



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Clonskeagh Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Clonskeagh Road, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000491
Fieldwork ID:	MON-0041902

## About the designated centre

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

Clonskeagh CNU is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 81 long-term care and 9 spaces for respite care. There is also a 16 person day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy.

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

Number of residents on the date of inspection:	82
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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
Wednesday 15 November 2023	09:00hrs to 17:50hrs	Niamh Moore	Lead
Wednesday 15 November 2023	09:00hrs to 17:50hrs	Margo O'Neill	Support

## What residents told us and what inspectors observed

Overall, residents enjoyed a good quality of life within Clonskeagh Community Nursing Unit which was enhanced by staff who promoted meaningful engagement with residents. There was a relaxed and social atmosphere within the centre. Residents generally provided positive feedback regarding life and care in the centre. Comments from residents included that they felt safe in the centre and that the care they received was good. Inspectors observed that staff were aware of residents assessed needs and that residents were comfortable in the company of staff.

Following an introductory meeting with a member of management, inspectors were guided on a tour of the building. The designated centre is located in Clonskeagh, Dublin 6. The centre is laid out across three floors which were divided into four different units: Chestnut, Whitebeam, Maple and Sycamore. Residents' accommodation were located within the individual units in addition to communal spaces which were used as combined day and dining rooms. A Butterfly model of care was in place in the centre and had created a living environment that enhanced the quality of residents' lives. Day spaces were observed to be nicely decorated with appropriate furniture to enhance residents' mobility and independence. These spaces also contained items such as books, televisions, radios and items of memorabilia such as display cabinets containing decorative china for sensory stimulation. On the ground floor within the Willow unit there was no resident accommodation however there was additional communal areas available for resident use which included a large activity room. Residents could access a number of internal gardens through several of the communal rooms which were seen to be well maintained with safe pathways and raised beds for residents to use and plant in the spring and summer months.

The premises was found to be maintained to a good standard with the exception of a small number of areas that were identified as requiring some attention. It was found to be warm and bright. Two rooms were identified as requiring review to ensure that the ventilation was working effectively.

The centre provides accommodation to 90 residents in 65 single, eight twin and three triple-bedded rooms. Inspectors were told that the triple bedrooms had been reduced in occupancy to two and there were two beds in these rooms on the day of the inspection. However trunking remained on the walls where the third bed space was previously located and this area had not been reconfigured for the remaining occupants. Inspectors were told that the registered provider was in the process of creating additional bedroom accommodation for four residents. This work was in progress during the inspection. Inspectors noted that one of these spaces was the designated smoking room, residents now used two designated smoking areas available within the secure gardens however these areas were not seen to be appropriate. Inspectors were told the registered provider had plans to improve these areas.

Resident bedrooms were clean, well maintained and warm. Many residents had personalised their rooms with pictures, plants, blankets and other personal items which gave the room a homely feel. However, inspectors observed suction machines and clinical hand wash basins used by staff in all residents' bedrooms which led to a more medical feel. Each resident had a wall mounted television for entertainment, access to ensuite facilities and all residents had a lockable unit for resident's valuables. There was sufficient wardrobe space for residents located in single occupancy bedrooms however there was limited storage space noted in the multi-occupancy bedrooms for residents' clothing and other personal possessions. Multi-occupancy bedrooms were found to have been reconfigured following the last inspection with new room dividers, which contained built-in storage space installed in May to July 2023. The storage space provided by these new dividers was limited however and inspectors were informed by staff that this was resulting in some resident's families having to take residents clothes home. A relative who spoke with inspectors reported their disappointment with the new dividers as this had reduced the bed space available in the twin rooms and resulted in limited storage for clothes and other personal items. Management spoken with on the day of the inspection stated they were aware that due to the layout, not all bed spaces offered sufficient privacy. Inspectors were told by one relative that it was 'very awkward' when the resident was being assisted 'to get out of bed' due to the limited space available. Staff reported that beds required moving when transferring residents to complete transfers despite ceiling hoists being in place. Inspectors observed that most twin occupancy bedrooms did not contain chairs beside residents' beds.

Mealtimes were observed to take place in day rooms across each unit, some of these areas were quite small and therefore inspectors observed some residents on inappropriate seating with tray tables in front of them. Residents spoken with reported satisfaction with the food provided with comments such as 'food is good' and 'I always enjoy it'. Menus were displayed on tables with a choice seen for the main meal and dessert. Inspectors noted this menu did not display all options available, for example for residents who required a modified consistency diet, for example pureed or soft diet. In addition, the modified diet provided to residents and seen by inspectors was not presented in an appetising manner. Picture menus were available for items such as snacks and drinks available outside meal times. Water was available in residents' bedrooms. There was soft music playing during meal time and assistance was provided when required by allocated staff.

There was independent advocacy services available to residents and this service was displayed on noticeboards throughout the designated centre. Two activity staff worked Monday to Sunday facilitating a programme of recreational and occupational activities for residents. As part of this programme, exercise classes, art and crafts and horticultural club amongst other activities were on offer. Inspectors observed that many residents were up and moving around the centre, attending activities on the ground floor. On the day of inspection a large number of residents attended the horticultural club where residents were potting their own plants and creating Christmas cards with cuttings and festive foliage. The registered provider facilitated quarterly residents meetings to seek feedback on the service from residents.

Residents who spoke to inspectors were complimentary regarding the staff, saying staff were 'very good' and that there was enough staff and that they 'never have to wait for help'. All interactions observed by inspectors between staff and residents were kind and respectful and staff were familiar with and attentive to residents' needs and preferences.

Residents were observed to be receiving visitors with no restrictions throughout the day of the inspection, with visits taking place in resident bedrooms or in the seating areas that were located throughout the centre. Management and staff were observed to be well known to visitors and it was evident that receiving visits from loved ones was an integral part of a resident's day. All visitors who spoke to inspectors reported positively regarding the service and the staff providing their loved ones with care.

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

## Capacity and capability

Inspectors found that there were established management structures in place within Clonskeagh Community Nursing Unit. Inspectors found that residents were supported and encouraged to have a good quality of life. Some improvements were required in the oversight of risk and within management systems in place to ensure that the quality and safety of care provided to residents was safe and consistent, particularly relating to the oversight of the premises, restrictive practices and personal possessions.

This designated centre is operated by the Health Services Executive (HSE). The general manager for Community Healthcare Organisation 6 (CHO6) is the person delegated by the provider with responsibility for senior management oversight of the service.

On the day of the inspection, inspectors found that there was sufficient staffing levels. The person in charge worked full time and was supported in their role by a unit manager, two assistant directors of nursing, eight clinical nurse managers grade II and an advanced nurse practitioner. Staff were allocated per unit with two registered nurses assigned to each unit during the day and one at night. Nursing staff were supported by health care assistants, activity staff, household and catering staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals.

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents.

On the day of inspection, the inspectors found that services were delivered by a well-organised team of management and staff. Key-areas of the quality and safety of the service were regularly reviewed and discussed within oversight and clinical meetings. These included management meetings, health and safety, activity meetings, staff meetings and multidisciplinary team meetings where members of nursing and allied health such as physiotherapy attended. Key agenda items included discussions and reporting on resident welfare, occupancy levels, finance, staffing, contingency plans, quality and patient safety, infection control, falls, safeguarding and complaints. Overall there was a number of comprehensive management systems established, however some further improvements to the management systems in place were required to ensure that adequate precautions were taken against the risk of fire which is further discussed under Regulation 23: Governance and Management.

An annual review of the quality and safety of care delivered to residents had been completed for 2022 in consultation with residents. Pictures of activities that took place each month were included and showcased celebrating key holidays throughout the year and the varied activity programme within the designated centre. This report also developed an action plan for 2023. Areas of focus included infection prevention and control, and to redevelop the advanced nurse practitioner service.

Inspectors followed up on the compliance plan from the last inspection and found that the contract for the provision of services had been updated to ensure they clearly set out the terms and conditions of the resident's residency in the designated centre.

All incidents, as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes.

### Regulation 15: Staffing

The registered provider had ensured the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with regulation 5, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that met the regulatory requirements.



Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the governance and management arrangements to oversee the clinical care within the service, inspectors found that further managerial systems and oversight were required to ensure compliance with all regulations. For example:

- Inspectors found that there were inadequate precautions taken against the risk of fire. For example, the arrangements for residents who smoke were not adequate. The smoking room previously used by residents was no longer available to residents. Residents who smoked had access to an outdoor designated smoking area, however this area had no call bell and the table cloth and furniture in place was not suitable. For example, it contained inappropriate wooden and plastic furniture that posed a potential fire hazard. In addition, the risk assessment referred to controls for the designated smoking room and this new area had not been risk assessed
- while the registered provider had completed reconfiguration of the multi-occupancy bedrooms, this oversight did not account for compliance with all areas required under Regulation 17
- oversight failed to ensure that all residents in the designated centre had access and control over their personal property, possessions and finances. This is further discussed under Regulation 12.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three contracts of care between the resident and the registered provider and saw that they clearly set out the room occupied by the resident and how many other occupants, if any, were reflected.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors found that accidents and incidents, as specified by the regulations, were notified within the required timescales as required.

Judgment: Compliant

## Quality and safety

Overall inspectors found that residents were well cared for and supported to live a good life. Improvements were required in some areas of quality and safety such as the premises, particularly multi-occupancy rooms. Access to personal possessions, information for residents and with implementation of the national restraint policy to ensure residents' safety was promoted and maintained at all times required review.

There was ongoing monitoring of residents' healthcare needs by staff in the centre. The registered provider had arrangements to ensure that residents had appropriate and timely access to medical and other health care professionals. A medical officer was onsite Monday to Friday and two full time physiotherapists worked in the centre. There was timely access to a range of other specialists such as speech and language therapy, tissue viability nursing. There were also links between the centre and a consultant geriatrician based in a local acute hospital and psychiatry of later life.

Inspectors reviewed a sample of assessments and care plans in place to provide clear direction for staff when providing support to residents who displayed responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time. Appropriate observation charts were in place and care plans contained person centred information and direction to ensure staff had clear guidance on the steps to take to support residents with responsive behaviours in the least restrictive, positive and dignified manner.

Inspectors noted that there was ongoing work to reduce the use of restrictive practices in the centre and move towards the national policy *Towards a Restraint Free Environment in Nursing Homes*. This was identified as an area for ongoing attention however. Detail is provided under Regulation 7: Managing behaviour that is challenging.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy and procedure detailed the roles and responsibilities and appropriate steps for staff to take should a concern, allegation or suspicion of abuse arise. Staff had completed safeguarding training and staff who spoke with inspectors were clear about their role in protecting residents from abuse and to report any concerns of abuse. Records of safeguarding investigations completed were provided to inspectors and these were found to be clear and comprehensive. Residents reported that they felt safe in the centre and could bring concerns to staff when required.

There were facilities for occupation and recreation, inspectors observed that group activities occurred as per the activity schedule on display within the centre on the day of the inspection. As part of the Butterfly model of care, life stories had been compiled for each resident and located outside their bedrooms; these informed staff

of residents' life experiences and interests to aid with building rapport, conversation and when providing support.

Residents had access to lockable spaces to store personal possessions within their bedrooms and residents' clothes were laundered on the campus. Inspectors found however that residents accommodated in multi-occupancy bedrooms had insufficient storage for their personal items such as clothes. This is detailed further under Regulation 12: Personal Possessions.

A programme of maintenance and refurbishment was ongoing in the centre and inspectors saw that a number of areas had recently been painted. Inspectors identified however that some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations. For example, inspectors were not assured that the observed design and layout of the multi-occupancy bedrooms within the designated centre afforded each resident a minimum of 7.4 square metres of floor space to include the space occupied by a bed, a chair and personal storage space for each resident. The registered provider stated a review had been complete where they measured bedspaces however in a sample of four residents' bed spaces, these were seen to measure between 6.1 and 6.6 square metres. Inspectors also observed that most bed spaces did not have chairs within them. Inspectors were told that residents' of these rooms had large support chairs and as a result this left very little space within these areas for visitors and staff to carry out duties such as personal care. In addition, due to the configuration of some of the twin rooms, some residents' privacy was compromised. This is further discussed under Regulation 17: Premises.

A resident guide was in place and a copy was provided to inspectors. Some details required under the regulation were not clearly detailed in the booklet. See Regulation 20: information for residents for further detail.

While fire precautions were not reviewed in its entirety, inspectors were not assured that housekeeping practices ensured means of escape were unobstructed. This is further discussed under Regulation 28: Fire Precautions.

## Regulation 12: Personal possessions

Although residents had access to their personal belongings and clothes in their bedrooms, some residents did not have adequate space to store all of their clothing and belongings, for example residents in the shared rooms had smaller wardrobe space. Inspectors were informed that for these residents' family members had to take some residents' clothes home due to the insufficient storage space available. Relatives who spoke to inspectors reported dissatisfaction with the storage space available.

Inspectors identified that there was restricted access to monies held on behalf of residents at weekends. At the time of the inspection, this money could only be accessed Monday to Friday between 9 and 5.

Judgment: Substantially compliant

### Regulation 17: Premises

The following areas required action to ensure they conformed to the matters set out in Schedule 6 of the regulations:

- a sample of multi-occupancy bedrooms were viewed by inspectors and inspectors observed that not all bed spaces provided sufficient space for residents to complete daily activities in private and without impacting on the privacy and dignity of the other resident in the room. Some spaces did not comply with the requirements of 7.4m<sup>2</sup> floor space which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. In addition, privacy screens at some bed spaces were also found to be inadequate, as some screens did not fully extend around the bedspace creating a gap therefore not supporting residents' privacy fully
- inspectors observed inappropriate storage practices throughout the centre; for example; assisted bathrooms were being used to store excess resident equipment, such as hoists, trolleys and high support chairs.
- some items of equipment such as a high support chair, microwaves and fridges required attention to ensure they were maintained in a hygienic manner
- inspectors noted that ventilation required review in a number of areas to ensure it was working effectively. As malodours were found in some areas such as one sluice room and en-suite bathroom
- some areas of wear and tear were noted to paint work throughout and some water damage to a ceiling in one bathroom was noted. One wall in a sluice room was found to be badly damaged and in need of repair.

Judgment: Not compliant

### Regulation 20: Information for residents

The resident guide in respect to the designated centre provided to inspectors did not contain the following information:

- the terms and conditions relating to residence in the designated centre

- the procedure respecting complaints, did not detail the review person or access to advocacy for support with complaints.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical care with a medical officer onsite Monday to Friday to meet resident's needs. A range of other healthcare specialists such as occupational therapists, tissue viability and dietitians were also available on a referral basis.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors found that there was ongoing efforts by staff to move towards a restraint free environment in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes". However inspectors found that this was being impeded due to the lack of availability of less restrictive alternatives. For example; for two residents who had been reviewed by MDT in June 2023, inspectors found that their recommendation for the trialling of lesser restrictive alternatives had not yet occurred as the equipment required was unavailable.

Judgment: Substantially compliant

### Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse, staff had received training in the safeguarding of vulnerable adults and there were records of safeguarding investigations completed and maintained for inspectors to review.

The registered provider acted as a pension agent for 34 residents at the time of the inspection. Inspectors found that there was a clear system in place to manage residents' finances with transparent records maintained.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, resident's rights were upheld within this centre. Residents reported to be happy and feel safe. Interactions observed between residents and staff during the day of inspection were person-centred and respectful.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had failed to make adequate arrangements for means of escape. For example, furniture was placed in corridors and on designated escape routes which may impact these areas used as means of escape. For example, inspectors observed that decorative tables and furniture were located in some stairwells, which were used as a means of escape, presented a trip hazard and potentially affecting the flow of evacuation in the event of a fire emergency.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0041902

Date of inspection: 15/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Smoking shelter is under the process for reconfiguration and the work will be completed by 15/01/2023</p> <p>There is a system in place for residents to request money and the same is kept in a safe on each house/floor for residents to access out of hours. Residents are provided with a bedside locker and key to keep their possessions safe.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: There is a system in place for residents to request money and the same is kept in a safe on each house/floor for 24x7 accessibility. Residents are provided with a bedside locker and key to keep their possessions safe.</p> <p>Multi occupancy rooms and storage space: A full review of multi occupancy rooms up to and including reconfiguration will be carried out to ensure compliance with 7.4m2 for each resident bed space and additional storage. Review will be completed by Friday 16th February 2024 and reconfiguration by 30th June 2024.</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Multi occupancy rooms and storage space: A full review of multi occupancy rooms up to and including reconfiguration will be carried out to ensure compliance with 7.4m2 for each resident bed space and additional storage. Review will be completed by Friday 16th February 2024 and reconfiguration by 30th June 2024.</p> <p>Inappropriate storages: Additional equipment was removed and stored in the storage units to ensure compliance.  Additional Microwaves and fridges have been removed and where present a cleaning system has been implemented.  Ventilation: There is a system in place for servicing of ventilation system and escalation to maintenance department as required.  Painting: This area was identified in health and safety walkabouts and a request has been made under minor capital for 2024(Corridors and communal areas were painted in 2022).</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> <li>• TOR are now included in resident's information booklet.</li> <li>• Details of the review person or access to advocacy for support with complaints have been added to the Information booklet.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
Lesser restrictive alternatives are sourced as per individual assessments and care planning.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Escape routes have been reviewed and items removed.

## 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	30/06/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include	Substantially Compliant	Yellow	03/01/2024

	the procedure respecting complaints, including external complaints processes such as the Ombudsman.			
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	03/01/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/01/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	03/01/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	03/01/2024