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:	Aperee Living Belgooly
Name of provider:	Aperee Living Belgooly Ltd
Address of centre:	Belgooly, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0000218
Fieldwork ID:	MON-0039989

About the designated centre

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

Aperee Living Belgooly is a three-storey building with bedroom accommodation for residents on all three floors. The centre is located close to the village of Belgooly on extensive mature grounds. The centre is accessed by a long tree lined avenue. There is a large car park with adequate parking spaces for visitors and staff, that includes parking spaces reserved for disabled users. There are two large secure outdoor spaces, accessible to residents with footpaths for residents to walk around.It was originally a large period house that was converted to a nursing home and later extended. Recent renovations to the pre-existing premises involved the decommissioning of a bedroom and the reduction in the number of residents in shared bedrooms. More recently a new single storey extension has been built that comprises 27 single en suite bedrooms, additional sitting rooms, an extended dining area, a large secure outdoor space and various offices and store rooms. The centre now has the capacity to accommodate 68 residents in 54 single and seven twin bedrooms, all of which will be en suite. Full time nursing care and medical care is delivered by trained staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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 17 May 2023	09:00hrs to 17:30hrs	Mary O'Mahony	Lead
Wednesday 17 May 2023	09:00hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met the majority of the residents during the inspection of Aperee Living Belgooly and spoke to ten residents in more detail. The inspectors also met a number of relatives visiting family members. Overall, whilst the inspectors found that some residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, other residents were not content with meals, staffing levels, and rights. Additionally, inspectors were not satisfied that the overall governance and management of the centre was sufficiently robust and that effective management systems had been implemented to protect residents, particularly in relation to the protection of residents' finances.

The designated centre is located near the village of Riverstick, on the road to Kinsale, set in extensive rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection there were 54 residents living in the centre and there were 14 vacant beds. The centre consisted of an older three-storey period building which had a number of twin and single bedrooms and communal spaces and a new single-storey extension comprised of 27 single en suite bedrooms. The extension also included, additional sitting rooms, an extended dining area, a large secure outdoor space and various offices and store rooms. On the day of the inspection, inspectors saw that the upper floor of the older building was not in use for residents, due to the large number of vacant beds in the centre.

The inspectors saw and were informed by residents that the centre generally provided a homely environment for residents. Similar to previous inspection findings, the inspectors saw that there was a contrast between the old and newer sections of the centre. Inspectors observed that damage from wear and tear, particularly in the older section of the building as also identified on previous inspections, continued to impact negatively on the residents environment. Inspectors observed that some surfaces and finishing were worn and poorly maintained and, as such, did not facilitate effective cleaning. Doors, woodwork and walls required repair and painting. There had been water leaks in a number of rooms leading to staining in the ceiling. Flooring was seen to be ripped in places requiring replacement or repair. Additionally, the inspectors observed that some of the recliner chairs and cushions in use were worn and torn. As well as being unsightly, this impeded effective cleaning. There was a lack of storage space available which resulted in the inappropriate storage of equipment and supplies. For example, hoists were stored in bathrooms, and pads and other care supplies were stored in various rooms, adding a cluttered appearance to certain rooms. Findings in this regard are further discussed under Regulation 17: Premises and Regulation 27: Infection prevention and control.

Throughout the day residents were seen walking around, or being wheeled on wheelchairs, to the dining room and sitting room, if this was required. Inspectors observed that there was a nice, familiar relationship between a number of staff and residents. A number of those residents spoken with said they were happy with the care and the accommodation provided. Others said staff worked very hard but at

times there were not enough of them. Staff appeared hard-working and dedicated to their roles, however, inspectors observed that at times there were not adequate staff available to respond to the needs of residents. Staffing was discussed in greater detail under Regulation 15 and Regulation 16, particularly in relation to staff shortages, identified by information received prior to the inspection, inspectors' observations, and staff and residents' comments throughout the inspection day.

Pictures of residents were seen throughout the centre, and on one wall there was a montage of photographs of groups of residents at various activities and local community outings. Inspectors saw a lively music and exercise activity taking place in the afternoon. Residents who were present at the activity said they really enjoyed it. Residents expressed their satisfaction with the snacks and drinks provided from the tea trolley in the afternoon. A number of residents were observed to sit outside with their visitors enjoying the good weather, and told inspectors they enjoyed free access to the patios and outdoor seating. Some residents told inspectors they preferred to sit in the spacious foyer area from where they could hear the music coming from the sitting room. One resident, who spoke with inspectors, said they liked to sit inside the big picture windows and take in the lovely scenery outside. They said it gave them a feeling of being "in the open air". The resident also enjoyed their meals in this spot, and described being facilitated to play the piano which was available in the foyer. Visitors spoken with said they felt welcomed at each visit.

There were mixed findings in relation to the food provided in the centre, with some residents very happy, and others saying there should be more choice. Similar to findings on previous inspections, inspectors found that the dining experience for residents was not optimal and this could be attributed to issues with staffing levels and supervision, as described in detail under Regulation 15: Staffing, Regulation 16: Staff training and development and Regulation 9: Resident's rights, and throughout this report. Some examples observed by inspectors included a resident served the wrong choice of meal, and one resident was seen drinking their tea from a cereal bowl, as they had not been given a cup on their tray. Additionally at mealtime inspectors saw that one resident was waiting a long time for help to go to the toilet, which was seen to create anxiety in the resident.

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

Inspectors were concerned about the governance and management of the centre especially in areas of residents' finances, and the areas of continued non-compliance, particularly fire safety management and premises issues, which had not been addressed by the provider. Inspectors continued to be very concerned about

the registered provider's ability to safely sustain the business of the centre. This concern was heighten due to poor safeguarding practices by the provider in relation to residents' own money, held by the registered provider.

Following information of concern about residents' finances and staffing levels, inspectors reviewed the procedures in place to ensure residents' funds were safeguarded. The provider was a pension agent for a number of residents and also held residents' finances in a company account. Inspectors were very concerned about the manner in which residents' funds were managed, which raised concerns about safeguarding of residents. Immediate compliance actions were issued to the provider during the inspection, as described under the quality and safety section of this report, in relation to fire safety and to residents finances.

The provider had also failed to address serious fire risks identified during previous inspections. A restrictive condition had already been attached to the registration of the centre in March, to stop admissions until the fire safety works were completed. This condition was put in place to protect the current, and any future residents. At the time of the inspection no substantial fire works had commenced. A further urgent issue was identified to the provider on the day of the inspection in relation to fire-stopping, but this was addressed during the inspection. The significant high risks relating to fire safety were not resolved, and there was no apparent plan in place to address these issues, which are described in detail under Regulation 28: Fire Precautions. Inspectors saw that, despite assurances given by the provider in their compliance plan response to the previous inspection in July 2022, there was also no action taken on the general maintenance and upkeep of the premises since the previous inspection, and areas of the premises remained in a poor state of repair.

Other non-compliances from the previous inspection were also reviewed. Further action was necessary regarding regulations: on infection control, staffing, care planning, health care, nutrition, and residents' rights. These are discussed and addressed in this report under the relevant regulations.

Aperee Living Belgooly is operated by Aperee Living Belgooly Limited, the registered provider. The Chief Inspector is concerned about the registered provider's ability to sustain a safe quality service. There had been ongoing regulatory engagement with the provider, including provider meetings, and cautionary and warning meetings in relation to governance and management and fire safety. As part of the provider's commitment to improve the governance of the centre, the provider had appointed a new Chief Executive Officer in January 2023, however, the inspectors were informed that this person was no longer in the employ of the provider. On site, the management team comprised of the person in charge, a part time Clinical Nurse Manager (CNM), nurses, a care team, a housekeeping team and accounts personnel. In addition, inspectors were informed that a regional manager attended the centre on a weekly basis. Inspectors were concerned, that in the absence of effective governance by the registered provider, there was an over-reliance on the person in charge to manage non-clinical issues, and to provide the governance and leadership for this service. This was of particular concern, as the assistant person in charge (ADON) had not been replaced following resignation, and the person in charge informed inspectors that they had also resigned, and would be leaving the centre in

two days time. The Chief Inspector had not received the regulatory notification of this proposed major change in the governance and management of the centre, as addressed under Regulation 32.

The duty roster was examined and showed that the person in charge worked in a full time capacity. The CNM had increased her hours recently providing managerial support but did not work full time; the person in charge and the CNM operated an on-call rota, to provide support to the service on weekends. Staffing levels were of concern as discussed under Regulation 15, in greater detail. There was continuity of care with some staff having worked in the centre for a long time, and were dedicated to the care of residents. However, a number of staff stated that they felt unsupported, and they felt that the centre was short staffed. They told the inspectors that agency workers were not always employed to replace those staff who were absent on rostered days. This added an additional strain of working in the centre.

The staff training record was up-to-date, indicating that staff had received the required mandatory and appropriate training. However, throughout the day of inspection staff supervision was not sufficient, to provide adequate support and prioritise tasks for resident care. This is discussed under Regulation:16.

Regulation 14: Persons in charge

The person in charge on the day of the inspection fulfilled the requirements of the regulations.

However, they had resigned their post and was due to leave the centre two days following the inspection. There was a lack of clarity as to how the role of person in charge would be filled once they left.

Judgment: Compliant

Regulation 15: Staffing

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

- While the roster indicated that there were sufficient staff on duty in the mornings, inspectors found that when staff numbers reduced in the afternoon and evening the needs of all residents could not be met effectively. On the day of inspection of the 54 residents in the centre over two floors and two separate units, there were 32 residents assessed as having maximum or high dependency levels. This meant that a large number of residents required two

staff to attend to their needs. Additionally assessments of residents' needs did not always accurately reflect the care needs of residents, as addressed under Regulation 5: Care Planning.

- During the day of the inspection it was apparent that staffing was not adequate to meet the needs of residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Episodes of this behaviour were witnessed throughout the afternoon and evening, and staffing levels were not sufficient to meet all the needs being expressed, as addressed under Regulation 7.
- The inadequate staffing levels were also evidenced by observation of residents who waited long periods of time to go to the toilet, while staff were busy supporting those who required help with their meals. Staff informed inspectors that this was a very busy time and they felt they could not provide adequate care to each person.
- Available rosters evidenced some weekend days when those who were absent from work were not replaced. This was confirmed by staff. This put an additional strain on those staff who were working at weekends.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors saw that staff supervision was not sufficient during the inspection.

These were no senior staff supervising meal times, or residents' care, leading to residents' needs not being met in a timely manner, as previously described.

Judgment: Substantially compliant

Regulation 21: Records

The records under schedules 2,3 and 4, were made available to inspectors.

A sample of staff files were reviewed and were found to contain the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The organisational structures in place in the centre were not stable and not clearly

defined. The senior management team had seen a number of changes in the previous months, with further, upcoming, changes advised. The provider, Aperee Living Belgooly Limited, comprised of one director. The availability and access to the director was limited according to staff, and the current lines of authority and accountability were not clearly defined. Issues of serious regulatory concern had not been fully addressed, and additional issues were identified during this inspection, which further evidenced that the management structure in place was not sufficient to provide a safe service.

The person in charge had tendered their resignation and was due to leave the centre two days following the inspection, yet the Chief Inspector was not notified of this proposed absence, or of the arrangements in place for the management of the centre, in the absence of the person in charge.

The systems in place for the management of residents' finances and pension agent arrangements required immediate action to ensure the service provided was safe, appropriate, consistent and effectively monitored. The current systems in place were wholly inadequate, and did not ensure residents were safeguarded from the possibility of financial abuse. Oversight arrangements of finances in the centre did not ensure policies and procedures were in line with national guidance, as evidenced by:

- resident pension arrangements, put in place by the provider, were not in line with national guidance and did not meet their legal requirements
- the system in place to return monies and property to the estates of residents who had passed away, was not robust
- the provider had not identified safeguarding concerns, relating to the use of the resident monies, in the resident account, that had been transferred to other companies.

There were significant concerns about the availability of sufficient resources to ensure the effective delivery of care, in line with the statement of purpose.

- a fire safety risk assessment, carried out by an external assessor in November 2021 had identified fourteen red-rated (requiring urgent action) risks, twelve of which had not been addressed, despite a condition imposed on the centre to stop admissions until the fire works were completed.
- there was a lack of action and investment in relation to premises issues identified on the previous inspections.
- the inspectors were furnished with a substantial creditors list on the day of the inspection, identifying numerous outstanding bills that required payment to continue the safe operation of the centre
- in the event of some staff absence, this person was not always replaced with another staff member.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts were in place for residents.

These contained details of the fees to be charged, the room number to be occupied, and the arrangements for care in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of the policies required to be in place as listed under Schedule 5 of the regulations, were reviewed by inspectors.

The policy in place for the management of residents' personal possessions and finances was not sufficiently robust and did not guide staff in the correct management of residents' finances or pension agent arrangements.

While there was a policy in place in relation to residents' possessions, which made reference to safeguarding residents' finances. It did not include the process for managing pension arrangements in the centre. Policies had not been updated to reference best practice guidelines in this regard.

Judgment: Substantially compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The provider had failed to give the regulatory notice, in writing to the Chief Inspector, of the proposed absence of the person in charge of the centre. This is required where the person in charge is proposed to be absent for a continuous period of 28 days or more.

The person in charge of the centre had informed the provider of their resignation prior to the inspection.

Judgment: Not compliant

Quality and safety

In Aperee Living Belgooly a number of residents expressed their satisfaction with the centre, their accommodation and the care. Nevertheless, another group of residents did not feel fully supported in their choices and their privacy needs and reported sometimes having to wait long periods to get assistance from staff. These concerns were supported by findings on inspection, which are detailed throughout the report. Inspectors found that in general residents' health and social care needs were being met through access to care from a range of health care practitioners, and some opportunities for social engagement. Nonetheless, this inspection found that significant improvements and actions were required in relation to protection, fire safety, premises, infection control, care planning, residents' rights and food and nutrition, in this dimension of the report.

Inspectors were significantly concerned that residents were not protected in the centre, through apparent, poor management practices of their finances. The registered provider was a pension agent for four residents and although residents' monies were paid into a residents' 'client' bank account, this money was not protected for residents' use only. At a meeting with the Chief Inspector on 18 November 2022, the registered provider assured the Chief Inspector, that processes were in place to safeguard residents' finances. However, inspectors found that the provider did not have robust financial systems in place to ensure that residents' finances were protected, and were not used for any purpose other than for, or by, the individual residents. In addition, the provider had not ensured that in the event of a resident passing away, the money held by the company on behalf of the resident, was passed to the estate of the resident. Further assurances were requested from the provider in relation to their management of residents finances.

Inspectors were not assured that the provider was effectively managing known fire safety risks. An immediate compliance action was issued to the provider on fire safety risks. In view of the fire safety concerns identified during this inspection, and the risks identified within the provider's own fire safety risk assessment, the inspectors were not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre, or their safe and effective evacuation, in the event of a fire. There were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under Regulation 28.

Parts of the centre were nicely decorated with good quality curtains, furniture, pictures and ornaments throughout. As found on the previous inspection, there was a significant contrast between the older and newer section of the building, with the majority of premises issues relating to the older section. In the newer section, residents' bedrooms were spacious, and equipped with full en-suite facilities.There were a number of communal rooms available in the centre including, a dining room, sitting rooms, an oratory, a visitors' room and a quiet room. The spacious garden areas were seen to be utilised by residents and their visitors throughout the day, and there was a steady flow of people in and out of the centre which lent a busy, lively air to the place. The spacious hallways were popular with some residents who liked to sit and look out at the scenic views. There were a number of premises issues identified, particularly ongoing maintenance requiring action which are

discussed under Regulation 17.

The general practitioners (GPs) were described as attentive to residents. Quarterly reviews by GPs included a review of residents' medicines and assessment of the suitability of any medicine changes. Residents had access to the tissue viability nurse specialist to support their wound care when required. However, there were aspects of care planning and health care which required review and action, such as, poor access to the dietitian, described under Regulation 5 and Regulation 6 in this report.

Feedback in relation to food was varied but there were some issues to be addressed around the management and supervision of mealtimes, a number of which had been identified on the previous inspection. These were outlined under Regulation 18: Food and nutrition.

Residents were generally consulted about their care needs, and about the overall service being delivered. Some residents said they felt safe in the centre however, they added that they were concerned about staff shortages and not all residents were happy with the level of engagement from staff. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly, and there was a good level of attendance at these. However, residents' comments and records of meetings reviewed indicated that issues raised at these meetings were not always addressed, for example, food preferences, activities, and privacy issues. This issue has been further discussed under Regulation 9, Resident's rights.

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulations: Many of the following are repeat findings from the previous inspections with little or no action taken:

- inspectors observed that there were a number of walls awaiting repainting throughout the centre, where it appeared that test paint pots had been used, and the work was abandoned before completion**.** In a number of areas paint was observed to have peeled off the wall, resulting in the area looking unsightly
- some woodwork, architraves and doors in bedrooms and corridors also looked unsightly as they required painting
- damaged floor covering was found in some rooms, with the torn areas presenting a trip hazard in some bedrooms
- ceiling tiles were stained and damaged in two rooms
- laundry cupboards and the general laundry sink unit was broken and damaged
- rust was present on radiators
- stairs gates were hard to open for residents and required maintenance attention

- storage rooms were not of a sufficient size to store all the assistive equipment and items required for residents, therefore as a consequence, storage rooms were overstocked and items were inappropriately stored in bathrooms
- fabric chairs were stained and some chairs appeared to be in a poor state of repair
- one lift had been decommissioned and the adjacent stair area had a 'do not use' sign. Inspectors were informed that the stairs was actually suitable for use, and this signage was confusing and disorientating for residents and staff, especially in the event of an emergency.

Judgment: Not compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by HIQA. The following infection control concerns were identified and required action:

- Some clinical hand washing sinks did not comply with current best practice guidelines.
- Sluice rooms were not visibly clean.
- Some woodwork and furniture was worn and scuffed which meant that effective cleaning was not possible.
- There was a leaking pipe behind one washing machine which had been wrapped in two white towels to stop the leak.These towels were wet and stained and were an infection control risk.
- A black bag contained soiled clothing was found behind one washing machine. It was not clear how long the bag had been there.
- Bedpan washing machines were being used to wash residents' personal wash basins. This was not appropriate as this machine was designed to deal with human waste material, and there was a high risk of cross contamination with this practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions, and had not ensured that residents were adequately protected from the risk of fire. The risks identified in the centre's own fire safety risk assessment, carried out in November 2021, had not been addressed. A restrictive condition was

placed on the centre on the 16 March 2023 to stop admissions until all fire safety issues were addressed. However, during this inspection, inspectors found that none of these works had commenced, and in fact further deterioration of fire safety was seen.

Inspectors issued an immediate compliance action plan to the registered provider for action to be taken in relation to an attic hatch which had been removed leaving the attic space open, thereby increasing the risk of fire spreading, in the event of a fire breaking out in the upper floor of the building. Assurances were received by the end of the inspection that this had been resolved

Other risks identified included:

- Four bedrooms in the older section of the building presented a risk; these rooms comprised of two sets of twin bedrooms, each accessed via a lobby off the main escape corridor. While there was a fire door to the escape corridor itself from the lobbies, the doors between the lobbies and the bedrooms were not fire doors, and therefore residents were not provided with an adequate protected escape route. This had not been addressed since it had been identified on the previous inspection.

The means of escape were not adequate:

- For example:
  The provision of emergency lighting to the external escape routes was not adequate.

Arrangements for maintaining fire equipment were not adequate:

For example;

- The service inspection reports for the fire detection and alarm system identified deficits which had not been actioned.

As found on the previous inspection, arrangements for the containment of fire were not adequate:

For example:

- Deficiencies were noted to fire doors throughout the centre. The fire doors in the recent extension were found to have large gaps which would not prevent the spread of smoke to the protected escape routes. Doors in the older section were noted to have smoke seals painted over, absent smoke seals and gaps were also noted.
- There was evidence on site that remedial work was required to ensure that a compartment wall in the ceiling cavity was aligned with the compartment wall below it.
- As advised in the fire safety risk assessment, work that required the opening up of areas in the centre was undertaken to determine the fire resistance of elements of construction: however these were not all closed up afterwards to

ensure the continued containment of fire.

Action was required to ensure early warning of, and adequate detection of fire:

- The fire safety risk assessment and fire alarm service records identified that additional detection is required in some areas, including some attics.

Action was required to ensure adequate arrangements were in place to evacuate residents in the event of a fire:

- Evacuation pads were noted within the ground and first floor of the stairway; drill records did not reflect their use and this was confirmed by staff spoken with.
- Personal emergency evacuation plans (PEEPS) were not readily accessible for each resident to aid staff or other individuals in their safe evacuation. These were only available on the electronic system, and in the event of an emergency, such as a fire breaking out, this meant there would be a delay in accessing the pertinent information for residents on each floor.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not formally reviewed and updated within the four month period specified under the regulations: This was particularly evident in relation to end of life care plans and some residents were seen not to have plans in place for end of life care needs.

- A number of end of life plans seen by the inspectors had not been reviewed or updated within the four monthly period set out for the review of care plans. This meant there was a risk that residents' wishes had not been accurately recorded or updated, in the event that a resident changed their mind after a period of settling in the centre, or if their health improved or deteriorated.
- A number of other residents' end of life wishes had not been ascertained and there was no plan in place of how to address this.
- Care plans to manage responsive behaviour were not adequate, as addressed under Regulation 7. In addition, the assessment of the needs of a number of residents required review, as some residents who were mobile but agitated or at risk of elopement, according to their care plans, had been assessed as of medium dependency. This would impact on the staffing levels required to meet the needs of these residents.

Judgment: Substantially compliant

Regulation 6: Health care

Access to additional professional expertise was not facilitated in a timely manner:

In particular, inspectors found there was lack of access and advice from the dietitian, where a resident was at very high risk of malnutrition, and this had been a deteriorating situation over 12 months. There was no evidence that the resident had been referred to a dietitian when this was indicated.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

While behaviour support plans were developed for residents with some interventions to prevent responsive behaviour (how residents with dementia may communicate anxiety or distress caused by triggers in the environment) these were not observed to be effective as observed by inspectors during the inspection. It was not apparent to inspectors that staff had been afforded the updated knowledge and skills to manage this behaviour.

As training was delivered on an on-line forum the effectiveness of this was training was not fully assessed, as regards how it met residents' needs. By way of example, one resident was vocalising loudly during meal times which impacted on all other residents. There was no staff member free to distract or move residents to prevent the escalation of behaviour. In addition, when another resident's needs were not immediately responded to they became increasing anxious and upset. This impacted on other resident who tried to intervene. This episode increased the risk of a fall for the other resident. Additionally, when residents wished to smoke staff were not always free to attend immediately to this. This restriction added to their anxiety and caused them to repeatedly call out to staff who were providing care to other residents. These created an unsettling environment for some residents who also had a diagnosis of dementia.

Throughout the report under Regulation 15, Staffing, Regulation 18, Food and nutrition, and Regulation 9, Resident's rights, the impact of the lack of oversight and supervision of the management of this behaviour was apparent.

Judgment: Not compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents' finances, and the management of pension arrangements in the centre were not in line with residents' rights and protection, as evidenced by the following findings:

During this inspection, inspectors had serious concerns around the overall management of residents' finances, and the management of pension arrangements in the centre which were not in line with residents' rights and protection, and increased the risk of possible financial abuse of residents.

- Aperee Living Belgooly Ltd. managed a residents' 'client' account, to hold money belonging to residents. This account should only be used for the purpose of maintaining residents' monies, receipt of residents' pensions from the department of social welfare, paying their bills and their own personal spending. However, a review of bank statements for this residents' 'client' account showed that a large sum of money was transferred out of this account to another company account in February 2023. This meant that the amount retained in the account since February 2023 was significantly less than the amount of residents' funds that should be in the residents' account. Therefore at these times residents may not have been able to access their money, should they wish to do so for their use and care, and the money appears to have been used to support a separate company.
- Contrary to good practices and assurances given to the Chief Inspector by the provider in November 2022 about the protection of residents' monies, the above findings raise serious concern that Aperee Living Belgooly Ltd., are not appropriately managing money owned by residents of Aperee Living Belgooly, and may be using it for purposes other than for the residents it belongs to.
- Information reviewed during the inspection suggests that Aperee Living Belgooly Ltd, has allowed people who are not employees of Aperee Living Belgooly Ltd the authority to direct the movement of monies from this account, and in so doing have provided access to residents' monies contained in it.

The pension agent arrangements were not sufficiently robust to protect residents,

- Aperee Living Belgooly Ltd has failed to ensure appropriate governance arrangements of residents' monies, in so far as it has failed to ensure that named pension agents were amended, to reflect changing personnel within the designated centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors identified that residents' rights and choices were not being protected in the centre as follows:

- Residents who had monies in the center's account did not always receive statements as to how much of their personal money was in the resident account, and, in addition, residents were not made aware or given the choice in the transfer of their monies to an account outside of the residents' account. This was addressed under Regulation 8: Protection.
- A resident had not been afforded a choice as to their preference of carer.
- Residents had not all been given their choice of food, as addressed under Regulation 18.
- Residents had not been afforded the choice to undertake personal activities in private. For example, three residents told the inspectors that other residents continued to enter their bedrooms during the night, one such occurrence was at 4am. Residents were told to ring the bell when this happened, however, this did not resolve the situation and did not ensure the residents' right to privacy.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors saw that food and drinks were not always properly prepared and served to residents, and that there was not an adequate number of staff available to assist residents.

This was evidenced by:

- a number of residents spoken with did not enjoy their dinner and three residents described both types of meats as "very tough"
- residents told inspectors they did not always get their choice of food at teatime, and inspectors saw this happen on the day of the inspection.
- tables not being set properly, and one resident was seen to not have the basics of a cup and was drinking tea from a cereal bowl
- inspectors saw that there was not an adequate number of staff available to support residents at mealtimes, and generally, the dining experience was not well organised or supervised, leaving residents with meals that went cold whilst they waited assistance from staff.
- residents were not always consulted and given a choice before their meal plates were removed from the table. One resident said "they took away the cups and plates too quickly". Another resident was seen to have their clothes protector removed without their permission. This caused obvious distress to the resident.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 18: Food and nutrition	Not compliant

Compliance Plan for Aperee Living Belgooly OSV-0000218

Inspection ID: MON-0039989

Date of inspection: 17/05/2023

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Aperee Living Belgooly commits to employ an appropriate workforce that has sufficient numbers and skill mix of staff, with the necessary experience and competencies to meet the needs of the residents and which reflect the size, layout and purpose of the centre.

Staffing levels applied will also be considerate of the measure of acuity and dependency of residents to ensure the sensitive care of people with dementia.

To assist the Director of Nursing in the preparation of the staff rota, the RQIA framework will be utilized for determining reasonable and practical ratios of staff to residents in the home. Within this ratio framework there shall be a minimum requirement for a skill mix of 35% registered nurses to 65% care assistants over the 24 hour period.

Subsequent to Inspection a meeting was organised by the new Director of Nursing and Care Team with a view to implementing culture change, roster management/efficiencies and effectiveness, to include flexibility and input of the team. Staff/roster deployment has been reviewed and enhanced numbers in the evening implemented to include two additional HCA's. Adequate staff are now rostered/ available to attend to residents needs and required supports in the afternoons.

The RPR and Director of Nursing will ensure a staffing contingency plan is in place in the event of a shortfall in staffing levels. Absenteeism shifts are generally covered with the centre's internal care team where possible or agency shifts shall be used in exceptional circumstances. It is not, however, always possible to cover all staff absence shifts due to late notification. The Registered Provider is currently identifying any potential gaps between current and future workforce needs and an active recruitment campaign is ongoing.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To support a positive dining environment in the centre, the Director of Nursing shall ensure that an adequate number of staff are available to assist residents who may need help with their meals and after meal assistance is provided to meet hygiene needs of residents in a timely manner.

The dining environment will be supervised by a member of the management team and close collaboration between the resident, nursing team and catering team will be fostered to ensure residents necessities are facilitated.

The dignity and independence of residents shall be fostered at all times.

Subsequent to inspection the RPR, in conjunction with the new Director of Nursing have accessed supervision requirements in the home to ensure positive outcomes and quality services to residents by:

• part time ADON hours increased to a full time supernumerary position
• New CNM recruited – presence and active involvement due to commence July 24th
• Staff will be provided with access to support and advice
• Performance improvement plans to be implemented where required
• Both informal supervision of the day to day practice along with formal one to one meetings with staff where required
• Staff meetings and input held on a more regular basis than previous thus ensuring more effective communication

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

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.

Current Governance and management systems in place is undergoing change/ review to include addition of further Director/s. Management restructure will include a process to

provide robust review arrangements and oversight of the service provided in Aperee Living Belgooly.

The lines of accountability and authority will be clearly defined at individual, team and service level, all staff will be informed of the management structure and facilitated to communicate regularly with management.

The organizational structure will be outlined in the Statement of Purpose.

An NF30A was submitted within 10 working days of the resignation of the Director of Nursing. Pending a recruitment campaign for the position, the service for Aperee Living Belgooly is currently led by one of the Groups Regional Operation Managers. A newly appointed Director of Nursing plans to take up the role pending garda vetting, reference checks and induction completion. Presence and active contribution is expected to begin early July.

Resident pension and deceased funds arrangements in Aperee Living Belgooly are being updated in line with National Guidance and the homes policy for management of personal property, personal finances and possessions by the Provider.

Residents' funds will not be used for any other purpose than the resident's own use, remaining balance less their weekly personal contribution will be safe guarded in a separate client resident account and balances monitored frequently by the Accounts Department. Monthly statements will be provided to each resident.

The Provider shall evaluate its safeguarding practices, its approach to identifying, responding to, managing and learning from safeguarding concerns and the resulting outcomes.

The management of fire safety, and the systems associated with Fire Safety will be enhanced to ensure the service provided is safe. The Registered Provider is committed to ensure all outstanding risks identified in the homes fire safety risk assessment shall be addressed.

As the required works are implemented, The RPR in conjunction with the Director of Nursing shall take steps to mitigate the issues and implement any controls or improvements identified.

A programme of routine maintenance and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings has been implemented and supervised by the new Director of Nursing. In conjunction with this, capital projects will be enhanced in the centre, taking into account priority, health and safety and previous actions identified during inspection.

A list of outstanding creditors payments is maintained, and accompanied by an Aged Creditor Analysis, which details the outstanding invoices and the length of time that they have been outstanding. Payments are prioritised on a monthly basis to include input and consideration from the Director of Nursing and Accounts Department.

The centre ensures a staffing contingency plan is in place in the event of a shortfall in staffing levels. Absenteeism shifts are generally covered with the centre's internal care team where possible or agency shifts shall be used in exceptional circumstances. It is not however always possible to cover all staff absence shifts due to late notification. The Registered Provider is currently identifying any potential gaps between current and future workforce needs and an active recruitment campaign is ongoing.

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policy for management of personal property, personal finances and possessions has been updated in line with National Guidance to include the process for managing pension arrangements in the centre.	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: An NF30A was submitted within 10 working days of the resignation of the Director of Nursing.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Director of Nursing in conjunction with the Maintenance Personnel have developed and implemented a programme of routine maintenance and refurbishing of the physical environment of the home, to include findings in most recent inspection and incorporating painting, fixtures, furnishings and fittings. Progress will be documented and frequently reviewed by the DON.	

The homes physical environment shall be audited in respect of capital refurbishment requirements and findings will be used to inform resource and budgeting requirements.

Any refurbishment projects shall be completed in line with relevant legislation and standards and IPC shall form part of the planning process.

Stairs, with stair gates located at the entrance are not for resident use. Lift is provided for resident ease of access from ground floor to the second floor. This will be clearly marked with signage.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
An audit of all clinical hand wash sinks is currently underway.

The centre endeavours to provide an environment that minimises the opportunity for infection to be transmitted. All areas of the home, including the sluice room shall be kept clean and tidy and well maintained.

Surfaces that are worn or otherwise damaged shall be repaired or replaced.

All staff are receiving repeat education and awareness of infection and control guidelines, including the process for the cleaning of resident wash bowls.

Black bag located behind one washing machine has been removed.

A leaking pipe behind one washing machine has been repaired.

Regulation 28: Fire precautions	Not Compliant

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

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.

The Registered Provider commits and undertakes to complete all outstanding risks identified in the Fire safety risk assessment and current Inspection findings – completion date no later than November 30th.

An evacuation drill will be scheduled to include the use of evacuation pads.

PEEPs have been updated by the new Director of Nursing and are now readily available in the event of evacuation.

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:
An assessment and care plan audit has been completed by the new Director of Nursing and an action plan in place to address all identified areas of non-compliance. The nursing team were also involved in the audit process and individual responsibilities assigned to them.

An up-to-date assessment of need is currently under completion for each resident.

Residents care plans are currently under review and update to clearly describe the priorities of care for each resident in line with their individual preferences and wishes. Where possible residents, or their families on their behalf will be involved in the residents care plan development and subsequent reviews and records will be maintained to include this consultation process.

Staff meetings shall now be scheduled on a frequent basis in order to support change and effective communication and learnings with the nursing team.

Regular audits shall be undertaken to determine compliance to the homes policy and procedure. Results of audits will be presented to the nursing team.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Subsequent to the inspection, the Director of Nursing investigated the management of referrals to allied health professionals to residents. The nursing team advised two

referrals were found in May 2023.

The Director of Nursing is currently implementing a robust system in place to assess and plan for residents health, social and personal needs. Health issues will be identified early through the assessment process. This proactive approach is being adopted and comprehensive monitoring procedures will be implemented in the home to ensure provision of timely interventions for residents with assessed clinical risks such as risk of malnutrition or dehydration.

Where residents will be referred for these services, the results of appointments and recommendations will be written up in the resident's notes and transferred to care plans

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
There is a comprehensive policy and procedure in place for the management of responsive behaviours.

Staff in the centre will be facilitated to attend up to date training in dementia care and managing responsive behaviours. This will support a good level of awareness of the behavioural and psychological symptoms of dementia, including appropriate measures to identify triggers to responsive behaviours and appropriate de-escalation techniques.

The Director of Nursing in conjunction with the nursing team shall ensure that behavioural care plans are based on an analysis of individual resident behaviours using ABC charts and the approach to care will be consistent.

The Director of Nursing has further implemented frequent debriefing sessions with the care team to inform care, careful communications to calm and reassure residents who may become agitated and learnings for the future.

Regular audits shall be undertaken to determine compliance to the homes policy and procedure. Results of audits will be presented to the nursing team.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

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.

Resident pension and deceased funds arrangements in Aperee Living Belgooly are being updated in line with National Guidance and the homes policy for management of personal property, personal finances and possessions by the Provider.

Residents' funds will not be used for any other purpose than the resident's own use, remaining balance less their weekly personal contribution will be safe guarded in a separate client resident account and balances monitored frequently by the Accounts Department. Monthly statements will be provided to each resident.

The Provider shall evaluate its safeguarding practices, its approach to identifying, responding to, managing and learning from safeguarding concerns and the resulting outcomes.

No authority will be granted to resident's funds to people who are not employed by the Registered Provider. All Pension/residents deceased funds will be managed by the Director of Nursing and or Accounts Department.

The administrator is currently engaging with the Department of Social Protection to update the named Pension Agent from the previous name of the nursing home (Cramer's Court) to Aperee Living Belgooly.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' funds will not be used for any other purpose than the resident's own use, remaining balance less their weekly personal contribution will be safe guarded in a separate client resident account and balances monitored frequently by the Accounts Department. Monthly statements will be provided to each resident.

Resident choice of their preference of carer, will be facilitated when possible, taking into consideration all residents preferences and overall requirements.

All residents will be provided with a choice of meals at mealtimes. These choices shall be consistent with their condition and care.

Residents who display a behavior that challenges such as wandering are monitored closely to minimize the interruption of others personal space in as far as is practically

possible without infringing on the persons rights and free will.

The door to the resident's private accommodation is fitted with locks suited to each residents' capabilities so that the resident is able to secure his/her own personal accommodation.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
In consultation with the head chef all residents will be provided with a choice of meals at mealtimes. These choices shall be consistent with their condition and care.

Menus will vary regularly and shall take into account the feedback received from recently completed Food Satisfaction Survey by residents.
Food, including modified consistency diets, will be presented in a manner which is attractive and appealing in terms of flavour, texture and appearance.

The catering team will ensure the dining room tables are set appropriately and the ambience of the dining area will be conducive for eating.

Independent dining shall be encouraged within the centre, however, the resident shall be supported as demanded by the residents needs. Assistance shall be offered by staff discreetly, sensitively and on an individual basis where required.

The dining environment will be supervised by a member of the management team and close collaboration between the resident, nursing team and catering team will be fostered to ensure residents necessities are facilitated.

Meals shall be unhurried social occasions and staff will be encouraged to participate in and view mealtimes as an opportunity to communicate, engage and interact with residents.

Regular audits shall be undertaken to determine compliance to the homes policy and procedure. Results of audits will be presented to the nursing team.

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	25/05/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(2)	The registered	Not Compliant	Orange	31/12/2023

	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.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	19/06/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	19/06/2023
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	19/06/2023
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.	Not Compliant	Orange	31/12/2023

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.	Not Compliant	Orange	31/12/2023
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.	Not Compliant	Orange	31/12/2023
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	04/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Not Compliant	Orange	31/12/2023

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	19/06/2023
Regulation 5(1)	The registered provider shall, in	Substantially Compliant	Yellow	30/09/2023

	so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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	30/09/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	03/07/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour	Not Compliant	Orange	31/07/2023

	that is challenging.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/06/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	30/06/2023