



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	27 October 2023
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0033202

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 64 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The centre premises is on ground floor level throughout. Sufficient communal accommodation is available and includes sitting rooms, a dining room and a visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 27 October 2023	09:00hrs to 17:00hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

This one day inspection was unannounced. During the day the inspector spoke with a number of residents some of whom had lived in the centre for a number of years and some residents who were more recently admitted. There was a welcoming and lively atmosphere with residents going about their daily routines and interacting with staff and with other residents. Residents told the inspector that they were comfortable and well looked after and that staff were " excellent ".

The centre was warm and clean with the original building laid over ground floor and the newer units which were registered in 2023 set out over two floors with a passenger lift between floors. Communal areas were nicely decorated and furnished with comfortable seating and furniture for the residents. Corridor and communal room walls were decorated with art works some of it done by the residents.

Resident bedrooms were single or twin occupancy. There were sufficient toilets including toilets close to the communal areas. There was a sufficient number of showers , however these were not evenly distributed with two showers close together on one corridor and another corridor with twelve residents which did not have a shower. This had been identified on the inspection in January 2023 and the provider had carried out a review of shower facilities with the residents who were accommodated on this corridor. The inspector reviewed the feedback from residents and their families who did not raise any concerns in relation to their shower facilities.

Residents' bedrooms were personalised with their photographs and mementos from home. Residents who spoke with the inspector said that they found their rooms comfortable and that they had enough storage for their personal belongings. However the inspector observed that the layout of twin bedrooms 6 and 9 did not ensure that residents could have their bedside lockers next to their beds if there were two residents occupying the room. Both rooms were single occupancy at the time of the inspection.

There was a notice board outside the main lounge with a list of activities and other information for the residents. There was also an oratory and a quiet lounge overlooking the garden for those residents who preferred a more relaxed environment. Most residents went to the main dining room for their lunch time meal and returned either to their bedroom to rest or to the main lounge to join in with the afternoon activities. An accredited sonas sensory activity was available three days a week for those residents living with dementia. Care staff were allocated to spend time during the afternoon with those residents who spent their day in their own rooms. This was an improvement from the inspection in January 2023.

The inspector observed the residents singing and enjoying the activities in the main lounge throughout the day. Residents told the inspector that there was plenty of activities on offer and that they could choose whether or not to participate or just to

watch and listen to the "craic". Other residents said that they preferred to spend their time quietly either watching television or reading in their bedroom. One resident had resumed their painting activity since their admission and proudly showed their work to the inspector. The resident told the inspector how much their condition and mental health had improved since they had come to live in the centre and described their day to day life before and after their admission.

Residents told the inspector that they felt safe in the centre and that they could talk to staff if they had any concerns. Two residents who spoke with the inspector confirmed that they knew how to make a complaint and were aware of advocacy services they could access if needed.

The inspector observed that interactions between residents and staff were empathetic and respectful. Care staff were observed to ask the resident's permission before commencing care interventions. Residents who were non verbal appeared comfortable in the presence of staff. This was confirmed by residents and their visitors who chatted with the inspector on the day.

The next two sections of this report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance judgements re set out under each regulation.

Capacity and capability

The centre was well managed which ensured continuing improvements in the compliance findings on this inspection. The provider had completed the actions from the previous two inspections in 2023 and all fire safety actions had been completed and signed off by the provider's competent fire safety person.

This was an unannounced inspection to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013. The provider had submitted their application to renew the centre's registration for three years and this The registered provider for the centre is Oakwood Private Nursing Home Limited. One of the two company directors is the provider representative and also works full time as the person in charge in the designated centre. They are a qualified nurse with more than ten years experience in nursing homes. They demonstrated a good awareness of their regulatory roles and responsibilities and facilitated the one day inspection.

The person in charge is supported by a full time administrator who had worked in the centre for more than five years and who made themselves available to provide information and documentation that was required on the day of the inspection. Records were accessible and were well maintained.t The person in charge was also supported by wo clinical nurse managers who have supernumerary hours to carry

out their management role. The supernumerary hours for one clinical nurse manager were set out on the staff roster however the second clinical nurse manager did not have their supernumerary hours set out on the roster. As a result the inspector could not be assured that this manager had the dedicated time to carry out their role.

The staff team comprised of nurses, care staff, an activities coordinator., maintenance staff and housekeeping and catering staff. Staff available on the day was in line with the roster reviewed by the inspector. Staff were clear about their roles and the standards that were expected of them in their work. Staff worked well together and were able to give a good account of individual resident's needs and preferred daily routines. Staff worked well together to provide care and support for residents. The inspector observed that call bells were answered promptly and residents did not have to wait for staff to attend to them. This was validated by those residents who spoke with the inspector and reported that there were enough staff on duty and that they did not have to wait for attention when they rang their call bells.

The provider had ensured that resources were available to complete their fire safety compliance action plan to ensure the safety of residents. Resources had also been made available to improve the general maintenance of the premises which was found to be in a good state of repair on this inspection. Further resources were required to address the layout of two twin bedrooms and these findings are discussed under the quality and safety section of the report.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant staff team. Overall the audit processes were found to be effective however the oversight of care planning had not identified some of the findings of this inspection. These are set out under Regulation 5.

There was a complaints procedure in place which was made available for residents and their representatives. Details of the complaints procedure were available on the resident's information board. The procedure had been updated in line with the changes in the legislation. The provider had identified a complaints manager and a review officer. The policy included information about patient advocacy services. The provider had not received any formal complaints since the last inspection. The informal complaints were recorded and managed by the nursing and care team where possible. Complaints were discussed at team meetings and staff were made aware of any improvements that were required in their areas.

The annual review of 2022 was completed and made available to residents and their representatives. The annual review for 2023 was being completed for quarter four 2023. The review included resident feedback and a quality improvement plan.

Regulation 14: Persons in charge

There is a person in charge who works full time in the centre and is well known to residents and to staff. The person in charge is an experienced registered nurse who meets the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with appropriate knowledge and skills on the day of the inspection to provide care and support for 45 residents. Call bells were answered promptly and residents were not found to be waiting for staff to become available to attend to them.

Residents were provided with a range of activities and entertainment throughout the day and staff were allocated each afternoon to spend time with those residents who either through choice or health needs stayed in their bedrooms on the day.

There were maintenance staff available each day and on call when not in the centre.

The provider was actively recruiting to three additional health care assistant posts to ensure staffing levels were in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. Records showed that staff were up to date with their mandatory training requirements.

New staff were completing induction training which included fire safety, transmission based precautions and safeguarding training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had increased clinical nurse manager supernumerary hours to ensure the two nurse managers had protected time to carry out their management role however the rosters reviewed by the inspector only showed supernumerary hours for one clinical nurse manager.

There were risk management systems in place including fire safety and infection prevention and control and the safe use of equipment. However more diligence was required to ensure that all risks were managed effectively;

- a linen trolley had been left along one corridor blocking access to the fire point and fire extinguishers. This was moved when pointed out to staff.
- a cupboard containing the cleaning chemicals in the newly refurbished cleaner's room was left unlocked and crested risk that residents might access these products. This was locked securely when pointed out to the person in charge.
- the first floor of the new wing was unoccupied at the time of the inspection but the unit was not included in the fire safety checks at the beginning of each shift.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an updated statement of purpose available in the designated centre which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident reports and care records showed that Schedule 4 incidents were notified to the Chief Inspector within the required time frames.

Schedule 4 quarterly reports were submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an accessible and effective complaints procedure in place which clearly set out the process for making a complaint and the review process. The complaints policy was made available for residents and/or their representatives and was referenced in the statement of purpose and in the resident information guide.

The complaints officer and the review officer were named and contact details made available.

The policy included information in relation to advocacy services where a resident needed support to make their complaint or felt that their complaint had not been heard.

A review of the complaints log showed that complaints including informal complaints were being recorded and followed up in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Overall the residents enjoyed good quality care and support from a staff team who knew them well. This helped to ensure care was person centred and that daily routines were flexible. There was a relaxed and welcoming atmosphere in which residents could spend time socialising together or with their families and friends. Residents were found to be comfortable in their lived environment however improvements were still required in some twin bedrooms and in relation to mobility aids in some en suite bathrooms. Furthermore the lack of storage for large items of equipment had not been addressed by the provider.

The provider had completed an extensive schedule of works to improve fire safety in the designated centre since the last inspection. These works had been assessed and signed off by the provider's competent fire safety engineer. In addition the provider had provided ongoing staff training in fire safety and fire evacuation drills and staff were knowledgeable about fire evacuation procedures and the resident's support needs in the event of a fire emergency in the centre.

The provider and the clinical management team had strengthened infection prevention and control procedures in the centre. This included additional staff training and implementing clear policies for floor cleaning and the cleaning of equipment such as wheelchairs and hoists. The provider had also implemented a clear system for reporting and managing multi-drug resistant organisms. The provider had identified a clinical lead for infection prevention and control and this person carried out regular audits and spot checks of staff practices.

The inspector found that there was no hand gel dispenser available close to the sluice room. This was a repeat finding from the inspection in January 2023. The provider had sourced additional clinical handwash sinks in the two new units. These

handwash sinks did not meet the recommended standards for clinical handwash sinks. However since the last inspection the provider had ensured that this equipment was appropriately cleaned and maintained.

Residents reported high levels of satisfaction with their meals and other refreshments. The inspector observed part of the lunch time meal and found that there were sufficient staff available to support residents at meal times. However the lunch time meal routine was quite functional and could be made a more social experience for the residents with small changes such as the introduction of music and table menus to promote conversation and to dress the tables. Furthermore there was a large laundry bag located in a central part of the dining room where staff could dispose of used clothes protectors. This was not covered and used clothes protectors were on view. Residents had a choice at both main meals and could enjoy a variety of snacks and drinks throughout the day.

All residents had an assessment of their needs on admission. Following the assessment care plans were developed with the resident or their representative setting out care needs and the residents preferences for care and support. Care plans also identified resident's self-care abilities to ensure that residents independence was promoted. Improvements were still required in relation to the way that care plans were written and updated to ensure staff had up the correct information to provide safe and appropriate care for the residents.

Residents had good access to their general practitioner and specialist medical services including psychiatry of old age. Specialist health services such as dietitian, speech and language therapy, tissue viability nurses, palliative care and occupational therapy services were made available for residents in line with their needs. The in-house physiotherapist visited twice weekly and saw most of the residents on a regular basis. On the day of the inspection residents were observed taking part in a group exercise session and in one to one exercise schedules with the physiotherapist. Two residents who spoke with the inspector described how these sessions had improved their comfort and mobility.

Overall residents rights were upheld and residents were supported to remain independent and lead their lives as they wished to in the centre. The activities schedule had been reorganised to ensure the residents who spent most of their day in their bedrooms had some quality social time with staff outside of care interventions. The inspector reviewed the staff roster and the daily allocation sheets and spoke with staff who confirmed that two staff were allocated time each afternoon to visit these residents in their rooms and have a chat or provide one to one activities such as hand massage or reading the paper together.

Residents had access to newspapers, radio and television. There was internet available so that residents could keep in touch with family and friends through social media. Resident meetings were held every two months and there was evidence that resident feedback from the meetings was acted on. Residents had access to advocacy services when required.

Residents families and friends were made welcome and were encouraged to be involved in the care and ongoing lives of the residents. The inspector spoke with two visitors who gave very positive feedback about the care and support that their loved ones received in the centre.

Regulation 12: Personal possessions

Bedside lockers were not available beside each bed in two twin rooms. As a result the residents accommodated in these rooms were not able to access their personal belongings when they were in bed or were resting in their chair beside their bed.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of twin bedrooms 6 and 9 did not meet the requirements of Schedule 6 of the regulations. This is a repeat finding from the previous two inspections. These rooms were being used for single occupancy at the time of the inspection.

- Ensure that there was adequate circulation space around each resident's bed for a comfortable chair for each resident to sit out.
- Ensure that the resident in the bed farthest from the window would have access to sufficient natural light if the resident whose bed was located beside the window had their privacy curtains closed.

Grab rails were not in place on both sides of the toilet in some residents' en-suite facilities. This did not promote the independence and safety of residents using these facilities. This is a repeated finding from the last inspection.

Storage was not adequate for large items of equipment. There was a hoist and a large comfort chair stored along one corridor with no alternative dedicated storage available.

The bed pan washer did not have a record of servicing in line with the manufacturer's guidance.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a range of nutritious meals from a seasonal menu. food was freshly cooked on the premises and was served from the main kitchen. Snacks and drinks were served throughout the day.

There were sufficient staff to support residents at meal times.

Residents who had specific nutritional needs had a care plan in place to direct staff on safe and appropriate care. For example residents who needed textured diets or thickened fluids had clear care plans in place and these were communicated to care staff and to the catering team.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that met the requirements of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

There were no hand gel dispensers or hand washbasins close to potentially hazardous areas such as the sluice to support effective hand hygiene practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had completed the fire safety improvement actions from the previous inspection in May 2023 and this ensured that there were adequate checks and precautions in place to ensure residents were protected from the risk of fire.

Staff had received additional training in fire evacuation procedures and regular fire drills were completed to ensure their skills were maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records and found that although residents had a comprehensive assessment of their needs there were some care plans that did not address all of the identified needs;

- One residents did not have a care plan that clearly set out their preferences for end of life care.
- One resident's activity care plan did not reflect their current needs and capacity.
- One resident who had been assessed as having increased risk in relation to their skin integrity did not have a care plan in place to reflect their change in needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and specialist medical health services as required. There was access to specialist services such as speech and language therapy and dietitian. There was access to regular physiotherapy services in house and residents reported improvements in their health and independence since their admission to the centre and ready access to physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had received additional training in relation to the management of 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).

This was evident during the inspection where staff were observed using this skills and knowledge to support residents who became anxious of distressed.

The centre had a clear restraints policy in place. Restraints such as bedrails and lap belts that were in use were implemented following a risk assessment and trialling of alternative methods. The use of restraints was monitored as part of the clinical

governance systems and there was a register kept of all restraints in use in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents accommodated in some twin bedrooms could carry out personal activities in private.

- There was not sufficient space in bedrooms 6 and 9 that when one of the beds was pulled out from the wall to allow for two person care or the use of assistive equipment without encroaching on the other resident's private space. (These rooms were being used for single occupancy at the time of the inspection). This was a repeated finding from previous inspections.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0033202

Date of inspection: 27/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The staff roster has been amended to show dedicated supernumerary hours for 2 Clinical Nurse Managers.</p> <p>The linen trolley has been moved to a different location to prevent blocking access to fire point and fire extinguishers and staff have again been reminded to check that all fire exits are clear of any blockages.</p> <p>The newly refurbished cleaner's room is now kept locked at all times.</p> <p>The first floor of the Area 5 (new wing) is now included in the fire safety checks at the beginning of each morning.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>In the double occupancy rooms, staff ensure that the resident's locker is placed beside their bed when the bed is occupied and it is moved to beside their armchair when they are sitting out in their bedside chair.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The bed pan washer was serviced on 4/12/23 and is scheduled to be serviced on an annual basis moving forwards.</p> <p>Where double rooms are occupied by 2 residents, staff ensure that the resident is assisted in the placement of their chair to a position of their choosing when sitting out to allow ease of movement beside their bed and also allowing easy access in and out of their room.</p> <p>To ensure that the resident in the bed farthest from the window will have increased access to natural light, if the resident whose bed is located beside the window has their privacy curtains closed, the height of the privacy curtain rail is being lowered (not impacting on any resident's privacy) allowing increased light to the inside bed.</p> <p>When double rooms are occupied by 2 people, these residents are independently ambulant.</p> <p>19 additional grab rails have now been purchased and will be fitted by 12th February so every toilet will have sufficient grab rails in all en-suite facilities to promote the residents' independence when using these facilities. Dedicated storage is provided for larger pieces of equipment and staff have been reminded to utilize this space.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Staff wash hand basins are now available in each corridor to support effective hand hygiene practices There is a hand wash basin in the sluice room and a hand gel dispenser wall mounted at the sluice room door.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

All care plans are constantly under review by one of the Clinical Nurse Managers and all Nurses have reviewed their assigned care plans following recent updated training programme on completion of care plans.

It is my instruction to Nursing staff that any identified care requirements on skin integrity are highlighted in the resident's personal care plan. Staff then access this in the skin integrity section of their care where details such as tissue viability specialist reviews and guidance are documented and ongoing assessments, dressings and photographic evidence etc. are recorded in detail and this is not to be duplicated elsewhere in the care plan.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' rights are protected as shown in giving my commitment that bedrooms 6 and 9 will only be used to accommodate 2 independently ambulant residents for a maximum of 28 days, admitted for respite or convalescence care, otherwise, these rooms will only be used for single occupancy as per Condition 4 contained within my registration.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	19/12/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Substantially Compliant	Yellow	12/02/2024

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	12/02/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	19/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	19/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	19/12/2023

	infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	19/12/2023
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.	Substantially Compliant	Yellow	19/12/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	19/12/2023