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:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Announced
Date of inspection:	19 November 2024
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0039659

About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents. The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centered care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 November 2024	08:45hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 19 November 2024	08:45hrs to 16:30hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

Overall, the inspectors found that there was a happy and upbeat atmosphere in the centre and this was reflected in the residents' relaxed and content dispositions. All residents living in Brentwood Manor nursing home were living with dementia and other health conditions that impacted on their cognitive welbeing. Staff were observed to be perceptive to residents' needs and responded without delay to their needs for assistance and support. Staff were observed to be respectful, kind and patient in their interactions with individual residents. It was evident that residents trusted staff and were comfortable in their company. Feedback from residents who spoke with the inspectors was positive regarding the service they received and the support and care provided to them by staff.

As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Ten questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was mostly positive and most residents confirmed they were content, felt safe, were well cared for in the centre and generally happy with the service they received. However, one resident said they were missing their friends, neighbours and their home in the community. The inspectors discussed this residents' feedback with the management team and were assured that they were already aware of this resident's experience and were supporting them with transitioning from living in the community to living in the nursing home. A number of residents reported that they would like more access to voluntary groups and events in the local community. The management team advised the inspectors that increased access for residents to the local community was planned with the commencement of a second activity coordinator in January 2025. Additionally in their feedback residents expressed their satisfaction with the quality and choice of food provided for them.

On arrival to the centre, the inspectors met with the person in charge and members of the management team. Following an introductory meeting, inspectors were accompanied on a walk around the centre. This gave the inspectors opportunity to meet with residents and staff, observe practices and to gain insight into the residents' experiences of living in the designated centre. The inspectors observed that residents were going about their day with purpose and as they wished. Staff mingled among them providing them with gentle assistance and encouragement as necessary and it was evident that residents and staff were comfortable in each others company

The inspectors spent periods of time in the communal areas throughout the day. While, some residents preferred to walk along the corridors or spending short periods of time in either of the two sitting rooms, including one resident who was being supported by a staff member on a one-to-one basis, most of the residents rested in the rooms. The inspectors observed that many of the residents in the sitting rooms participated in the games and other activities facilitated by the activity coordinator and care staff during the morning of the inspection. However, there

were a number of residents in the sitting rooms who were not participating in the social activities taking place and were not provided with opportunity or supported to participate in alternative activities that suited their needs. These residents were observed to be sleeping or sitting quietly watching other participating in the activities. A live music event was facilitated for residents in the afternoon and most of the residents attended this event in the dining room area. A number of residents were observed singing along and other danced with staff.

Brentwood Manor nursing home is a single-storey building with residents' accommodation on ground floor level throughout arranged in five units called Elm, Oak, Birch Ash and Rowan units. There were no restrictions on residents moving around the centre environment as they wished. Residents' bedroom accommodation comprised of 36 single rooms and 10 twin bedrooms, all of which had en-suite shower, toilet and wash basin facilities. There was a variety of communal rooms provided for residents' use including a large dining room, sitting rooms, three of which were quieter sitting rooms without televisions and a sensory room. There was access as residents wished to one of two enclosed outdoor areas from the quiet sitting rooms. The second outdoor area was accessible from the main circulating corridors

Residents' communal environment was observed to be clean, well-maintained, free of any clutter, bright and spacious. Items of memorabilia, tactile flowers and butterflies, large colorful prints and furnishings familiar to residents were used to decorate the residents' environment. Activity boards were also fitted on the walls along the corridors. This gave residents visual variety and points of interest in their lived environment as they walked along the corridors.

Many of the residents' bedrooms were personalised as they wished with their family photographs and other personal possessions including soft toys and colourful throws on their beds. Residents had adequate storage space for their clothes and personal possessions on the day of this inspection. However, the inspectors observed that residents' wardrobes in the twin bedrooms were half the size of the residents' wardrobes in the single bedrooms and this limited the storage space available to residents in twin bedrooms for their clothes. In addition the layout of a number of twin bedrooms did not meet the needs of the residents living in them and did not ensure their privacy and rights could be upheld. These findings are discussed under the relevant regulations in the Quality and Safety section of the report.

The inspectors spent some time in the dining room and observed that residents looked forward to their meals and enjoyed this social occasion. The inspectors observed that the lunch time menu for the day offered a selection of main dishes. Additionally, the menu offered a variety of desserts. Residents' meals were well presented and were plated in the dining room. Residents' mealtimes were unhurried and were well organised. Some residents liked to sit together and this was facilitated. There was sufficient staff available to support and assist residents with eating their meals as necessary. Residents told the inspectors that 'the food is delicious', was 'excellent' and there was always a choice of food available to them in the centre.

The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grabrails were in place on both sides of the toilets and handrails were available in communal showers. The inspectors observed that there were adequate communal toilets provided within close proximity to the communal rooms to meet residents' needs.

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

This inspection found that overall the centre was well managed however more focus and effort are now required to ensure that resources are made available to address the findings from previous inspections in relation to a number of twin bedrooms in the centre. In addition improvements were required in the oversight of incidents in particular those incidents relating to responsive behaviours to protect all residents. The inspectors findings are discussed further in the quality and safety section of this report

This announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on the actions the provider had committed to take following the previous inspection, statutory notifications received and unsolicited information received since the last inspection. The inspectors' findings are discussed throughout this report.

The provider states in their statement of purpose that Brentwood Manor nursing home is a dementia specific nursing home and the majority of residents living in the centre on the day of this inspection had dementia. While other residents admitted for long-term care with acquired brain injuries and mental health disorders were living in the centre, the number of residents in the centre aged under 65years had been reduced since the last inspection.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Brentwood Manor nursing home. The provider's chief operating officer (COO) was assigned to represent them and attended the inspection feedback meeting. As the provider is involved in operating several residential services for older people, this designated centre benefits from access to and support from centralised human resources, information technology, staff training and finance departments.

The person in charge has been in the role since September 2023 and meets regulatory requirements. The person in charge had support from a regional manager and an associate manager. Local management support for the person in charge was provided by an assistant director of nursing and a clinical nurse manager who assisted with auditing and staff supervision. The assistant director of nursing is also

supernumerary to the staff team caring for residents on a daily basis and deputises for the PIC when they are absent from the designated centre..

The provider had a range of quality assurance processes in place, including audits and resident/family surveys on the service. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant members of the staff team. Overall, the audit processes were effective, however, trending of information collected from the provider's incident reporting processes was not progressed in line with the provider's own policies and procedures for risk management and safeguarding residents and as such these risks had not been effectively followed up. The inspectors' findings are discussed under Regulation 23: Governance and Management.

There was adequate numbers of appropriately skilled staff working in the centre on a daily basis to meet the increased care and support needs of residents in the centre.

All staff were facilitated to attend up-to-date mandatory training which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that all staff working in the centre were facilitated to attend professional development training including training on care and support of residents with responsive behaviours and human rights to update their knowledge and skills to competently meet residents' care and support needs.

Inspectors found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, as required by the regulations.

The inspectors found that the provider had implemented a system for managing residents' finances, with clear oversight arrangements established to ensure the safeguarding of residents' finances. A system was in place to ensure that all staff members were appropriately vetted prior to commencing their employment at this centre.

Records were maintained as required by the regulations and resident and staff records were stored securely in the centre.

An annual review of the quality and safety of care had been completed from 2023 and residents' feedback was used to inform this review.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the care and social needs of the residents including residents with cognitive impairment and residents who chose not to attend the social activities taking place in the sitting room. Recruitment of additional staff was at an advanced

stage and a new member of staff with responsibility for coordinating residents' social activities was scheduled to commence employment in January 2025.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' care and support needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to provide adequate resources to ensure that the compliance plan they submitted following the last inspection was effective. This plan committed to reviewing and reconfiguring the layout of a number of twin bedrooms to ensure they met the residents' needs and upheld their rights to privacy and dignity in accordance with the provider's statement of purpose. This finding is repeated from the previous inspections.

Some risks were not appropriately managed in the centre and this was impacting on residents' safety, quality of life and wellbeing as follows;

- Risk posed by residents who displayed high levels of responsive behaviours were not well managed which was impacting on the safety and comfort of other residents in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose available that contained all information as set out under Schedule 1 of the regulations. The centre's statement of purpose document described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's risk management policy was not being consistently implemented in relation to the analysis of information gathered through the provider's incident reporting procedures.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge commenced in this role in September 2023. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents' health and nursing care needs were being met to a satisfactory standard. Staff knew residents well and residents' daily routines reflected their individual preferences. However improvements were required in relation to supporting those residents who displayed high levels of responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The provider maintained a restraint risk register, and a restraint log which recorded all restraints, such as a small number of bed rails in use to support residents' safety. The records showed that these restraints were closely monitored.

The provider had reported a high volume of safeguarding incidents occurring in the centre. The inspectors reviewed a sample of the documentation regarding these incidents, and the records indicated that individual incidents were adequately managed and appropriate referrals were made in a timely manner. However, the inspectors were not assured that the provider had adequately reviewed and put systems in place to effectively manage the increased incidence of peer-to-peer incidents and the associated risks posed to residents.

The designated centre is a single storey centre which was purpose built and well laid out to meet the needs of residents. Although, the provider had made improvements to the residents' lived environment including revision of the layout of many of the twin bedrooms, the layout and space available in these bedrooms did not provide assurances that residents' rights and privacy needs could be met. The inspectors' findings are repeated from the last inspection and are discussed under Regulations 9: Residents' Rights, Regulation 12: Personal Possessions and Regulation 17: Premises.

Residents were provided with good standards of nursing care and had access to timely health care from their general practitioner (GP) who attended the centre as necessary. Residents had access to community palliative care services and allied health professional services on a referral basis. However, there was evidence of delay in referring residents with high levels of responsive behaviours for review by psychiatric services. For the most part, residents were provided with satisfactory standards of clinical care to meet their needs. A review of residents' care documentation found that further detail was required in residents' behaviour support care plans to inform their care and support needs.

A varied social activity programme was facilitated to meet residents' needs and the majority of residents were supported to participate in meaningful social activities that interested them and were in line with their individual capacities. However, the social needs of a number of residents who did not wish to, or were unable to participate in group activities in the sitting rooms were not adequately supported.

The day-to-day management of fire safety precautions was effective. Regular fire safety checking procedures and servicing of fire safety equipment were in place to ensure residents' safety. However, the evacuation strategy practiced by staff as

referenced in residents' personal evacuation plans and simulated emergency evacuation drills did not take account of calling the emergency services and supervision of residents post evacuation.

The provider had measures in place to protect residents from risk of infection. Procedures were in place to mitigate risk of transmission of antibiotic resistant bacteria infections in the centre.

Residents who had difficulty communicating were adequately supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet with their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in twin bedrooms did not have a suitable surface or shelf to display their personal photographs in their bedrooms if they chose to do so. For example, while residents in the beds closest to the window were using the window ledges as a surface to place their photographs on, the other resident in the bedroom did not have a suitable shelf space available to them.

Judgment: Substantially compliant

Regulation 17: Premises

Actions by the provider were necessary to ensure that the layout and design of a number of twin bedrooms met the needs of residents in accordance with the centre's statement of purpose. This was evidenced by the following findings and is repeated from previous inspections;

- There was limited circulation space between the beds in some twin bedrooms and in other twin bedrooms, one side of one bed was placed against an adjacent wall which meant that the twin bedrooms were not laid out in a way that facilitated residents who needed to use assistive equipment to safely manoeuvre assistive equipment around their bed and to rest in a comfortable chair by their bedside without disturbing the resident in the bed next to them. Furthermore, limited space between the residents' beds and their screen curtains did not give assurances that residents' needs for privacy and dignity during personal care and transfer procedures would be respected .

Judgment: Not compliant

Regulation 26: Risk management

A up-to-date risk management policy was available to staff and included the required information and controls to manage the risks specified by regulation 26 (1). The policy information provided guidance for staff with recording, risk assessment, review, effective resolution and implementation of controls to prevent recurrence.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from risk of infection. The centre environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of.

Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as follows;

- The personal emergency evacuation plans for residents with dementia and significant cognitive decline did not clearly reference their needs for supervision by staff to ensure their safety in the event of an emergency evacuation.
- The simulated fire evacuation drill information reviewed by the inspectors did not reference that the following procedures were considered and addressed;
    - the compartment being evacuated and the area of safety that the residents were evacuated to during the simulated fire drill.
    - calling the emergency services was not consistently referenced as being part of the procedure completed by staff.
    - assurances regarding residents' supervision by staff post their evacuation was not included in the record of the drill and as such the inspectors were not assured that this aspect of the evacuation procedure had been considered.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the significant improvements made in residents' care documentation, further actions were necessary to ensure the care and support needs of residents who experienced responsive behaviours were effectively communicated to all staff. The inspector found that;

- A number of residents' behaviour support care plans did not comprehensively detail the individual resident's responsive behaviours, triggers to the behaviours and the effective person-centred de-escalation strategies that staff should deliver. As a result staff were not adequately informed about the interventions that they needed to take to support these residents if they became anxious or agitated.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that the provider failed to re-refer two residents to a specialist health care team in a timely manner, which was inconsistent with the established safeguarding and responsive behaviours management care plans. This delay had hindered resident's access to specialist professional expertise for a review of their treatment needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspectors were not assured that the staff had sufficient knowledge and skills to manage and support residents who displayed responsive behaviours. For example, appropriate assessments had not been carried out for three residents when their responsive behaviours had escalated, and staff had failed to consider the causative and influencing factors for these residents' responsive behaviours and introduce appropriate support and care interventions. Furthermore these behaviours were impacting on the comfort and safety of other residents.

Judgment: Not compliant

Regulation 8: Protection

The provider had not taken sufficient measures to protect residents from abuse. For example:

- While the provider had taken steps to analyse trends in safeguarding incidents that occurred in the centre, the records showed that they had failed to examine critical information, such as the number and the impacts of escalating responsive behaviours of some residents on the other residents including the contributing factors to such behaviours such as social interventions and activities provided for these residents with known high levels of responsive behaviours.
- Furthermore the provider had failed to review their own admission procedures and referrals procedures to the wider health and social care teams to ensure there were processes in place to support these residents and better protect other residents who may be impacted by these behaviours. As a result, the provider's safeguarding systems were not sufficient to ensure protection for residents from peer-to-peer abuse.

- Additionally, the inspectors found that safeguarding care plans that were in place for two residents had not been fully implemented by staff.

Judgment: Not compliant

Regulation 9: Residents' rights

Not all residents had access to meaningful activities in line with their preferences and capacities. For example, the inspectors were not assured that those residents who were not able to enjoy large group activities/entertainments without one-to-one support from staff had adequate access to appropriate social activities to meet their needs. This was validated by the inspectors' observations, residents' feedback in two pre-inspection questionnaires and a review of the records of the social activities attended by two residents which showed that these residents did not have access to suitable social activities in line with their preferences and capacities for several day prior to the inspection. This is a repeated finding from a previous inspection.

The location of the beds and the bed screen curtains in the twin bedroom did not allow for ease of access by staff to both sides of the beds to carry out care personal care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0039659

Date of inspection: 19/11/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: By 30th March 2025, all twin rooms will be reviewed and upgraded to ensure that all residents occupying twin rooms currently have equal access to shelving and/or furniture for appropriate storage of their personal possessions, in line with their personal preferences. From 1st March 2025, the storage requirements of individual residents accommodated in twin rooms will be kept under review quarterly by the person in charge through documented discussions with each resident and/or their nominated representative, as appropriate. The regional director will oversee that these discussions take place and that actions agreed, in line with residents' will and preference, are addressed in a timely manner. By 30th March 2025, a further comprehensive review of the layout of and furniture contained in all twin rooms will be completed to ensure that privacy and dignity of all residents currently accommodated in these rooms is upheld. Following the review above, by 30th June 2025, room allocation procedures will be reviewed and updated to reflect the home's policy to ensure residents' mobility needs can be met and that their right to privacy and dignity can be upheld in twin bedrooms, in line with our Statement of Purpose. From 1st July 2025, the Person in Charge will complete a quarterly review of resident needs in the twin rooms specifically. This documented review will ensure that residents' mobility needs are met safely, that personal care needs can be met, that they are not disturbed by other residents and that their space is adequate to ensure that their privacy and dignity is maintained, in line with their will and preference and changing health needs. By 30th March 2025, a comprehensive review of the current risk posed by responsive behaviour in the home will be completed. This will involve reviewing the health and social care needs of current residents displaying responsive behavaiours; safeguarding plans for those impacted by responsive behaviour and also ensuring that all assessed needs are being met appropriately by staff in the home as well as reviewing the availability of	

external resources to suppport these residents.
From 1st March 2025, monthly oversight will be provided by the regional director to ensure that all incidents of responsive behaviour are reviewed, which includes identifying trends, appropriate identification of control measures required to reduce risk of reoccurrence and risk to other residents and the need for referrals to external teams for supports. This monthly review will also include oversight to ensure recommendations from external specialists are implemented in full and evaluated to ensure that resident needs are appropriately met and all residents are appropriately safeguarded against risk. The monthly review will also evaluate whether safeguarding care plans are delivered by staff as set out and will introduce action plans to address any non compliances identified.

By the 28th Feb 2025 a full analysis will be completed in relation to the training needs and staff qualifications in place for all staff to ensure that the home have supports required to appropriately meet the needs of residents, specifically those with complex health and/or social care issues identified.

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.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
From 1st March 2025, monthly oversight will be provided by the regional director to ensure that all incidents of responsive behaviour are reviewed, which includes identifying trends, appropriate identification of control measures required to reduce risk of reoccurrence and risk to other residents and the need for referrals to external teams for supports, in line with the home's policies. This monthly review will also include oversight to ensure recommendations from external specialists are implemented in full and evaluated to ensure that resident needs are appropriately met and all residents are appropriately safeguarded against risk, as per our agreed policies. The monthly review will also evaluate whether safeguarding care plans are delivered by staff as set out and will introduce action plans to address any non-compliances identified and to further reduce risk and improve quality of life for residents.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
By 30th March 2025, all twin rooms will be reviewed and upgraded to ensure that all residents occupying twin rooms currently have equal access to shelving and/or furniture for appropriate storage of their personal possessions, in line with their personal preferences.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By 30th March 2025, all twin rooms will be reviewed and upgraded to ensure that all residents occupying twin rooms currently have equal access to shelving and/or furniture for appropriate storage of their personal possessions, in line with their personal preferences.
From 1st March 2025, the storage requirements of individual residents accommodated in twin rooms will be kept under review quarterly by the person in charge through documented discussions with each resident and/or their nominated representative, as appropriate. The regional director will oversee that these discussions take place and that actions agreed, in line with residents' will and preference, are addressed in a timely manner.
By 30th March 2025, a further comprehensive review of the layout of and furniture contained in all twin rooms will be completed to ensure that privacy and dignity of all residents currently accommodated in these rooms is upheld.
Following the review above, by 30th June 2025, room allocation procedures will be reviewed and updated to reflect the home's policy to ensure residents' mobility needs can be met and that their right to privacy and dignity can be upheld in twin bedrooms, in line with our Statement of Purpose.
From 1st July 2025, the Person in Charge will complete a quarterly review of resident needs in the twin rooms specifically. This documented review will ensure that residents' mobility needs are met safely, that personal care needs can be met, that they are not disturbed by other residents and that their space is adequate to ensure that their privacy and dignity is maintained, in line with their will and preference and changing health needs.

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.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
By the 28th February 2025, all Personal Emergency Evacuation Plans will be reviewed to ensure they guide staff by specifying resident supervision requirements between compartment evacuations as well as the supervision needed once the resident is evacuated outside the building.

The personal emergency evacuation plans for residents with dementia and significant cognitive decline have been reviewed and updated to ensure they identify each individual residents' needs for supervision by staff during and post their evacuation- complete

Staff refresher sessions will be complete by 28th February 2025, to ensure that they are fully aware of each individual residents' evacuation needs and also the appropriate action to take in the event of a potential evacuation of the centre. This includes, calling fire services, supervision of residents inside and outside the building (during and after the evacuation) and understanding of the compartment staff are evacuating from and to.

The simulated fire evacuation drill report template has been reviewed and will now include information on;
o The compartment being evacuated and the area of safety that the residents were evacuated to during the simulated fire drill.
o the supervision arrangements once evacuated
o the practice of calling the emergency services- complete

From 1st March 2025, the regional director will review monthly, each fire drill report, to ensure that the above information is recorded and that evacuation drills are carried out frequently and comprehensively to guide staff in their response to safely and competently respond to a potential evacuation scenario.

From 1st March 2025, the Person in Charge will complete a monthly review of the action plan for improvement following each drill to ensure implementation is ongoing and to ensure that PEEPs are maintained up to date for each individual resident, in line with their changing needs.

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 the 28th February 2025, all care plans will be reviewed and updated to ensure that they are comprehensive in relation to the triggers for responsive behavior and include de-escalation strategies to guide staff appropriately when a resident becomes anxious or

agitated.

From 1st March 2025, the regional director will oversee a monthly review of all care plans. This analysis will be reviewed at the monthly clinical governance meetings to ensure that care plans are up to date and meet the assessed needs of the resident. The monthly review will also evaluate specifically whether responsive behavior and safeguarding care plans are delivered by staff as set out and will introduce action plans to address any non compliances identified.

From 1st January 2025, care plans will be subject to at least 2 regional director audit reviews per year in addition to local care plans audits and monthly clinical governance reviews. These regional director audits will provide additional oversight to ensure that the care plans for residents are reflective of current assessed needs and that they are regularly reviewed and updated with MDT recommendations.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
From the 9/1/2025 all relevant residents will be re-referred to a specialist health care team in the event of new responsive behaviours or incidents which are deemed to require further support to ensure safeguarding of all residents.

From 1st March 2025, the regional director will oversee a monthly review of all care plans. This analysis will be reviewed at the monthly clinical governance meetings to ensure that care plans are up to date and meet the assessed needs of the resident. The monthly review will also evaluate specifically whether responsive behaviour and safeguarding care plans are delivered by staff as set out, will determine if recommendations from MDT have been implemented and evaluated and/or whether re-referral is required. The regional director will introduce action plans to address any non compliances identified.

From 1st January 2025, the home's care plans will be subject to at least 2 regional director audit reviews per year in addition to local care plans audits and monthly clinical governance reviews. These regional director audits will provide additional oversight to ensure that the care plans for residents are reflective of current assessed needs and that they are regularly reviewed and updated with MDT recommendations.

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:
By the 28th Feburary 2025, training will be provided by the regional team for all in-house management and nursing staff on the identification of responsive behaviours, the signs of escalation and the actions required to prevent a reocurrence. This training will also include ensuring a root cause analysis and trending is completed identifing trigger factors which will help to support appropriate care interventions and improved quality of life for residents.
By 30th March 2025, a comprehensive review of the current risk posed by responsive behaviour in the home will be completed. This will involve reviewing the health and social care needs of current residents displaying responsive behavaiours; safeguarding plans for those impacted by responsive behaviour and also ensuring that all assessed needs are being met appropriately by staff in the home as well as reviewing the availability of external resources to suppport these residents.
From 1st March 2025, monthly oversight will be provided by the regional director to ensure that all incidents of responsive behaviour are reviewed, which includes identifying trends, appropriate identification of control measures required to reduce risk of reoccurrence and risk to other residents and the need for referrals to external teams for supports. This monthly review will also include oversight to ensure recommendations from external specialists are implemented in full and evaluated to ensure that resident needs are appropriately met and all residents are appropriately safeguarded against risk. The monthly review will also evaluate whether safeguarding care plans are delivered by staff as set out and will introduce action plans to address any non compliances identified.

By the 28th Feb 2025 a full analysis will be completed in relation to the training needs and staff qualifications in place for all staff to ensure that the home have supports required to appropriately meet the needs of residents, specifically those with complex health and/or social care issues identified.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following inspection, a trend analysis was completed to examine the trends, number of occurences and if the actions identified at the time of incidents, were correct. This analysis identified several recommendations to be implemented to futher improve safeguarding for all residents which have been implemented. The analysis was submitted to the inspector following the inspection, as requested- complete.
By the 28th Feburary 2025, training will be provided by the regional team for all in-house management and nursing staff on the identification of responsive behaviours, the signs of escalation and the actions required to prevent a reocurrence. This training will also include ensuring a root cause analysis and trending is completed identifing trigger

factors which will help to support appropriate care interventions and improved quality of life for residents.
By 30th March 2025, a comprehensive review of the current risk posed by responsive behaviour in the home will be completed. This will involve reviewing the health and social care needs of current residents displaying responsive behavaiours; safeguarding plans for those impacted by responsive behaviour and also ensuring that all assessed needs are being met appropriately by staff in the home as well as reviewing the availability of external resources to suppport these residents.
From 1st March 2025, monthly oversight will be provided by the regional director to ensure that all incidents of responsive behaviour are reviewed, which includes identifying trends, appropriate identification of control measures required to reduce risk of reoccurrence and risk to other residents and the need for referrals to external teams for supports. This monthly review will also include oversight to ensure recommendations from external specialists are implemented in full and evaluated to ensure that resident needs are appropriately met and all residents are appropriately safeguarded against risk. The monthly review will also evaluate whether safeguarding care plans are delivered by staff as set out and will introduce action plans to address any non compliances identified.

By the 28th Feb 2025 a full analysis will be completed in relation to the training needs and staff qualifications in place for all staff to ensure that the home have supports required to appropriately meet the needs of residents, specifically those with complex health and/or social care issues identified.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
By the 28th February 2025, a full review of activities will be completed. This will include a resident meeting to identify what activities residents would prefer. An individual activity plan will be developed for all residents for both one to one activities as well as group activities which can be delivered by both the activity therapist as well as the supporting care staff.
By 30th March 2025, all twin rooms will be reviewed and upgraded to ensure that all residents occupying twin rooms currently have equal access to shelving and/or furniture for appropriate storage of their personal possessions, in line with their personal preferences.
From 1st March 2025, the storage requirements of individual residents accommodated in twin rooms will be kept under review quarterly by the person in charge through documented discussions with each resident and/or their nominated representative, as appropriate. The regional director will oversee that these discussions take place and that actions agreed, in line with residents' will and preference, are addressed in a timely manner.
By 30th March 2025, a further comprehensive review of the layout of and furniture contained in all twin rooms will be completed to ensure that privacy and dignity of all residents currently accommodated in these rooms is upheld.

Following the review above, by 30th June 2025, room allocation procedures will be reviewed and updated to reflect the home's policy to ensure residents' mobility needs can be met and that their right to privacy and dignity can be upheld in twin bedrooms, in line with our Statement of Purpose.
From 1st July 2025, the Person in Charge will complete a quarterly review of resident needs in the twin rooms specifically. This documented review will ensure that residents' mobility needs are met safely, that personal care needs can be met, that they are not disturbed by other residents and that their space is adequate to ensure that their privacy and dignity is maintained, in line with their will and preference and changing health needs.

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.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2025
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	30/03/2025

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/03/2025
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Orange	01/03/2025
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	01/03/2025
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	01/03/2025
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	30/03/2025

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	01/03/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/03/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/03/2025
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	30/03/2025

	residents opportunities to participate in activities in accordance with their interests and capacities.			
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	30/03/2025