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:	TLC City West
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	26 May 2021
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0033129

About the designated centre

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

TLC Centre is a purpose-built nursing home designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence for the more active on either a permanent or temporary basis.
TLC Centre Citywest is ideally located close to the Red Luas line, Citywest Hotel, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital. Citywest is serviced by the 65b, 77a, 77x and 175 bus routes.
The building has four floors and is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided.
There are 83 en-suite single rooms and 28 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	118

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
Wednesday 26 May 2021	08:45hrs to 18:25hrs	Niamh Moore	Lead
Wednesday 26 May 2021	08:45hrs to 18:25hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, the general feedback from residents was one of satisfaction with the care and services provided in the centre. Inspectors observed that residents were relaxed and at ease in the company of staff. Residents told inspectors that the staff were very caring.

Shortly after inspectors arrived at the centres reception area, inspectors were guided by the receptionist through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, a foot bath, hand hygiene and the wearing of a face mask.

Following a short introductory meeting, inspectors completed a walkabout of the premises with a member of the centres' management team and found that the living environment was warm, comfortable and met resident's needs. Inspectors were told that approximately 60-70% of the residents had a known or suspected level of cognitive impairment. Inspectors greeted many of the residents in the centre and spoke in more detail with four residents, in order to establish their experiences of living in TLC City West. During this tour, a large number of residents were seen to be up and were seated or mobilising around in the various communal areas. Some residents were in their pjyamas at this time but throughout the day inspectors saw that residents were dressed for the day.

Communal areas in the centre were clean, well laid out and overall were well-maintained. However some improvements were required with the oversight of cleaning schedules to ensure that good standards of infection prevention and control (IPC) were maintained. This is discussed under Regulation 27.

The centre is a large building set out over five floors. There was a range of large open plan communal spaces. Residents bedrooms were located on the ground, first, second and third floors. Resident's bedrooms were clean and personalised, the majority were single with a small number of twin bedrooms, and all had ensuite facilities. In addition, there was a number of communal bathrooms and one hydrotherapy bathroom. Residents told inspectors that they were happy with their rooms. Inspectors could see that resident's bedrooms were personalised with their personal possessions. One resident had a stop sign on their door and told inspectors this was to stop other residents from entering their room. Inspectors observed staff re-directing residents from bedrooms and stairwell doors on the day of inspection, this was completed in a patient and caring manner.

The layout of the centre supported independence and good orientation. Residents had unrestricted access to a landscaped garden on the lower ground. Residents were seen to be outside enjoying the sunshine. The garden had a smoking shed to protect residents who smoked from bad weather and there was a dementia-friendly area within the garden. Residents were seen to be supported by staff to attend the smoking hut throughout the day. One residents told inspectors that they were

supported to smoke at times of their choice.

Inspectors saw that some sitting rooms were now also used as dining rooms to allow pods of residents to dine safely during the COVID-19 pandemic. Inspectors observed that residents were sitting in the small dining rooms with one health care assistant in the room to serve their meals and provide assistance. Residents confirmed that they enjoyed the meals provided. One resident told inspectors that they felt there should be a longer time between meals with dinner served at 12:30pm and tea served at 16:30pm. Inspectors saw this had been recorded in the centres satisfaction survey and would be addressed within the action plan identified for improvements.

There was two activity staff members working in the centre on the day of inspection. Inspectors were not assured that all residents had access to meaningful recreation and this will be further discussed within this report. Residents were supported to spend time in communal areas throughout the inspection, and that some residents spent time in small groups watching television together. Due to the COVID-19 response, inspectors were told that activities were organised for residents on a floor by floor basis. Each floor had their weekly activity schedule displayed within communal areas. Inspectors saw two planned activities occurring on the day of inspection. A prayer service was facilitated by one of the centres volunteers in the morning for the residents of the first floor. A bingo session was facilitated by an activity coordinator in the afternoon for the ground floor residents. Both activities were well attended by residents and residents told inspectors that they enjoyed themselves.

Inspectors found that residents spent a significant part of their day sitting without occupation in the communal areas close to the nurses station, many residents were seen to be sleeping. While staff were observed chatting with residents at times, staff interaction was observed to be predominantly task oriented throughout the inspection.

The centre was seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures. Inspectors observed that residents could receive visitors throughout the day and that many chose to visit with their visitors in their bedrooms. Inspectors observed that there was a visit occurring in the garden on the day of inspection with a health care assistant available. This staff member told inspectors that they supervise visits in the garden when required. There was also a visitor's booth in one dining room. Inspectors were told that this had facilitated safe visits when face-to-face indoor visits were not permitted during periods of COVID-19 restrictions. Records reviewed also showed that the centre had facilitated a resident go on a drive with a family member following a risk assessment.

Inspectors spent time in communal areas observing interactions and found that staff were respectful of the dignity of residents. Inspectors observed that staff knocked on residents' bedroom doors and ensured they had privacy for all their personal care activities. Staff and residents were observed to engage in a friendly and warm manner. Staff who spoke with inspectors were knowledgeable about residents and

their needs.

Inspectors found that the centre encouraged feedback through surveys and advocacy meetings. The centre completed an annual satisfaction survey with residents and families in February 2021 with a 31% response rate. 95% of respondents reported to be satisfied or very satisfied with the service in the designated centre.

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

Capacity and capability

Overall this was a good centre, where residents could make choices on how they spent their day. The layout of the building provided residents with plenty of space and residents could receive visitors in private. However some improvement was required in relation to care planning, residents possessions, residents' rights and infection control within the centre which will be further discussed within this report.

This inspection was unannounced to monitor compliance with regulations and to follow up on concerns raised through the receipt of unsolicited information which was focused on activity provisions, infection control and residents care.

Cubedale Limited is the registered provider for TLC City West. There was a defined management structure within the designated centre. The provider employed a person in charge, who was supported within their role by a housekeeping manager, human resources and two assistant directors of nursing. The management structure identified specific roles and responsibilities for all areas of care provision within the centre, with oversight from the provider. The management arrangements and staff resources were generally organised to ensure that safe and appropriate care was provided for residents.

The provider was monitoring the quality and safety of the service delivered to residents. This oversight included a range of management monitoring systems in place, such as a comprehensive audit schedule in place which included audits on falls, bedrooms, dining experience, environment, pharmacy and manual handling. The centre also completed an incident analysis each month which identified any trends. Quality improvement plans were developed following audits and inspectors found that the findings from audits with their action plans were reviewed and discussed within governance and quality meetings.

The centre had a COVID-19 contingency and preparedness plan and until recently were holding weekly meetings to outline the centres response to the risks posed by COVID-19. The centre had recently agreed to cease weekly meetings and to

incorporate this agenda item into management meetings within the centre.

The numbers of staff and skill mix on duty was sufficient to meet the assessed clinical needs of the residents. Staff were organised into three different teams to allow for segregation in order to prevent the transmission of COVID-19. Staff from the ground floor and third floor worked as one team, with staff on the first and second floor worked as two individual teams.

Staff confirmed that they were well supervised and supported within their roles. Supplementary training was also offered to staff on medicines management, dementia and responsive behaviours and restrictive practices.

There was a complaints policy and procedure in place which set out the steps to follow should either a resident, family member or stakeholder wish to register a complaint. The policy was advertised in a prominent area and contained information on key areas of the complaint process such as identifying the nominated people assigned to respond to complaints and to oversee the process as well as the independent appeals process.

The annual review of the quality and safety of the service for 2020 was completed. This report detailed what occurred in the centre throughout 2020 and identified learning and improvement initiatives for 2021. The provider had sought feedback on the format of the report from family. However feedback from residents and family had not taken place prior to the annual report being drafted and therefore their viewpoint had not been incorporated. Inspectors saw evidence where communication with family and residents occurred to inform them the report was available for review.

Regulation 15: Staffing

There were sufficient staff resources to meet the assessed clinical needs of residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by inspectors confirmed that a suite of mandatory courses had been completed by staff within the centre. Mandatory training such as safeguarding, moving and handling and fire safety was completed by all staff. Online training in infection prevention and control had been completed by staff including COVID-19 specific training and donning and doffing (putting on and off) of Personal Protective Equipment (PPE).

Staff confirmed to inspectors that they had access to appropriate training and were well supervised to support them in their roles within the centre.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that on the day of inspection, access to physiotherapy was required to ensure the provider met the service aims they described in their statement of purpose. A review was required to ensure activities were provided for all residents throughout the day.

Within the centres incident analysis data, a high level of safeguarding and peer to peer incidents were highlighted. An oversight trend analysis had not been completed to identify the causes and possible solutions in order to protect residents from future incidents.. Inspectors found that improvements were required to ensure audit findings and incidents analysis which were discussed at management meetings had action plans developed to resolve the issues that were being identified.

The annual report did not reflect the information gathered on the residents' and families experiences and feedback regarding the operation and support delivered by the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors reviewed the centres complaints register. From the sample of closed complaints, inspectors found that complaints were investigated. There was a record kept of satisfaction levels from the complainant following the outcome of the investigation. The centre had a number of open complaints that they were reviewing in line with their complaints procedure.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and overall their clinical needs were being met. However,

inspectors identified that there were gaps to good access to health care services and a lack of opportunities for social engagement.

A sample of residents' care plans were reviewed by inspectors. Each included a range of completed validated risk assessments that reflected residents' needs, including those on nutrition, skin integrity, pain, manual handling and falls. These assessments were used to inform the residents' care plans that guided staff on how to effectively support and care for residents. For one resident, there were differences noted in their assessed needs. For example, this resident had three different assessments for their mobility which all differed. This meant that staff had insufficient guidance to support this resident with their assessed mobility needs.

There was evidence of consultation with the residents and, where agreed, with their families in relation to care plans and the plans were regularly reviewed and updated as required. The daily life patterns of residents were recorded to inform care practice.

Residents' temperatures were recorded daily to assist in the active monitoring for signs and symptoms of COVID-19. The service had access to a wide range of medical and health services. Inspectors noted that residents had good access to a general practitioner, mental health and gerontology services. Inspectors were informed that the tissue viability nurse (TVN) services were being provided remotely as the TVN had not yet returned to the centre following the COVID-19 pandemic but plans for their return were in place. On the day of the inspection, the centres' physiotherapist was on an extended leave of absence with no replacement in place. This meant that residents did not have timely access to the service, including those in need of rehabilitation following falls.

The centre had residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive, evidence based and supportive approach was taken in caring for these residents. Each resident had a detailed, person-centred behaviour support care plan in place that clearly identified their support needs and informed prevention and management strategies. There were good systems in place that ensure good governance oversight on the level of use of restraint, such as bedrails, posey alarms and wander bracelets, within the centre.

Inspectors reviewed the care plans of a number of residents who had been involved in safeguarding matters reported to the office of the Chief Inspector. The reviews revealed that residents' well- being and needs had been assessed and responded to effectively following such incidents. Residents confirmed that they felt safe in the centre. The centre was responsible for a small number of resident's finances. There was appropriate documentation available for inspection and evidence of regular auditing of the system was seen.

Residents' rooms were decorated with their personal items. The person in charge ensured that residents had adequate secured and unsecured storage facilities to store their personal possessions and valuables. Residents in multi-occupancy rooms

confirmed they were happy with their rooms and access to storage for their belongings. There was a well organised and efficient laundry system in place. The labelling of residents' clothing was seen to be part of this system. However, inspectors noted that not all items of clothing were labelled and no inventory of residents' clothing was taken on their admission to the centre. A review of a residents' annual satisfaction survey highlighted that some residents had expressed dissatisfaction that their clothing had not been returned to them from the laundry.

Communal areas and residents' bedrooms were seen to be clean. There was hand hygiene alcohol dispensers strategically placed along all corridors and inside the entrance of residents' bedrooms. Inspectors observed that staff followed good hand hygiene practices. There was a colour coded laundry system to minimise the risk of cross infection. However, there were some areas that required review as discussed under regulation 27 Infection prevention and control.

Inspectors observed that there was an absence of activity care plans which detailed the hobbies and interests of residents to enable staff plan care in a way that met the residents' recreational and social needs. Inspectors found that as a result the centre could not provide adequate social stimulation that met resident's needs and interests. Two healthcare assistants told inspectors that they were not involved in completing the activity schedule with residents.

Residents' access to their families and friends was facilitated in line with the latest Health Protection and Surveillance Centre visiting guidance.

There was evidence that resident's views were accessed by various methods such as satisfaction surveys and at resident meetings. Inspectors saw that feedback within these channels had lead to actions plans being developed and to drive improvements within the centre. Arrangements for accessing independent advocacy was advertised in the centre. Inspectors found evidence of referral pathways for residents to this advocacy service.

Regulation 11: Visits

The centres visiting policy had been updated in April 2021 to reflect the latest HPSC COVID-19 guidance information for visits in the designated centre. Inspectors observed outdoor visits occurring in the garden and visits in resident's bedrooms on the day of inspection. Residents told inspectors they were delighted to receive visitors again.

Judgment: Compliant

Regulation 12: Personal possessions

There was secure lockers for residents' valuables and personal possessions. There was an organised laundry system in place, which included the practice of labelling residents' clothing. A sample of clothing reviewed by inspectors showed that not all items were labelled. Some residents had voiced dissatisfaction with the laundry service because items of their clothing had been mislaid.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed a sample of records relating to resident discharges from the designated centre and found that these had been planned for and agreed with the resident, and where appropriate with their family.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place as detailed previously in this report, the inspectors observed that improvement was required in the following areas:

- The hand sanitiser dispensers in three of the centres' sluice rooms were empty
- Floors in two sluice rooms were dirty and littered
- Sluicing and bedpan washer equipment in two sluice rooms were dirty
- Access to a hand hygiene sink in one sluice room was blocked by stored equipment
- There were two sharps boxes for the disposal of used needles open in a first aid/examination room. Neither box was signed or dated as required on opening.
- Toilet roll holders were empty in some shared toilets. Toilet rolls were placed on toilet cisterns – risk of cross contamination.

- The carpet in the basement area was quite worn which prevented proper cleaning.

Staff spoken with were unclear as to who was responsible for completing the cleaning schedules in the sluice rooms. Oversight of cleaning schedules and logs required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive pre-admission assessment was completed with the resident, and where agreed with their family, prior to admission to ensure the centre could meet the residents' care and social needs. Residents' needs were again assessed within 48 hours of admission and these assessments were reviewed at four monthly intervals or as required. Some improvements in assessments were needed as inspectors observed that the assessed needs of one resident on falls, fragility and mobility did not align.

In the sample of all care plans reviewed, inspectors observed that care plans on residents' recreational and activities preferences and needs were not completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to doctors, allied health professionals and to specialist mental health, and gerontology services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a policy dated February 2019 that described the procedures in place to support staff when working with residents who demonstrated behaviours that challenge.

Inspectors reviewed a sample of residents' care records relating to responsive behaviour. Risk assessments were completed, consent had been obtained and there was a monitoring system in place. The documentation and care plans in place were

detailed, person centered and guided safe care.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to protect residents from suffering abuse and to guide staff on how to respond to allegations, disclosures and suspicions of abuse. All staff had received training on identifying and responding to safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

During observations on the day of inspection, inspectors were not assured that all residents had sufficient access to meaningful activity. For two out of four floors, inspectors did not observe any planned activities occurring. Inspectors reviewed records relating to activities and found that residents did not have activity care plans to guide staff on their likes and dislikes. Inspectors reviewed information on resident's attendance at activities and noted that there was minimal recording of attendance at activities for each resident.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for TLC City West OSV-0000692

Inspection ID: MON-0033129

Date of inspection: 26/05/2021

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • From 6th of July 2021, a comprehensive review of safeguarding and peer to peer incidents will be completed and the trends will be discussed at Q & S meeting monthly. • By 30th September 2021, a review of physiotherapy will be conducted across to group to ensure that residents have timely access to reviews at all times. • The report and the satisfaction survey were discussed with the residents at their committee meeting on 8/6/21. (Complete)	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • By 30th of August 2021, a property list will be kept in Epiccare for furniture, money and valuables. • By 30th July 2021, all the personal furniture and valuables will be labelled. • Families have been asked to advise staff if they bring in new clothing so that it can be labelled timely (Complete)	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: • All the cleaning schedule and logs have been reviewed, and the daily cleaning schedule has been revised to ensure that good standards of infection prevention and control (IPC) are maintained. • By 30th July 2021, this procedure will be regularly audited by the housekeeping manager and ADONs/ PIC. (Complete) • Sharp management training has been provided to all the staff. (Complete) • By December 2021, a significant proportion of the carpet in the centre will have been changed to lino. This is a phased project and ongoing.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • By 30th August 2021, Residents recreational and activity preferences will be recorded in psychosocial care plans. This will be audited every three months via KPIs. • Additional sessions of care planning and assessment trainings will be completed by 15th of August 2021. • Staff nurses reminded with regards to appropriate care planning and assessments-compliance and this will be audited three monthly via KPIs (Complete)	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Activities team is recording activities done in team notes as well as nurses. (Commenced on 27th May 2021 and ongoing) • By 30th August 2021, all residents recreational and activities preferences will be recorded in psychosocial care plans. • Residents' council meeting on the 8th of June 2021, residents agreed that they preferred to have bigger group activities in the dining room. This has commenced on 9th June 2021 with due consideration of infection prevention and control precautions.The activities timetable was reviewed to reflect the resident's wishes. Complete.	

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(b)	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 his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/08/2021
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 the statement of purpose.	Substantially Compliant	Yellow	02/06/2021
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	06/07/2021

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	08/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/07/2021
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	Substantially Compliant	Yellow	30/08/2021

	family.			
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	30/08/2021