies that had been developed, to enable staff to communicate with non-verbal residents, based on staff members' knowledge of residents' likes and dislikes, as well as life-history. Staff also facilitated residents for whom English was not their first language to communicate their needs. While effective strategies were in place, this could be outlined in more detail in residents' care plans. This is discussed under Regulation 5 of this report.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents in the centre, in accordance with the statement of purpose.

The premises conformed to the matters set out in schedule 6 of the regulations. For example; there was adequate private and communal accommodation for residents, and residents were provided with a lockable storage space for the safe-keeping of personal money and valuables.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had an up-to-date risk management policy in place. This policy included hazard identification and assessment of risks throughout the designated centre and the measures and actions in place to control the risks identified.

The policy clearly outlined the arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents, and the process for implementing any required actions or recommendations following the investigation. The policy also outlined the process for the audit, review and learning from these events.

There was a plan in place for responding to major incidents, serious disruption to essential services, or damage to the property.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the *National Standards for infection prevention and control in community services (2018)* were not consistently and effectively implemented. This could impact upon infection prevention and control within the centre. For example;

- the requirements for isolation of symptomatic residents was not implemented fully, for example, there was no signage to indicate the type of precautions in place, or to guide staff in correct usage of PPE
- assurance was not provided that appropriate heightened cleaning and decontamination of isolation rooms, using the recommended cleaning products, had been adhered to
- some areas of the centre did not have sufficient hand hygiene facilities, for example, alcohol hand sanitiser dispensers were not located conveniently near to residents' bedrooms
- clinical waste was not always managed in accordance with best-practice guidance and in line with the centre's own policies. A review of infection prevention and control documentation showed that the local audit tool did not sufficiently address the process for clinical waste management.
- there were a small amount of surfaces, including bed tables and lockers which had chipped or worn veneer, making them difficult to appropriately clean and decontaminate.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the safe storage and administration of medicinal products. Inspectors observed that the medicinal products were stored in accordance with the manufacturer's guidance and in a safe and secure manner. There was an electronic prescribing and administration record system in place. The medicine administration records indicated that all medicinal products were administered in accordance with the directions of the residents' general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of assessment and care plan records, there were mixed findings with most care plans being person-centred and containing adequate detail to direct care, however, the following required action:

- more detail was required in some care plans to reflect the alternative means of communication used by residents that could not effectively communicate verbally, either due to language barriers or loss of speech
- a falls assessment was not updated for one resident following a fall in accordance with the provider's own policy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a General Practitioner (GP) who visited the centre regularly and was also available out-of-hours. There were established pathways for referral to health and social care professionals such as dietetics, speech and language therapy and tissue viability nurse specialist. There was very good access to occupational therapy and physiotherapy, both of which were available on-site. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse and it was being implemented in practice. All staff had received mandatory training in relation to detection, prevention and responses to abuse. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required by the provider to ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. For example:

- on the day of inspection, there was only one activity staff member directly employed to provide the activities programme. The person in charge gave assurances that a second staff member had been recruited and would be commencing the following week. Nonetheless, the coordination of meaningful, person-centred activities for a centre of this size requires a sufficient number of dedicated staff each day.
- over the course of the inspection, inspectors observed that a large number of residents spent time in their bedrooms with limited stimulation other than a television in their rooms.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Kiltipper Woods Care Centre OSV-0000053

Inspection ID: MON-0045835

Date of inspection: 29/05/2025

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 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none">1.All staff have been reminded that a notice of droplet infection /contact precautions as appropriate in line with IPC guidance must be placed on doors of residents bedrooms when they are isolating to guide staff in the correct use of PPE2.Staff are reminded to ensure that Titan Chlor Plus tablets used for cleaning and decontamination of rooms are accessible on cleaning trolleys and replenished as necessary3.Additional hand sanitizing dispensers have been installed for all units4.Staff reminded that the correct segregation of clinical and non clinical waste must take place at all times. The centre's infection control audit tool has been amended to incorporate more detailed auditing of the clinical waste process and management.5. The centre has a robust electronic system in place for the monitoring and recording of areas of the facility actioned for a programme of maintenance or for continuing maintenance renewal, a maintenance report and action plan is generated from this system for the maintenance team to follow up and complete all actions Our maintenance manager prioritises and addresses all areas and items of furniture requiring repair, the two items of furniture observed on the inspection day were already listed for repair by the maintenance manager, both items have since been repaired6. All staff will continue to attend mandatory training on infection prevention and control and ensure that they are familiar with the centres IPC Policies, Procedures, Guidelines, Protocols and the National IPC Standards. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1.All residents have a person centred communication care plan. Staff will continue to assess the communication needs of residents on an ongoing basis for the use of various aids and assistive devices to assist those who have communication difficulties to reach their maximum ability to communicate. Staff have been reminded to ensure that care plans contain sufficient detail to reflect the alternative means of communication required to meet individual requirements and preferred means of communication.

2.Our Occupational Therapists will continue to assess residents for the use of communication devices appropriate to their needs and ability. Speech therapy reviews and consultations will continue to be made available for residents who have speech deficits and who may benefit from a Speech and Language consultation. Nursing staff and OTs will continue to assess resident specific communication difficulties with the aim of trialing various tools and strategies to improve the outcome for the resident

3.Nursing staff have been reminded to complete a post falls risk assessment for any residents who sustains a fall in accordance with the center's Falls Prevention Policy. The post fall risk assessment for one resident identified in the Inspection report has been completed and shared with all staff on the unit.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1.All residents will continue to be encouraged to participate in group activities and one to one activity, if the resident so wishes. The activity coordinators develop weekly Activity programmes and listen to what residents suggest as an option for their programmes. This can include day trips and outings, arts and crafts, computer classes, baking, gardening and exercise classes. Residents are encouraged to participate in daily activities that promote physical, mental, and social wellbeing.

2.Residents can also attend events and activities of interest in the local community and music events are often held within the care centre. Residents are actively encouraged to tell us about the type of activities they would like to do through group discussions and resident's meetings and questionnaires which are held with the residents to discuss and obtain feedback on the activity programme offered to the residents.

3.As discussed at the Inspection feedback meeting, an additional new activity co-ordinator had already been appointed to replace the previous person ,, the new person has since commenced . This appointment ensures an even more diverse programme of activities is provided in response to the assessed needs of all residents in our care. A significant number of Healthcare staff are specifically trained in developing and providing activities for the residents and they incorporate these activities for residents into their daily role.They also play key roles in arranging and providing support and care for resident on day trips, outings to cinemas , sports events , shopping trips and picnics at the seaside and Dublin public parks.

4.The centre has its own fully customised disability accessible bus with wheelchair ramp and wheelchair lift access to provide easily accessible transport to outings for the more dependent residents.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|---|-------------------------|-------------|--------------------------|
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. | Substantially Compliant | Yellow | 29/05/2025 |
| Regulation 27(b) | The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required. | Substantially Compliant | Yellow | 29/05/2025 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably | Substantially Compliant | Yellow | 05/06/2025 |

| | | | | |
|--------------------|---|-------------------------|--------|------------|
| | practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | | | |
| 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 | 05/06/2025 |