



**Health
Information
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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:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue Residential Unit, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	07 January 2025
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0045579

About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 7 January 2025	18:50hrs to 21:40hrs	Aisling Coffey	Lead
Wednesday 8 January 2025	09:30hrs to 17:50hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Abbeygale House; however, a small number of factors negatively impacted their day-to-day lives in the centre, as set out in this report.

Residents spoken with were highly complimentary of the centre and the care they received. Regarding the centre, one resident informed the inspector that "I am so, so happy here" and "it's home", while another remarked "it's like heaven here". In terms of care and attention, residents told the inspector they were treated well, with one resident commenting that "anything I ask for is looked after". When it came to the staff that cared for them, residents informed the inspector that they were very friendly and kind, with one resident remarking, "I'd be lost without them". Residents who could not speak with the inspector were observed to be content and comfortable in their surroundings. The interactions between staff and residents were observed to be person-centred. Staff were aware of residents' needs, and the inspector observed warm, kind, dignified and respectful interactions with residents and their visitors by staff and management over the two days of inspection.

Notwithstanding the positive feedback, when day-to-day life was discussed, three residents informed the inspector they had no choice regarding what time they woke in the mornings and would like to lie in from time to time. Residents had mixed views on activity provision in the centre. Some residents spoke of enjoying group activities like bingo, skittles and music. In contrast, other residents stated that no activities were taking place that catered to their interests, and they wished to go on outings outside the centre. When attempting to maintain contact with their loved ones, several residents expressed deep concern about the lack of mobile phone coverage in their bedrooms, which the inspector saw. This residents' feedback regarding daily routine, activities and mobile phone coverage will be discussed further within this section of the report and under Regulation 9: Residents' rights.

This unannounced inspection took place over two days, commencing with an evening inspection on the first day, with the inspector returning the following day to complete the inspection. On arrival at the centre at 6:50pm, the inspector met two agency nursing staff members in charge of the centre. Both staff were familiar with the centre and the residents.

During the two days of inspection, the inspector had the opportunity to speak to eight residents and four visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing the environment, interactions between residents and staff, and reviewing a range of documentation.

Abbeygale House is located on the first floor of a purpose-built two-storey building, just outside Wexford town and close to the local hospital. Access to Abbeygale House was via stairs or a passenger lift from the ground floor. The main entrance to

the designated centre was locked, and entry was facilitated with a doorbell system answered by staff.

Within Abbeygale House, the centre's design and layout supported residents' free movement, with wide corridors, sufficient handrails, and comfortable armchair seating within communal areas. While the centre was clean and bright, the decor in many places, including resident bedrooms, bathrooms, and corridors, showed signs of wear and tear, with paint scuffed on many walls and other damage to the walls.

The amount of communal space was adequate, consisting of several relatively small rooms, including two sitting rooms, two dining rooms, a visitor room, which operated as a third dining room at dinner time, a quiet room and a snoezelen room containing sensory equipment.

Regarding outdoor space, residents had access to a secure internal garden. This area had seating for residents, was pleasantly landscaped with trees and plants and decorated with birdhouses and painted shells. This internal garden was also the designated area for residents who chose to smoke, and protective equipment for those residents was seen in this area.

The bedroom accommodation is comprised of 24 single en-suite bedrooms and two three-bedded en-suite rooms. En-suite facilities contained a toilet, wash-hand basin and shower. All bedrooms were equipped with overhead hoists, a television, and call bell facilities. Bedrooms were appropriately sized, with space in all rooms for a comfortable chair at each bedside. All residents had a wardrobe and bedside locker for their clothing and personal items. Bedrooms were personalised with photographs, pictures, art, ornaments, and other items of personal significance from home. Bedroom and bathroom accommodation was generally to a good standard; however, the inspector found that both multi-occupancy bedrooms and a further single bedroom had significant paint peeling from the walls, while the two multi-occupancy en-suite bathrooms had broken shower doors. These are repeated findings from the March 2024 inspection.

Within one of the three bedded rooms, the privacy screening did not extend sufficiently to provide a resident with privacy to undertake their activities in private. Additionally, the inspector saw this privacy screening as insecure and at risk of falling over. A resident informed the inspector this was a concern for them as privacy screening had fallen close to them recently. The inspector also saw an incident record from December 2024 where the privacy screening had fallen over.

While there were wall-mounted points for earphones in the multi-occupancy bedrooms, no earphones were provided to the residents, as outlined in the provider's statement of purpose. The lack of earphones meant each resident could not watch their preferred television programmes at the same time.

On the first inspection evening, the inspector observed that by 7:00pm, most residents had retired to their bedrooms and were sleeping, watching television or hosting visitors. One resident occupied one of the two sitting rooms, while a small number of residents sat at the entrance to the centre, watching the comings and goings, while a staff member supervised the area. The inspector observed one

resident with complex responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) being supervised closely by staff. Staff spoken with were aware of this resident's needs. The resident appeared relaxed and content and was treated with kindness and respectful attention by the staff, who regularly eared on their welfare. There was a relaxed and unhurried atmosphere in the centre, and staff were seen responding to resident requests and call bells promptly. Residents were offered refreshments at 7:30pm. Regarding staffing, two registered nurses and three healthcare assistants were on duty upon the inspector's arrival at 7.00pm. At 8:30pm, the night shift commenced, and it consisted of two registered nurses and two healthcare assistants.

On the morning of the second inspection day, residents were up, dressed in their preferred attire and appeared well cared for. Regarding activities, one-to-one grooming, such as nail care, took place in the early morning, followed by proverbs and reading in one of the sitting rooms. A game of bingo took place in the second sitting room. Soup and refreshments were served at 11:00am. Several residents relaxed in their bedrooms. These residents were seen watching television, listening to the radio, reading newspapers, magazines and books. In the afternoon, the inspector saw a discussion on current affairs being facilitated in one of the sitting rooms.

The provider had enhanced activity provision since the last inspection in March 2024. The inspector saw that there was an activities schedule displayed at reception with activities provided over seven days. Rosters reviewed showed the provider allocated a designated staff member to resident activities provision daily. This dedicated staff member also had volunteer support from a work placement scheme a number of days per week. Notwithstanding the provider's efforts to improve the provision of resident activities over the past ten months, further attention was required. Feedback from residents to the inspector was mixed, with some residents expressing satisfaction with the activities programme, while others stated no activities interested them. Most residents who spoke with the inspector stated that they wanted more choices of activities. One resident was awaiting the provider's support with facilities to engage in recreational activity. This resident informed the inspector how he enjoyed completing complex jigsaw puzzles, but was waiting a prolonged period for a suitable table to facilitate this activity in the privacy of their bedroom. Day trips and outings were being requested by several residents, with one resident describing how they felt they were being "removed from society" due to the lack of opportunities to go on outings. The inspector noted similar feedback regarding activities within resident questionnaires completed in November 2024 and arising in the resident committee meetings from June to December 2024. The provider informed the inspector that a recent outing had been cancelled due to weather conditions but was due to be rescheduled. The provider had acquired the services of a bus and a driver to facilitate outings during 2025.

Lunchtime at 12:30pm in the two dining rooms and visitors' room was a relaxed and sociable experience, with soft music playing as residents enjoyed their meals. Meals were prepared offsite and brought to the centre. The menu had chicken, beef, salmon, and vegetarian noodle options. Residents confirmed they were offered a

choice of main meal. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes, and further beverages were accompanied by snacks throughout the day and the previous evening. Residents expressed high praise for the food, including feedback that the food was "delicious", "exceptional", and "excellent". Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. Some residents were facilitated to eat at their bedsides, aligned with their preferences.

There were arrangements in place for residents to access independent advocacy services. Roman Catholic Mass was streamed from a local church, and a Minister of the Eucharist visited weekly. There were arrangements for residents of other faiths to access their religious leaders, as seen by the inspector.

Residents had access to telephones, radios, televisions, newspapers and internet services in the centre; however, the inspector saw no mobile phone coverage in certain parts of the centre. This lack of mobile phone coverage was a significant concern to several residents, who told the inspector they could not use their mobile phones in their bedrooms. While residents acknowledged that a shared portable landline phone was available if they requested this from staff, the residents explained the impact of not being able to take and receive a telephone call in their bed or at their bedside, at a time of their choosing. Some residents expressed their worry that they might miss a call from a loved one wishing to impart important family information, which caused them great concern. Residents informed the inspector they had raised this matter at the resident committee meetings, without resolution. The inspector saw the matter had been raised in the August and December 2024 resident committee meetings. While the matter had been escalated within the provider's organisation, a clear plan to rectify the matter was not documented and, as such, required the provider's attention.

Residents could receive visitors in the centre within communal areas, in the visiting room, or the privacy of their bedrooms. Multiple families and friends visited and spent time with their loved ones. Residents and visitors confirmed there were no restrictions on visiting. Overall, visitors were very positive about the care and attention received by their loved ones and the communication with them about their loved one's condition. One visitor expressed concern to the inspector about a recent incident involving the care of their loved one. This visitor referenced the negative impact of a high level of agency staff unfamiliar with their loved one's care needs and routines. This concern was brought to the attention of the person in charge, who confirmed it would be assessed as part of the provider's complaints procedure.

While the general environment, including residents' bedrooms, toilets, bathrooms and communal areas, appeared visibly clean, some areas required review to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018). This will be discussed under Regulation 27: Infection control. The inspector also noted the inappropriate storage of large-capacity wheeled bins and other items on escape corridors, which is discussed under Regulation 28: Fire precautions.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While governance and management systems were in place to oversee the quality of care delivered to residents, and significant improvements were evident since the last inspection, further actions were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, as referenced within this report.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 06 March 2024. The inspection also informed the provider's application to renew registration. The inspector also followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services about staffing levels, individual resident care and attention, incident management and the overall governance and management of the centre.

The registered provider had progressed with the compliance plan, and significant improvements were identified in Regulation 21: Records and Regulation 28: Fire Precautions. Following this inspection, further robust action was required concerning several regulations, including governance and management. These will be discussed within the report.

The registered provider is the Health Service Executive (HSE). The centre is operated and managed through the governance structures of St. John's Community Hospital, Enniscorthy, also a designated centre caring for older persons, located 25 kilometres from Abbeygale House. The person in charge of Abbeygale House reported to the Director of Nursing at St John's Community Hospital, who in turn reported to the Manager of Older Persons Services, the nominated person representing the provider for regulatory matters. Within Abbeygale House, a team of nurses, healthcare assistants, catering, and housekeeping staff supported the person in charge.

In terms of staffing, the inspector reviewed past and future rosters covering eight weeks and found the provider was heavily reliant on agency personnel to maintain staffing levels in the centre. On multiple shifts examined, there were more agency nursing and healthcare assistant staff than the provider's directly employed staff. In general, however, the same agency staff were listed on the rota, indicating the provider's efforts to seek continuity of personnel and consistency of support required for residents. While there were sufficient staff on duty to meet the needs of residents living in the centre on both inspection days, the negative impact of the

over-reliance on agency staff was raised by one visitor and created other risks in the service which are discussed under Regulation 16: Training and staff development.

There have been some changes in the governance and management of the centre, including a change to the person in charge and a reduction in the nursing management structures since the last inspection on 06 March 2024. The current person in charge, an experienced nurse manager, has been in the position since May 2024. The provider was required to have two clinical nurse managers onsite supporting the person in charge; however, one of these posts had been vacant since May 2024 following a planned retirement. The provider's recent efforts to fill the position were unsuccessful, and the post remained vacant. The other clinical nurse manager post had been affected by temporary and unexpected absences in the three-month period prior to the inspection. The absence of these nurse manager supports impacted the quality of the governance and management systems in the centre and did not provide adequate support for the person in charge in their supervision of the service. This will be discussed further under Regulation 16: Training and staff development and Regulation 23: Governance and management.

While staff were supervised by the person in charge, due to the gaps in clinical nurse manager positions, registered general nurses were frequently allocated to be in charge of the centre when the person in charge was absent. From reviewing the rosters and allocations, these nursing staff were predominantly allocated to be in charge on a supernumerary basis. However, on several occasions, these registered nurses were assigned to be in charge, and to care for residents, impacting their ability to fully supervise staff and oversee the quality of the service provided.

A comprehensive training programme was available to the provider's staff in the centre to support them in their roles. Records reviewed showed staff had completed training in safeguarding vulnerable persons from abuse, fire safety training, responsive behaviour, manual handling and medication management. Notwithstanding this good practice, some gaps in adherence to mandatory training requirements and oversight of agency staff member training will be discussed under Regulation 16: Training and staff development.

There was documentary evidence of communication between the manager of older persons' services, the director of nursing at St John's Community Hospital and the person in charge of Abbeygale House. Similarly, within the centre, there was evidence of communication between the person in charge and staff at the ward level. During these meetings, key issues relating to the quality and safety of the service delivered to residents were discussed, such as premises, facilities, incidents, safeguarding matters, complaints, regulatory compliance, staff training, health and safety and infection control.

The provider had multiple management systems to monitor the quality and safety of service provision. The provider collated data regarding care delivery via an audit schedule and nursing metrics, which examined key areas, including individual assessment and care planning, call bell response times and infection control. A risk register was used to monitor and manage known risks in the centre. The provider also had a system for recording, monitoring, and managing incidents and related

risks. Records reviewed found that incidents like falls were being analysed on an individual resident basis to identify causal factors to reduce risk to the resident. Notwithstanding these good practices, this inspection found that management systems needed to be more robust to identify deficits and risks in service provision and to drive sustained quality improvement when risk was identified. Additionally, some notifiable incidents had not been notified to the Chief Inspector. These matters will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

Residents had a written contract of care agreed with the centre's registered provider. A sample of four residents' contracts for the provision of services were viewed. While the sample viewed contained the majority of regulatory requirements, one contract did not fully comply with regulatory requirements, as discussed in this section of the report.

The provider displayed the complaints procedure prominently in the reception area. The centre had an up-to-date complaints management policy. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. The complaints officer had undertaken training in complaints management. Notwithstanding this good practice, the inspector found some gaps in complaints management practices where actions were required to comply fully with Regulation 34: Complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with the required level of experience nursing older persons. They have previous management experience and a post-registration management qualification. The person in charge demonstrated good knowledge and

understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there were two registered nurses in the centre. The provider relied heavily on agency personnel to maintain staffing levels in the centre, with clear efforts observed to support continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

While the provider's directly employed staff had access to a suite of training programmes to enable them to perform their respective roles, some gaps in adherence to mandatory training requirements required action, for example:

- Three staff had not completed training in managing behaviour that is challenging.
- Four staff members were overdue annual fire safety training, with two of these staff last completing the training in January 2023
- Eight staff were overdue training in safeguarding adults at risk of abuse, which the provider sought be undertaken on a three year basis. Five staff had not completed the training since 2020.

Agency staff were not included in the provider's training matrix. The provider had written agreements with recruitment agencies that agency staff had completed mandatory training. However, given the provider's heavy reliance on agency staffing, with some shifts being predominantly covered by agency staff, further assurances were required regarding agency staff training on centre-specific procedures and resident safety equipment. For example, following the last inspection report which found that staff had not been trained to facilitate a vertical evacuation using the stairs, the provider arranged this training for their directly employed staff which covered the use of new purchased ski sled evacuation aids. However there were no records or assurances that any agency staff had completed this training.

The provider's arrangements for staff supervision required improvement. The reduction in nursing management structures impacted the person in charge's ability

to supervise staff. Additionally, due to these nurse management gaps, registered general nurses had been allocated to be in charge of the centre when the person in charge was absent. However, this could not always be completed in a supernumerary capacity.

Judgment: Not compliant

Regulation 21: Records

A sample of four staff files reviewed by the inspector contained all the necessary information as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre were not sufficiently robust to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below.

The registered provider did not ensure the centre had sufficient governance structures in accordance with the provider's statement of purpose to provide effective oversight in the centre's day-to-day operations and supervision of the staff team.

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms were not sufficiently robust to effectively identify deficits and risks in service provision and to continuously drive sustained quality improvement when risk was identified, for example:

- Auditing practices in the centre were mixed regarding their effectiveness and impact. The inspector saw that auditing had identified non-compliance in assessment and care planning. However, there had not been timely action to address these deficits and ensure sustained quality improvement as found on inspection and as detailed under Regulation 5: Individual Assessment and Care Planning.
- The oversight systems in place had failed to ensure that many aspects of residents' rights were being upheld in the centre. Resident feedback about mobile phone coverage, activity provision and privacy, for example, was known to the provider but had not been rectified in a timely manner.

- The provider's oversight systems had identified risks concerning healthcare, premises and fire safety, but timely action had not been taken to address these deficits and enhance the quality and safety of service provision for residents.
- The provider's risk management systems failed to identify infection control and complaints management risks, as found on inspection day.
- While the provider produced a quarterly report which analysed incident data across several of its centres, this report incorporated the data relating to Abbeygale House within the findings concerning St John's Community Hospital, Enniscorthy. This reporting mechanism did not assure that the provider could analyse data concerning incidents in Abbeygale House to identify trends and evaluate the effectiveness of care delivery.
- The oversight of incident reporting did not ensure that all notifiable incidents were identified and notified to the Chief Inspector within the required time frames.
- Systems available within the centre to promptly access maintenance and repair were not sufficiently robust to ensure the centre complied with Schedule 6 requirements. This was a repeat finding from the March 2024 inspection.

The registered provider was in breach of Condition 1 of their registration as they had made a change to the purpose and function of a resident facility, had not informed the Chief Inspector and had not applied to vary condition 1 of the centre's registration. The inspector found the resident's assisted toilet next to the manager's office and close to one of the dining areas, had signage stating it was a catering staff toilet. Additionally, the male staff changing area and the clinical treatment room, located on the provider's floor plans for the centre, were not being used by the centre and were being used by another service.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care agreed with the centre's registered provider. While the sample of four contracts viewed contained the majority of regulatory requirements, one contract did not include the fees to be charged for services provided under the Nursing Home Support Scheme and the number of other occupants in the bedroom provided to the resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

As part of the application to renew the centre's registration, the provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the documentation and nursing records found three notifications concerning notifications related to injuries that required hospital treatment were not notified to the Office of the Chief Inspector within the required time frames.

Judgment: Not compliant

Regulation 34: Complaints procedure

Actions were required to ensure compliance with the regulation, as evidenced below:

- While there were records of how certain complaints were managed and references to contacts with the complainant, there were gaps where the complainant had not received a written response to their complaint as required by the regulation. These gaps were found in five instances reviewed by the inspector in the previous nine months.
- Complaints raised by residents at the residents' committee meeting, in relation to matters such as mobile telephone coverage and television services, were not being recorded and managed in line with the provider's complaints policy.

Judgment: Substantially compliant

Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to significantly improve the quality and safety of service provision. Robust action was required concerning individual assessment and care planning and residents' rights.

Other areas also requiring improvement included healthcare, infection control, premises and fire precautions.

Overall, the premises' design and layout met residents' needs. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy, as well as a well-maintained internal garden. Notwithstanding these positive aspects, some areas within the premises required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had two infection control link nurses providing specialist expertise. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation had recently commenced. A targeted infection control auditing programme was undertaken. The centre used a tagging system to identify equipment that had been cleaned. Staff were observed to have good hand hygiene practices. Hand sanitisers and personal protective equipment were readily available and used appropriately by staff. The centre's interior was very clean on both inspection days. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018), as discussed under Regulation 27.

The provider had undertaken significant action to improve fire safety since the last inspection, and this inspection found that the provider had robust arrangements to detect, contain, and extinguish fires. Fire safety equipment was being serviced at required intervals. There was a system for weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. Fire doors were observed to be in good working order. Staff received annual fire safety awareness training, and the centre's evacuation procedures and maps were clearly displayed to guide staff in the event of a fire emergency. Fire drills were conducted regularly and covered a range of evacuation scenarios, including a simulated nighttime drill. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. There were evacuation aids for residents in each of the three stairwells in the centre to facilitate vertical evacuation, and records showed the provider's directly employed staff had received training in using these aids. Residents who choose to smoke did so in a designated area containing safety equipment. A small number of actions remained outstanding to ensure evacuation routes were clear and safe and fire precautions had been taken. These findings are set out under Regulation 28: Fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. Person-centred care plans were based on validated risk assessment tools. These care plans were seen to be prepared within 48 hours of admission. Notwithstanding these areas of good practice in care planning, some gaps were observed concerning the assessments and care plans, which will be outlined under Regulation 5: Individual assessment and care plan.

Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, occupational therapy and

dietitian services within the centre. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit. However, the inspector found that the provider had not provided physiotherapy services to a resident with an assessed need for this service. This will be discussed further under Regulation 6: Healthcare.

The inspector found that many aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Staff were seen to respect residents' privacy and dignity by knocking on bedroom and bathroom doors before entering. The centre had religious services available. Residents had access to radio, television, newspapers and internet services. Residents also had access to independent advocacy services. Notwithstanding these good practices, robust action was required to ensure that residents' rights were upheld at all times. Action was required to ensure residents could exercise choice over their daily routine, had opportunities to participate in activities in accordance with their interests and capabilities, could communicate freely using their mobile telephones, could watch their television in a multi-occupancy bedroom and had their privacy maintained in their bedrooms. These matters will be discussed under Regulation 9: Residents' rights.

Regulation 11: Visits

Inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had arranged a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

While the premises were generally well designed and laid out to meet the number and needs of residents in the centre, multiple areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The current privacy screening arrangements in one of the multi-occupancy bedrooms were insecure, presenting a risk where the screening could fall on a resident or staff member.
- The provider had not identified a designated room for short-term waste storage. The inspector saw two large capacity wheeled bins for domestic and recycling waste stored on an escape corridor adjacent to an evacuation lift.

- Shower doors were missing panels in both multi-occupancy en-suite bedrooms. This meant the shower could not be used without the increased risk of water exiting the shower tray onto the floor, posing a falls risk. This was a repeat finding from the March 2024 inspection.
- There was significant peeling paint on the walls in both multi-occupancy bedrooms and a single bedroom. This was a repeat finding from the March 2024 inspection.
- The decor in some areas, including resident bedrooms, bathrooms, and corridors, showed signs of wear and tear. The paint was scuffed on many walls, and other damage to the walls was also visible.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed high praise for food, snacks and drinks. Food was prepared and cooked offsite and delivered to the centre. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. Residents' dietary needs, as prescribed by a dietitian or speech and language therapist, were seen to be met. There was adequate supervision and discrete, respectful assistance at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide and information booklet were available in the centre. Collectively, these documents contained information about the services and facilities provided, including complaints procedures, independent advocacy services, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 27: Infection control

Some storage practices posed a risk of cross-contamination and required attention to ensure residents were protected from infection and to comply with the *National*

Standards for Infection Prevention and Control in Community Services (2018), for example:

- Visibly stained and unclean clinical equipment, such as crash mats and pressure cushions, were observed being stored beside equipment labelled as clean in a store room.
- Wheelchairs and large comfort chairs were seen to be stored in shared en-suite bathrooms.
- Two clinical sharps bins with contents were observed to be open and did not have their safety mechanism engaged. These bins were seen with a shared communal bedroom and bathroom, respectively, which were readily accessible to residents and visitors. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While significant work had been completed to protect residents against the risk of fire, the oversight of fire safety within the centre required review to ensure continued resident safety. The provider had not managed two known risks found on inspection, for example:

- Arrangements for maintaining means of escape were not adequate. On both inspection days, the inspector found two large-capacity wheeled bins, two shopping trolleys, and a step ladder stored on an escape corridor adjacent to an evacuation lift. This practice could impact these areas being used as means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage. The inspector noted that the presence of trolleys on the escape corridor was identified as an action area in three fire drill records reviewed for 19/09/2024, 13/11/2024 and 05/12/2024, respectively.
- The inspector found a hoist battery charging point located in the linen room adjacent to large stocks of towels and sheets. The person in charge stated that this charging device was no longer used. The provider was required to review the continued availability of the charging point in a room containing combustible materials.
- Gaps in fire safety training for the provider's directly employed staff and agency personnel are addressed under Regulation 16: Training and staff development.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of three residents' records and found that action was required in all three cases to ensure each resident was comprehensively assessed on an ongoing basis and had a care plan that reflected their current needs. For example:

- Risk assessment tools concerning areas including pressure ulcer development, falls risk, and bed rail usage were not being reviewed at required intervals, in line with the provider's policies.
- The practice did not facilitate the provider to ensure the identification of risk factors affecting a resident's health and welfare and to develop a comprehensive plan to mitigate these risks and enhance the resident's comfort and safety.
- Of the three residents' records seen by the inspector, there was no evidence of consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Not compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, action was required to ensure that all residents had timely access to appropriate professional expertise based on their assessed needs. For example, a resident assessed as requiring physiotherapy was not provided with timely access to this service by the provider, contrary to the provider's statement and purpose and contract of care, which states physiotherapy is provided at no additional cost to the resident.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to Garda Síochána (police) vetting before commencing employment in the centre. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The provider held small quantities of "pocket money" for current residents. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff, and the balances were audited biannually.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required by the registered provider to ensure residents' rights were respected, for example:

- Three residents informed the inspectors that they had no choice over when they woke in the morning.
- The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities.
- One resident was awaiting the provider's support with facilities to engage in recreational activity, specifically awaiting a prolonged period for a suitable table to facilitate jigsaw making.
- Residents' right to communicate freely was impacted by inconsistent mobile phone coverage in the centre. It required review to ensure all residents could communicate freely with friends and family using their mobile telephones.
- While there were wall-mounted points for earphones in the multi-occupancy bedrooms, no earphones were provided to the residents, as outlined in the provider's statement of purpose. The lack of earphones meant each resident could not watch their preferred television programmes at the same time.
- One resident of a three-bedded room had their ability to undertake activities in private adversely impacted by the privacy screening, which did not extend sufficiently to provide them with privacy.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0045579

Date of inspection: 08/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none">• All mandatory training requirements will be maintained and reviewed at 3 monthly intervals to ensure all staff are up to date.• The centre now has an in house trainer for Managing Behaviours that is challenging. Training will commence rollout on 4th March 2025 to include the 3 staff who's training in this area requires updating.• The four staff with outstanding fire safety training will have same completed by 28 February 2025• Eight staff with outstanding safeguarding training will have same completed by 28 February 2025• A face to face safeguarding workshop for all staff is arranged for 11th and 20th March 2025 with a Safeguarding Team Social Worker as a further enhancement to education and awareness in this important area.• The service level agreement between the HSE and vetted agency providers requires agency staff to be in date with all mandatory training requirements and to carry a clearance pass to verify same. Such training records are audited by the National Office for Agency Frameworks and Sourcing to ensure compliance.• This being said, the centre is committed to including regular agency staff in site specific training and drills where possible and will maintain records of same. This includes face to face fire training incorporating vertical evacuation and use of ski sleds.• The Person In Charge at Abbeygale House is the Assistant Director of Nursing. The deputizing arrangements are the CNM2 or CNM1 in the ADON's absence. As the CNM2 position is currently undergoing recruitment (interviews week of 10th March) there has been agreement that the most senior nurse will deputise for the PIC in the CNM1s absence on a supernumerary basis to ensure effective oversight and supervision.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person In Charge at Abbeygale House is the Assistant Director of Nursing. The deputizing arrangements are the CNM2 or CNM1 in the ADON's absence. As the CNM2 position is currently undergoing recruitment (interviews week of 10th March) there has been agreement that the most senior nurse will deputise for the PIC in the CNM1s absence on a supernumerary basis to ensure effective oversight and supervision. • A full roster review is also underway to ensure the daily appropriate skill mix is in place, taking into account both HSE staff and regular agency staff to ensure that a day to day balance of both staff is maintained, this is due to commence week 3rd March with the support of staff representative bodies. • All audits will be carried out with time bound actions included in the action plan in line with the centre's yearly schedule for audit. • A resident's questionnaire survey is underway to gather resident's feedback across multiple areas in the centre including personal preference for morning routine/wakeups and activity provision The survey is due for completion on 28/02/2025 – responses will be discussed with the residents and incorporated into their care plan and staff safety pause will be updated to reflect the resident's preferences. • The issue regarding mobile phone coverage has been escalated to HSE Capital and Estates and we are actively working to progress a solution to ensure all residents can make and take phone calls in their own rooms. This will include network and WIFI surveys in order to progress a scope of services to be prepared by the appointed consultant. Subsequent to same; the proposed works can be progressed accordingly. • In the interim, the centre will trial a modem to enhance the network in the unit and all residents are supported in using the landline telephone as required. • A further review has taken place of the privacy screening in the 3-bed bedrooms and a decision has been taken to close the "middle" bed for each of these two bedrooms until a safe and complete solution to privacy screening can be provided. • A risk assessment for infectious diseases including infection prevention and control measures is included on the centre's risk register and updated regularly. • A risk assessment around complaints management is underway and will be included in the centre's risk register. • The quarterly incident management report from January 2025 now includes Abbeygale as a stand-alone unit for data analysis of their incidents. It will no longer be included in St. John's Community Hospital report creating an accurate reporting of incidents for both sites. • Any serious injury to a resident that requires immediate medical and/or hospital treatment will be notified to the Office of the Chief Inspector within the required time frame. All outstanding notifications have been submitted. • An escalation pathway for unmet maintenance request has been put in place to allow 	

for such issues to be escalated to the Head of Service for Older Persons to progress immediate action where there is a time critical issue.

- All rooms will be reviewed to ensure they are in line with the current Statement of Purpose with floor plans reflecting same. With respect to the 3 rooms raised in the report; we note the following and will forward updated floor plans in due course on acceptance of the compliance plan:

- o Room 189 – this room will remain a residents toilet

- o Room 199 – this rooms will be restored to use as a male staff changing room. This is in progress with our colleagues from the neighbouring service.

- o Room 109 – this room, while within the structure of the centre has not been required for use by the residents of the centre. Nursing care such as dressing changes are provided in the comfort and privacy of the residents own bedroom.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All contacts of care are reviewed and all now include the client contribution under the Nursing Home Support Scheme to be charged.
- The designated room number is included in all contracts with the multi-occupancy rooms having the number of other occupants in the bedroom and their bed space number identified. The centre uses an addendum sheet on the contract of care to record that the resident & family have been informed of any changes to their room type/occupancy/bed space number including any updates completed as part of this review.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Any serious injury to a resident that requires immediate medical and/or hospital treatment will be notified to the Office of the Chief Inspector within 3 working days.
- All outstanding notifications have been submitted.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Any informal feedback or comments received at ward level will be attempted to be resolved informally and at local level. • Abbeygale House aims to create an environment where residents are encouraged, enabled and supported to provide feedback about services experienced. We welcome all feedback, including complaints as opportunities to improve the quality of the service provided. Abbeygale House is operated by the HSE, The HSE's formal complaints policy 'Your Service Your Say' is available to all with leaflets displayed on notice boards throughout the hospital. • Complaints are acknowledged within 5 days, investigated and concluded as soon as possible and in any case no later than 30 working days after receipt of the complaint • The complainant will be provided with a written response informing them whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process if they are unhappy with the outcome. • In the event that the timelines set out cannot be complied with a written response will be issued outlining the reason for any delay in complying with the applicable timeline • All complaints will be audited at 6 monthly intervals with feedback and learnings shared with staff. Learnings that may be valuable across centers will be shared at the Waterford-Wexford Community Nursing Units Quality & Patient Safety Committee or indeed the CHO5 Older Persons Services Quality & Safety Executive. • Resident's forum minutes will be reviewed by the Person in Charge and any complaints raised will be logged, investigated, a time bound action plan implemented as required and a formal response issued to the complainant. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A further review has taken place of the privacy screening in the 3-bed bedrooms and a decision has been taken to close the "middle" bed for each of these two bedrooms until a safe and complete solution to privacy screening can be provided. • A review of the waste management and practices in Abbeygale House have taken place and the large capacity wheeled bins have now been removed. A revised policy has been implemented to manage the waste more effectively. A waste storage trolley will now be stored in the utility and this will be used to remove domestic waste to the outside collection area on a daily basis. • Replacement shower doors are being fitted the week of the 25 February 2025 with a completion date of 28th March 2025. 	

- The interior Abbeygale House will be repainted in its entirety this year – we are currently procuring a contractor for same and intend to commence as soon as possible.

Regulation 27: Infection control

Substantially Compliant

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

- A review of storage practice and segregation of clean and used equipment at Abbeygale House has been undertaken to mitigate the risk of cross contamination.
- Storage boxes will be sourced for smaller items that are not in everyday use, all items will be cleaned prior to storage and again prior to use.
- The storage of chairs will be reviewed to establish a more appropriate location with due regard to the preference of residents to have their wheelchairs nearby.
- A review of sharps education and training will be undertaken with all staff to have up to date training by 28/02/2025.
- Monthly sharps audit is in place with any identified areas for improvement to include time bound action plan.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All means of escape are now free from any obstruction and monitored daily with weekly formal checks.
- The bins, trolleys and step ladder are all removed and stored appropriately.
- The hard-lined charger point in the linen room will be removed by our maintenance team by 28/02/2025.
- Four staff with outstanding fire safety training will have same completed by 28/02/2025.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Documentation and care plan education sessions have taken place at ward level - all residents assessment tools will be updated on a monthly basis by the allocated nursing team or more often as/if indicated. • Care plans will be reviewed on a 3 monthly basis or more often as/if indicated • Residents and their families will be involved and consulted with care planning and decisions taking into account the residents will and preference. • All risks identified will have a risk assessment completed and incorporated into their care plan. Notable risks will be included in the daily staff safety pause and handovers. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Any resident assessed as requiring a physiotherapist or any other recommended health professional will have a referral sent to the appropriate professional and access to this service will be provided in a timely manner in consultation with the resident and their family and follow up care will be provided if indicated. • All staff are aware of the referral process. • The resident who had been identified as requiring physiotherapy at inspection has been referred for physiotherapy. Due to the significant waiting list for HSE physiotherapy at present, we are now sourcing a private physiotherapist to provide sessional physiotherapy to this resident. Should any residents be identified as requiring physiotherapy in the future, we will also consider a private referral if warranted due to waiting times. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A resident's questionnaire survey is underway to gather resident's feedback across multiple areas in the centre including personal preference for morning routine/wakeups and activity provision The survey is due for completion on 28/02/2025 – responses will be discussed with the residents and incorporated into their care plan and staff safety pause will be updated to reflect the resident's preferences. • The maintenance team are actively working to provide a suitable table for jigsaw making for an individual resident taking into account the design of his wheelchair. A 	

potential table has been identified and is for trial with the resident the week of 24th February 2025. Should this not be suitable, funding has been approved for the purchase of a suitable table.

- The issue regarding mobile phone coverage has been escalated to HSE Capital and Estates and we are actively working to progress a solution to ensure all residents can make and take phone calls in their own rooms. This will include network and WIFI surveys in order to progress a scope of services to be prepared by the appointed consultant. Subsequent to same; the proposed works can be progressed accordingly.
- In the interim, the centre will trial a modem to enhance the network in the unit and all residents are supported in using the landline telephone as required.
- Earphones have been ordered for the residents in the multi-occupancy rooms to enhance their TV viewing.
- A decision has been made with senior management as an interim measure to close the 3rd bed in the multi-occupancy rooms to implement a safe permanent solution to the privacy arrangements.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Not Compliant	Orange	30/06/2025

	the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2025
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, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	28/02/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	28/02/2025
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	28/02/2025

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/02/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	28/02/2025
Regulation 34(6)(a)	The registered provider shall	Substantially Compliant	Yellow	28/02/2025

	ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	28/02/2025
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	Substantially Compliant	Yellow	30/04/2025

	expertise, access to such treatment.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	28/02/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	28/02/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio,	Substantially Compliant	Yellow	28/02/2025

	television, newspapers and other media.			
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to telephone facilities, which may be accessed privately.	Not Compliant	Orange	31/03/2025