

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

## Issued by the Chief Inspector

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| Name of designated centre: | Clearbrook Nursing Home                                      |
| Name of provider:          | Greenmast Limited  |
| Address of centre:         | Heathfield View, Cappagh Road,<br>Finglas West,<br>Dublin 11 |
| Type of inspection:        | Unannounced  |
| Date of inspection:        | 29 April 2025  |
| Centre ID:                 | OSV-0005590  |
| Fieldwork ID:              | MON-0046983  |

## About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 88 |
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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    |
|-----------------------|----------------------|---------------|---------|
| Tuesday 29 April 2025 | 08:00hrs to 15:30hrs | Karen McMahon | Lead    |
| Tuesday 29 April 2025 | 08:00hrs to 15:30hrs | Sharon Boyle  | Support |

## What residents told us and what inspectors observed

This inspection took place in Clearbrook Nursing Home, Finglas, Dublin 11. The inspectors spoke with a number of residents and spent time observing residents' routines and care practices in the centre, in order to gain insight into the lived experience of those living there. From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of personalised care living in Clearbrook Nursing Home.

The nursing home is purpose built with four named units, spread over two floors. Residents' accommodation is located on both floors. The building is laid out to meet the needs of residents, and to encourage and support independence. The centre was bright, warm and well ventilated throughout. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner.

The inspectors observed that the registered provider had recently completed the required building works, associated with condition 4 of their registration, to improve the amount of communal space available to residents. The registered provider submitted the relevant application to vary condition 1 of registration and remove condition 4, to reflect these changes, on the day following the inspection. On the day of the inspection new flooring was being laid in the main communal space on the ground floor.

Residents' bedrooms were seen to be warm and bright spaces, laid out to meet the needs of the residents living in them. Residents had personalised their bedroom spaces with their belongings from home including photos, pictures, small furniture items and soft furnishings. All residents' had access to ensuite facilities which included a toilet, wash hand basin and shower. Communal spaces available to residents included sitting rooms, dining rooms, activity rooms and a quiet/reflection room. Residents were seen to use these spaces throughout the day of inspection and inspectors observed residents that could move around freely and independently did so around the centre.

During the day of the inspection the weather was warm and sunny. Residents had access to a large enclosed garden, located at the back of the centre. The garden was observed to be well-maintained with suitable furnishings and paving. However, on the day of the inspection, the inspectors noted that residents were unable to visit the garden space due to the ongoing flooring works taking place in the communal area, which was the main access point to the garden. Alternative access to the garden (two gates) were also observed to be locked. These gates were unlocked before the end of the inspection, allowing residents to freely access the outdoor spaces and enjoy the good weather that day.

Access to the designated smoking area was also through the communal space that was currently closed off to residents. To address this the smoking area had been temporarily relocated to one side of the building. Inspectors observed while there was appropriate supervision provided by staff working in the centre, no fire safety equipment such as fire extinguishers or fire blankets had been relocated to this area. Furthermore, staff had to travel back into the centre to press the nearest call bell to call for help or assistance should it be required. This was addressed by management on the day of inspection.

Inspectors observed mealtimes in the dining rooms. Mealtimes were observed to be a pleasant and unhurried social occasion for residents. Choice was provided to residents and individual dietary needs were catered for. Staff provided discreet and respectful assistance where required. Overall, residents were complimentary of the quality and quantity of food on offer, with one resident stating the food was "lovely" and that there was "plenty of it". Residents who chose to eat in their bedrooms were facilitated to do so and were supervised by staff visible on the corridors.

The atmosphere throughout the day of inspection was calm and relaxed. The inspectors noted kind and thoughtful interaction between staff and residents, at all times, during the inspection. It was clear that the residents' needs were well known by the staff in the centre.

Residents' spoken with were complimentary of the staff and said they were very friendly and caring. One resident couldn't speak highly enough of the staff and stated that the dignity and respect they had been shown since their admission to the centre was second to none. The inspectors also spoke with a number of visitors. In general visitors were happy with the care their loved ones received in the centre, but told the inspectors that sometimes they had difficulty finding a member of staff to speak with to get an update on the care of their relative.

A number of residents who spoke with the inspectors said they were sometimes 'bored' and that they 'don't mind watching TV because there is nothing else to do'. The inspectors observed that while residents were brought to the communal rooms to participate in the activities, the activity co-ordinator on duty was not seen to interact with the residents or facilitate the activity which was scheduled on the morning of the inspection, instead the residents were provided with a cup of tea and watched TV. Mass was held in the afternoon of the inspection and residents were heard singing and appeared to enjoy themselves.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall the findings of this inspection were that, while there had been recent changes in the management structure and staffing in the centre, Clearbrook Nursing Home was a well-managed centre where there was a focus on ongoing quality improvement to enhance the lived experience of residents and to ensure compliance with the regulations. Residents were receiving a good quality of service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and to review unsolicited information received by the Chief Inspector, concerning staffing levels and the quality of care provided to residents living in the centre.

The centre is owned and operated by Greenmast Ltd., who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. On the day of inspection, the inspectors found that services were delivered by a well-organised team of management and staff. Management systems in place included meetings, committees, service reports and auditing. Key quality and performance data was seen to be discussed during meetings attended by senior management. There were clear action plans from these meetings and these actions were reviewed at subsequent meetings to ensure completion. However, the inspectors identified that the systems in place had not always ensured the service provided is safe, consistent and appropriately managed this is further discussed under Regulation 23; Governance and Management.

There was a recently appointed person in charge, to cover the absence of the registered person in charge who was absent for a period longer than 28 days. The relevant notifications, associated with this absence and appointment of the current person in charge in the interim, were submitted in line with regulatory requirements by the registered provider. The current person in charge works full time in the centre and has the relevant experience and academic requirements as set out by the regulations.

There was an appropriate level of staffing and skill mix present on the day of inspection to meet the needs of the 88 residents, residing in the centre that day. Staff had access to appropriate training and development to support them in their respective roles. Records reviewed documented high levels of compliance with mandatory training in areas including safeguarding, infection prevention and control, and fire safety.

A selection of staff files were reviewed on the days of inspection. All files inspected were observed to contain all relevant documents, as set out in the regulations. There was evidence of An Garda Síochána vetting and relevant training in all staff files, as well as relevant proof of identification and references which helped to ensure appropriate staff were recruited to work in the centre.

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| Regulation 14: Persons in charge   |
| <p>The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.</p> |
| Judgment: Compliant  |
| Regulation 15: Staffing  |
| <p>The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.</p>  |
| Judgment: Compliant  |
| Regulation 16: Training and staff development  |
| <p>Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse.</p>  |
| Judgment: Compliant  |
| Regulation 21: Records   |
| <p>The inspector reviewed a sample of five staff files and found that they were kept in accordance with Schedule 2. All records as set out in Schedules 2, 3 &amp; 4 of the regulations were retained on site for the required regulatory time frames.</p>   |
| Judgment: Compliant  |
| Regulation 23: Governance and management   |
|  |



The management systems in place for the duration of refurbishments did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- The provider had not ensured that the risks associated with the ongoing refurbishments in the centre were included in the risk register
- There was no oversight systems in place to implement alternative arrangements to ensure residents were able to freely access the garden space during refurbishments. This was addressed during the inspection.
- The temporary smoking area did not have a fire extinguisher, call bell or a smoking apron (a wide apron made of flame-retardant material) to prevent or contain the spread of a fire.
- The provider had not ensured that the health and safety risk assessments were reviewed and updated on a regular basis, meaning poor oversight of health and safety risks within the centre.

Judgment: Substantially compliant

### Regulation 32: Notification of absence

All notifications set out in Schedule 4 of the regulations were submitted to the Chief Inspector, where required, within the statutory timeframe of 2 working days.

Judgment: Compliant

### Quality and safety

Overall, the inspectors found that the care and support residents received was of good quality and ensured they were well-supported. Residents' needs were being met through good access to health and social care services. However, inspectors identified gaps in the opportunities and quality of social engagement being provided to residents in the centre.

A sample of seven care plans and assessments for residents were reviewed. Care plans were person centered and identified each residents individual needs and abilities. Validated assessment tools were used, and care plans were documented as being updated at four monthly intervals in line with regulations. Thorough pre-assessments were seen to be completed and discharge procedures were in place for both long term and short term residents.

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.

Recent audits on medication management had been completed by the management team and a quality improvement plan was put in place to ensure the safe management and administration of medicines. Risk assessments were completed and control measures implemented which included all staff nurses attended up to date training on medication management, a new staff training booklet and increased communication between staff, residents and families on medication management.

Overall, the premises was well maintained and kept in a good state of repair. There were ongoing works seen to be taking place in the centre on the day of inspection, and there was a schedule of planned improvements over the coming weeks, which included the replacement of flooring in some corridors of the centre and painting. However, inspectors observed one room for the storage of hoists and medical equipment on the ground floor was not suitable.

While inspectors observed that residents' privacy and dignity was respected, and residents spoken with said that they were well looked after and felt safe within the centre, there was no evidence of residents being consulted in the running of the centre. There was no records of residents meeting minutes or residents surveys being completed for inspectors to review. Management informed inspectors that there were plans in place to seek feedback on the service from residents and their families, in the coming weeks.

Residents had access to internet, radios and televisions. Newspapers were delivered daily. While residents had access to advocacy services, information regarding these services were not easily accessible to residents. Only one information poster, located in the Hampstead unit, was seen to be displayed by inspectors.

There were information boards on each unit which contained a schedule of activities for the week, which included; mass, live music, chair exercises, bingo and hand massages. However, the location of the activities was not identified on the schedule and the activities schedule for the morning of the inspection were not observed to take place on the first floor. Residents who spoke with the inspectors were not complimentary about the activities on offer and reported that they often felt bored. Not all scheduled activities scheduled for the day of inspection were seen to take place.

## Regulation 17: Premises

Inspectors found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however, the provision of storage on the ground floor was not always adequate. This was evidenced by the storage of hoists and medical equipment in a small storage space that made it very difficult for staff to access these items in a timely and safe manner.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk register in place in the centre and a risk management policy which included the measures and actions in place for specified risks such as; abuse, aggression and violence and self-harm.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors observed that medicinal products were stored, supplied and administered safely, in accordance with the appropriate use of the products and in line with the regulations.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The care plans reviewed by inspectors showed a care plan was completed within 48 hours of admission. Care plans were found to be person-centred and informed the assessed needs of the individual residents. Care plans were updated regularly in line with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had regular access to allied health professionals and referrals to these were observed to be prompt and appropriate. The recommendations from these professionals were observed to be documented and followed through, reflecting a high level of evidence-based care for residents.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

## Regulation 9: Residents' rights

Further improvements were required to ensure that residents had opportunities to participate in activities in accordance with their interests and capacities and had access to information on advocacy services. For example:

- Activities were not provided as outlined on the schedule, and residents reported that they were sometimes 'bored' and had nothing to do other than watch TV.
- There were no records of surveys or residents meetings available for the inspectors to show that residents were consulted about and participate in the organisation of the centre.
- Other than on one unit, there was no information on independent advocacy services available for residents in the centre.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 14: Persons in charge                     | Compliant               |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 21: Records                               | Compliant               |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 32: Notification of absence               | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 17: Premises                              | Substantially compliant |
| Regulation 26: Risk management                       | Compliant               |
| Regulation 29: Medicines and pharmaceutical services | Compliant               |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Substantially compliant |

# Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0046983

Date of inspection: 29/04/2025

## 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 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In response to the findings identified under Regulation 23: Governance and Management, we have introduced the agenda item "Risk assessments around any planned construction or upgrade works" to our monthly Clinical Governance Meeting. This action is intended to directly address the gaps in oversight and proactive planning identified in the report.</p> <p>Effectiveness in Practice:</p> <p>1. Proactive Identification of Risk:<br/>By embedding this agenda item into a standing governance structure, we ensure any planned or proposed works are flagged well in advance of initiation. This provides the opportunity to assess potential risks to resident safety, infection prevention and control, fire safety, accessibility, and service continuity.</p> <p>2. Multidisciplinary Input and Accountability:<br/>Clinical Governance Meetings include key personnel from nursing, health and safety, maintenance, and senior management. Discussing construction plans in this setting ensures that risks are viewed from all necessary perspectives and that there is shared accountability for ensuring they are addressed appropriately.</p> <p>3. Timely Risk Assessment and Planning:<br/>Once identified at the meeting, a formal risk assessment process is triggered—this includes environmental, operational, and clinical risk assessments. Any control measures needed (e.g., temporary relocation of residents, additional IPC protocols, staff training, or communication plans) can be developed and implemented in a timely and structured manner.</p> <p>4. Documentation and Review:<br/>Each discussion and any related decisions or actions are documented in the minutes of the Clinical Governance Meeting and tracked through our quality improvement plan. This ensures traceability and allows for regular review of how well risks were managed during and after the works.</p> |                         |

|  |                         |
|--|-------------------------|
| <p>5. Alignment with Regulation 23 Requirements:</p> <p>Regulation 23 requires providers to demonstrate that effective governance structures are in place to ensure service delivery is safe, appropriate, and continuously monitored. This structured and consistent approach to managing construction-related risks strengthens our governance framework and ensures a planned, resident-centred, and quality-driven approach.</p> <p>Additional Steps to Ensure Compliance:</p> <ul style="list-style-type: none"> <li>• A Construction Risk Assessment Template will be developed and used consistently for all planned works.</li> <li>• Staff will be made aware of their role in managing risks related to construction via briefings and inclusion in handovers.</li> <li>• A post-construction review process will be added to evaluate the impact of works on residents, staff, and service delivery—further strengthening our learning culture.</li> </ul> <p>Through these measures, we are confident that we are moving towards full compliance with Regulation 23, by ensuring robust governance structures are in place to manage any risks associated with construction or upgrade works, thereby protecting residents and ensuring safe, high-quality care.</p> |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of storage arrangements will be undertaken to establish alternative options regarding the level of equipment stored in the ground floor storage room.</p>   |                         |
| Regulation 9: Residents' rights  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Participation</p> <p>In response to the findings identified under Regulation 9: Residents' Rights, Clearbrook Nursing Home has undertaken a comprehensive review and enhancement of its activities programme to ensure that all residents have access to meaningful and person-centred activities that meet their individual needs, preferences, and abilities.</p> <p>1. Review of the Activities Programme</p> <p>Following the inspection, and in light of the concerns raised, Senior Nursing Management completed a full review of the activities programme, which included:</p> <ul style="list-style-type: none"> <li>• Assessment of current provision: Reviewing the range, frequency, and inclusiveness of the activities previously offered, including any gaps in provision for residents with cognitive impairment, sensory deficits, or reduced mobility.</li> </ul>   |                         |



- Engagement with residents: Residents were asked directly, via both resident meetings and informal one-to-one conversations, about their interests, pastimes, and preferred activities. This feedback directly informed the redesign of the programme.
- Involvement of new activities staff: Two new Activities Coordinators have since commenced employment. They bring fresh energy and a commitment to person-centred engagement and are supported by nursing and care staff to integrate activities into daily life, not just scheduled sessions.

The result is a revised and enriched activities programme that:

- Reflects the preferences of current residents.
- Offers both group and individual activities, including sensory stimulation, music, reminiscence, arts and crafts, gardening, games, and gentle exercise.
- Adapts to residents' changing needs by using monthly activity audits and individual care plan reviews.

## 2. Oversight and Monitoring

To ensure sustainability and compliance:

- The Director of Nursing and Assistant DON oversee the implementation and ongoing evaluation of the activities programme.
- Activities are included as a standing agenda item at Clinical Governance and Quality Improvement meetings, where feedback, participation rates, and any issues are reviewed.

A new activities team had been appointed on the date of inspection. Greenmast Ltd can confirm that two new activities coordinators have subsequently commenced employment since the date of inspection and that a complete review of the activities programme overseen by Senior Nursing Management has been completed after the date of inspection. The new activities programme has been in place since this time.

Clearbrook residents have and will continue to be informed and consulted around the organization of the Nursing Home in the form of monthly resident meetings.

- Resident feedback on the programme is recorded monthly and used to guide updates and continuous improvement.
- All activities are documented in individual care records, linking participation and response to residents' personal care plans and social histories.

## 3. Resident Consultation and Participation in the Organisation of the Centre

Clearbrook Nursing Home confirms that residents are regularly consulted and have the opportunity to participate in the running of the centre. This includes:

- Monthly Resident Meetings: These provide a structured forum for residents to raise concerns, offer suggestions, and share feedback on any aspect of the service, including food, housekeeping, activities, and environment.
- Resident Suggestion Box: Available in communal areas to capture ideas and concerns at any time.
- Involvement in Day-to-Day Life: Residents are encouraged to participate in small daily decisions such as meal choices, décor suggestions, seasonal event planning, and involvement in communal routines.

These processes ensure that residents' voices are not only heard but actively shape the experience of living in Clearbrook, consistent with the rights set out under Regulation 9.

## 4. Advocacy and Resident Rights

A review of the visibility and accessibility of advocacy information is currently underway.

Advocacy resources will be clearly displayed in multiple locations throughout the home, including each wing, to support residents and families in understanding their rights and how to access support. This complements the advocacy information already provided within the Resident's Guide on admission.

## 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(2)    | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow      | 31/08/2025               |
| Regulation 23(1)(d) | 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      | 31/08/2025               |
| Regulation 09(5)    | The registered provider shall ensure that a resident has access to independent advocacy services, including access to in-person  | Substantially Compliant | Yellow      | 31/08/2025               |

|                    |   |                         |        |            |
|--------------------|---|-------------------------|--------|------------|
|                    | awareness campaigns by independent advocacy services and access to meet and receive support from independent advocacy services. These services should be made available to residents in the designated centres and in private, as required. |                         |        |            |
| 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 | 31/08/2025 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.  | Substantially Compliant | Yellow | 31/08/2025 |