



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Manor
Name of provider:	Firstcare Beneavin Manor Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0005756
Fieldwork ID:	MON-0043433

About the designated centre

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

Beneavin Manor is a purpose-built centre in a suburban area of north Dublin providing full-time care for up to 115 adults of all levels of dependency, including people with a diagnosis of dementia. The centre is divided into three units, Ferndale, Elms and Tolka, across three storeys. Each unit consists of single bedrooms with accessible en-suite facilities, with communal living and dining areas. There is an enclosed outdoor courtyard accessible from the ground floor. The centre is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 May 2024	19:00hrs to 22:00hrs	Helena Budzicz	Lead
Thursday 16 May 2024	08:10hrs to 16:00hrs	Helena Budzicz	Lead
Wednesday 15 May 2024	19:00hrs to 22:00hrs	Manuela Cristea	Support
Thursday 16 May 2024	08:10hrs to 16:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Overall, residents and their families have shared positive feedback about Firstcare Beneavin Manor, considering it a comfortable and safe place to live. However, notwithstanding the positive feedback received, this inspection identified crucial areas for improvement and further enhance the quality of care and quality of life, such as ensuring that all residents are adequately supported in making choices about their daily lives, including menu options.

There was a relaxed atmosphere in the evening on the first day of the inspection. Inspectors noted that residents were relaxing in communal areas, and others were being assisted with their personal care needs. There was staff available to assist residents with comprehensive care needs according to their assessed needs.

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. Firstcare Beneavin Manor is registered to accommodate 115 residents in single rooms, all of which have en suite showers, hand wash basins, and toilet facilities. Bedrooms were personalised in line with residents' preferences and decorated with family photographs and personal memorabilia. Residents in each unit had access to communal space and were observed spending their day moving freely through the centre from their bedrooms to the communal spaces. Inspectors observed that the temperature in the centre was very high both in the evening and on the second day of inspection, with some key rooms having uncomfortably high temperatures of over 28 degrees C. The registered provider brought in large industrial air conditioning machines by the second day of inspection. Residents had access to enclosed courtyard garden areas from all units and an outdoor space garden at the side of the building. However, inspectors observed that two communal areas in the centre were not freely accessible to residents.

Inspectors observed good hand hygiene practices by staff members working on the day of the inspection. The clinical hand wash sinks, strategically located on the corridors within close proximity of resident bedrooms, were easily accessible. However, the cleanliness of the pantries in the centre was not at an appropriate level. Findings in this regard are presented under Regulation 27: Infection Control.

The inspectors observed the residents' dining experience. Many residents chose to eat together in the dining rooms in each unit, while others were accommodated to have their meals in their bedrooms. Staff were observed to discreetly assist and support residents as needed. The food served was wholesome and nutritious. However, inspectors observed differences in the serving experience and offering of residents' choices between the units and some practices that did not support residents' rights to choice and independence. For example, the inspectors observed that staff did not always ask the residents whether they would like milk in their tea. In one unit, staff pre-made a milky tea in the teapot and proceeded to offer it to residents, which was not person-centred. Furthermore, crockery and equipment to

be used by residents at meal times were observed to be severely worn or discoloured, with scratch markings evident on glasses. The inspectors also observed that the food was served hot and plated at the point of service for those residents in the dining area. However, the food was delivered on a trolley for those residents who chose to dine in their own bedrooms. The inspectors observed that plated food was left on these trolleys for up to ten minutes before it was served to residents, and by that time, it was no longer hot.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Inspectors observed that all call-bells were answered promptly, and this was confirmed by residents who spoke with the inspectors.

A schedule of activities was available for residents' information and located at appropriate locations. A dedicated activity staff was allocated to provide activities, and residents were well-supported in participating in meaningful activities throughout the day. However, inspectors observed that the roster records maintained in the centre were not of an appropriate standard and did not always reflect the presence of staff in the centre. For example, a staff member who spoke with the inspector confirmed that they did not work in the designated centre and had been brought into the centre from a sister's nursing home on short notice. This person's name, together with that of an agency cleaning staff member, was not listed on the centre's staffing roster. While the provider gave assurance on the day that this was an oversight and an isolated incident, such practice raised concerns about the overall governance and management arrangements in the designated centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, Firstcare Beneavin Manor was a well-managed centre with many good systems in place to monitor the quality of care provided to residents in the centre. The inspection found evidence of improvements in some aspects of the service since the last inspection, such as staffing levels and residents' rights. However, further action and strengthening of the current management systems were required to ensure that aspects of care and risks associated with the management of records, contract for the provision of services, food and nutrition, protection, information for residents, infection control, premises and the use of restrictive practices were promptly identified and addressed. This is discussed further throughout the report under the specific regulations.

This was an unannounced inspection which took place over two days to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on the action taken following the last inspection in January 2024.

Firstcare Beneavin Manor is a designated centre for older persons, operated by Firstcare Beneavin Manor Limited, which is the registered provider and part of the wider Orpea group. There was a clearly defined management structure in place that was responsible for the delivery and monitoring of effective health and social care support to the residents. The person in charge was supported in their role by three assistant directors of nursing (ADON), clinical nurse managers (CNM), a team of nurses, care staff, housekeeping, administration staff and an activity coordinator. The regional director was also present on-site to support the team from an operational side.

The person in charge had completed an annual review of the quality of care delivered in 2023. This included feedback and consultation with the residents and outlined the quality improvement plan for 2024.

The registered provider had ensured that there were sufficient staffing resources in place to meet the needs of the residents. The inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 and 4 of the regulations. However, oversight of staffing rosters required improvement.

Inspectors reviewed a sample of contracts of care and found that they required review in order to meet the requirements of regulation as detailed under Regulation 24: Contract for the provision of services.

A complaints procedure was displayed at the centre's main reception and in other areas. A nominated person dealt with and oversaw the management of complaints. However, the name of the management personnel nominated as the Review officer was not accurately updated on the complaints procedure, policy and the resident's guide. This was rectified on the day of the inspection.

While Schedule 5 policies were in place, inspectors observed that the policy on 'The creation of, access to, retention of, maintenance of and destruction of records' referenced a different designated centre.

Regulation 15: Staffing

There was sufficient staff on duty with an appropriate skill-mix to meet the needs of the residents, considering the size and layout of the designated centre. All residents who required 1:1 care due to their complex care needs had staff allocated to support them according to their assessed hours.

Judgment: Compliant

Regulation 21: Records

Records were not updated in line with Schedule 4 of the regulations. For example, an activities staff member and the agency staff for the household who worked in the centre on the day of the inspection were not accurately recorded on the staff roster. This did not provide assurance that the copy of the duty roster provided was the worked copy.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems, as required under Regulation 23(c), required strengthening to ensure the service provided was safe, appropriate, consistent, and effectively monitored, specifically in relation to oversight of :

- records management,
- oversight of residents' finances,
- management of the contracts for the provision of the services,
- management and oversight of food service, staff practices at mealtimes and the overall hygiene of kitchen pantries.

The auditing system for ledgers and management of petty cash was not completed on a monthly basis as per the centre's policy. The system in place was cumbersome and inefficient, and some discrepancies found on the day of the inspection were not identified by the provider, as further described in Regulation 8: Protection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care and found that a number of contracts did not contain the following:

- The description of charges payable under the Nursing Home Support Scheme, privately or by a third party.
- Any additional charges paid for 1:1 care services paid by a third party.
- Four contracts of care did not have the signature of a witness where applicable.

- The service charge included health care professional services and specialised diet requirements that should have been made available and which did not meet the criteria for a service charge.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations. Discrepancies in the name of the review officer were addressed before the end of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were receiving good-quality service in a largely safe care environment that met their assessed health and social care needs. However, significant improvements were required in respect of infection control and environmental standards in the pantry rooms and the serving of food to ensure a dignified meal experience for the residents. Action was also required in relation to safeguarding the residents' finances, restrictive practices in respect of the residents' environment, and residents' guide.

Residents' care plans were comprehensive and provided clear information for staff to provide care. Residents had up-to-date assessments and care plans in place. The care plans were person-centred, reflected residents' needs, and detailed the support they required to maximise their quality of life.

The inspectors observed that the staff working in the centre on the day of the inspection demonstrated appropriate knowledge of how to support residents who were exhibiting responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with

their social or physical environment). Where residents had behaviours of concern, care plans to support these residents were comprehensive and person-centred. 1:1 supervision was provided based on the residents' individual needs, and the interaction between the staff and residents was always courteous, supportive, and kind.

However, inspectors observed that two communal rooms were not freely accessible to residents.

A residents' guide was available and included a summary of services available, visiting arrangements and information regarding independent advocacy services. However, the complaints procedure needed to be updated to display the Review officer accurately.

The premises were laid out to encourage and facilitate independence. However, the inspectors found that a number of areas of the premises were in need of maintenance and will be discussed under Regulation 17: Premises. On the first day of inspection, it was noted that there was mould on a wall on the ground floor corridor, and ants were present in a localised nearby area. However, the inspectors acknowledge that these issues were promptly addressed and rectified by the second day of the inspection.

The centre was generally visibly clean, and infection prevention and control policies and procedures were in place. There were sufficient cleaning staff on duty, and they were knowledgeable about the required control measures. Personal protective equipment was available, and staff were observed using it correctly. However, some parts of the premises, especially the pantries in the centre, were not cleaned appropriately, and one unit required additional cleaning resources as inspectors noted unpleasant odours persisting throughout the two days. This is addressed under Regulation 27: Infection control.

The inspectors observed residents' dining and serving experiences during the inspection. It was found that residents did not have appropriate choices at mealtimes and were always supported to have a dignified meal experience. The findings are detailed under Regulation 18: Food and nutrition.

The inspectors reviewed the medicines and pharmaceutical services within the centre. The inspectors observed safe practice by nursing staff administering medication during the day. They explained their process and could clearly indicate and demonstrate how they cross-checked medication charts with medication packets dispensed for individual residents. Medication was stored safely and accurately labelled, and the medication trolley was always attended to.

Regulation 10: Communication difficulties

From the residents' files reviewed, it was evident that residents with communication difficulties were supported to express themselves freely, and staff were guided on how to understand the residents and communicate with them efficiently.

Judgment: Compliant

Regulation 17: Premises

A review of the premises confirmed that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulation:

- Premises were not clean and well-maintained in all areas, specifically the pantries. The surfaces in the kitchenette on the ground and second floor were damaged from the water, and the PVC covering was observed peeling off the cabinet doors in all units. This meant that these surfaces could not be effectively cleaned.
- There were two monitors broken in the nursing call-bell system, which showed prolonged call-bell waiting times.
- The emergency call-bell facilities were not present in all areas. For example, there was no call-bell in the oratory and the family room.
- There was a water leak in the bathroom beside the family room.
- The temperature in the centre was high on both days of inspection. For example, it was 28.1 degrees Celsius at 09:20 a.m. in the treatment room as the AC units were broken, especially in the Elm Green unit. A portable fan was made available on the day of the incident.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were not offered appropriate choices in relation to their mealtime options, and their mealtime experience was poor. This was evidenced by:

- The food menus were not readily available for residents to peruse on the tables and make informed choices about what they would like to eat. One resident was observed going outside of the dining room to read the menu board displayed on a nearby wall.
- Staff were not always actively engaging with residents in respect of food or drink choices. Instead, staff were seen serving tea or milk without seeking residents' preferences, which did not uphold residents' rights. Similarly, inspectors observed instances where sauce was applied to dinners at the plating stage, in the absence of consulting with the individual residents whether they would like to have sauce or not.

- There were limited food options provided for residents in the evening and at night. For example, there were no plates of sandwiches left for supper.
- In some units inspectors observed instances where residents were not asked if they would like to wear clothes protectors during meal times. Instead, staff proceeded to apply the clothes protectors in an institutionalised manner, without seeking resident's consent.
- The standard and quality of the crockery and food serving equipment was poor which did not support a dignified mealtime experience. The food was observed to be served in damaged glasses and discoloured water jugs; the metal lids covering the food that was to be served in the bedrooms were marked and looked unsightly and unclean.
- Inspectors observed instances where the food served to residents in their bedrooms was cold or lukewarm by the time it reached the residents.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide set out the requirements under the regulations; however, it did not include all the information about the complaints procedure, namely details about the complaints review officer and current complaints management personnel.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was reviewed in September 2023 and contained all of the requirements set out under Regulation 26(1). Risk assessments were maintained by the provider to mitigate identified risks and included control measures to minimise or eliminate the risk present.

Judgment: Compliant

Regulation 27: Infection control

Some actions were 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 the Authority. This was evidenced by:

- There were areas of the centre that were not cleaned to an acceptable standard on inspection. This included pantry rooms on all floors in the centre; there was dust and grease on the shelves.
- Cleaning equipment such as sweeping brushes and mops were visibly dirty.
- Enhanced cleaning regimens were required for one unit on the first floor, where inspectors noted odours persisting throughout the two days of inspection, therefore impacting all the residents living in that unit. The cleanliness of one bedroom on the first floor was not to an appropriate standard, and the floor was noted to be visibly sticky.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed staff during medication rounds and saw that the staff followed the correct medication administration procedure. Staff spoken with demonstrated excellent knowledge regarding medication management and the electronic system in place. Inspectors saw that the allergy status and the need for crushed medication administration were correctly recorded on the system, where applicable. All medication on the medication trolley was labelled and stored according to the manufacturer's description.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of assessments and care plans and were assured that residents' needs were assessed prior to and on admission. In addition, the care plans reviewed regarding personal care, mobility needs, environmental safety, safeguarding care plans, and psychological care plans were person-centred and detailed residents' needs, with measures and descriptions of care in place to guide the staff in the safe delivery of care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed restricted access to two communal spaces, the Quiet and Family rooms. These rooms were opened with a swipe card and a key.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that the systems in place to protect residents from financial abuse in the centre were not robust and did not ensure that all residents were adequately protected. For example;

- There were discrepancies between the petty cash balances held in the centre and the balances documented on the petty cash form. The system in place was not individualised, and it was difficult to follow and establish the exact amount deposited and withdrawn and the correct balance at any point in time.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with access to radio, television, and newspapers and were encouraged to exercise their political and religious rights.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in resident meetings and taking part in resident surveys. A review of the minutes of residents' meetings indicated that suggestions were used to improve practice and support residents' wishes.

Judgment: 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Beneavin Manor OSV-0005756

Inspection ID: MON-0043433

Date of inspection: 16/05/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of roster management has been completed and actions implemented to ensure the roster accurately reflects the daily staff allocation. The Person in Charge or nurse manager on duty will review this daily to ensure compliance with the agreed practice-complete.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following review of roles and responsibilities and practice, a more robust system is now in place to ensure greater oversight on the recording of resident's property. This includes an enhanced level of auditing by PIC and Regional Director- complete.</p> <p>A review of all resident contracts has commenced and will be completed by 31/08/2024 to ensure the appropriate amendments and charges are identified. Monthly auditing of Contracts of Care by PIC has been commenced from 01/07/2024.</p> <p>The results of audits and follow up on actions identified will be included for review by the regional director at the monthly governance meetings from 01/07/2024</p> <p>A review of the dining service has been completed. Improved processes are now in place to ensure a more person-centred approach to mealtimes- complete</p> <p>Enhanced oversight of the dining service which includes weekly auditing by ADONs/CNMs</p>	

is in place. The Practice Development Nurse is continuing to support the staff in providing a person-centred and safe dining experience for each resident. A new supply of crockery is in place- complete
 Increased frequency of temperature probing for all meals being served in bedrooms is in place and oversight on compliance with this will be provided by the PIC and nurse managers- complete and ongoing

The catering team are completing regular resident surveys to determine the satisfaction levels. Feedback will be reviewed by the PIC and actions taken to ensure that feedback is addressed and communicated back to residents- from 1st July 2024.

From 01/07/2024, the results of these audits will be shared by the PIC with the Regional Director at Governance meetings to ensure that actions identified to further enhance the residents' experience are addressed within an agreed timeframe.

A revised cleaning schedule and deep cleaning is now in place to ensure that all areas are adequately cleaned and reviewed. Oversight of this will be the responsibility of the PIC/ADON on daily walkabouts- complete and ongoing

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 A review of all resident contracts has commenced and will be completed by 31/08/2024 to ensure the appropriate amendments and charges are identified. Monthly auditing of Contracts of Care by PIC has been commenced from 01/07/2024.

The results of audits and follow up on actions identified will be included for review by the regional director at the monthly governance meetings from 01/07/2024

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A revised cleaning schedule and deep cleaning is now in place to ensure that all areas are adequately cleaned and reviewed. Oversight of this will be the responsibility of the PIC/ADON on daily walkabouts-complete

A phased schedule of works is now in place to review and remove/repair/replace PVC coverings on cabinets to facilitate effective cleaning. This will be completed by 31st December 2024.

The call bell system has been reviewed. Call bells are now in place in the family room and oratory- completed

From 1st July 2024, the PIC will ensure that an audit to check that call bells are present, in working order, and within reach of residents is completed at least quarterly and actions for improvement are completed in a timely manner.

The water leak in the bathroom beside the family room was addressed- completed

Air Conditioning units have been repaired and serviced throughout the centre with the same working well. A portable air conditioning unit remains available in-house to further assist in this regard- complete

A new electronic system is now in place to log daily maintenance tasks within the centre. Additionally, the maintenance report is reviewed at monthly governance meetings by the regional director to ensure all matters are closed within reasonable timeframe- completed

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A review of the dining service has been completed. Improved processes are now in place to ensure a more person-centred approach to mealtimes- complete

Enhanced oversight of the dining service which includes weekly auditing by ADONs/CNMs is in place. The Practice Development Nurse is continuing to support the staff in providing a person-centred and safe dining experience for each resident. A new supply of crockery is in place- complete

Increased frequency of temperature probing for all meals being served in bedrooms is in place and oversight on compliance with this will be provided by the PIC and nurse managers- complete and ongoing

The catering team are completing regular resident surveys to determine the satisfaction levels. Feedback will be reviewed by the PIC and actions taken to ensure that feedback is addressed and communicated back to residents- from 1st July 2024.

From 01/07/2024, the results of these audits will be shared by the PIC with the Regional

Director at Governance meetings to ensure that actions identified to further enhance the residents' experience are addressed within an agreed timeframe.

The PIC has liaised with the catering manager to ensure that additional food choices are made available for residents in the evening and at nighttime. Additionally, The PIC has ordered menu holders to promote and facilitate improved resident access of the menu options- complete

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

The residents guide has been updated to include the complaints review officer and the complaints management personnel –complete

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

A revised cleaning schedule and deep cleaning is now in place to ensure that all areas are adequately cleaned and reviewed. Oversight of this will be the responsibility of the PIC/ADON on daily walkabouts- complete and ongoing

The Housekeeping manager has attended a two-day training course "Clean Pass" to support her in her role- complete

The Housekeeping manager is conducting weekly audits throughout the centre. The audit results are reviewed by the PIC and regional director at the monthly governance meeting to ensure that improvements identified are actioned in a timely manner- from 1st July 2024.

The malodor noted on the date of the inspection had been attributed to a malfunctioning grease trap. This issue has since been addressed. Neutralizer kits have now been installed in areas requiring additional support- complete.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The PIC is committed to working towards a restraint-free environment. Since the inspection, the swipe access to the family room has been deactivated and is now accessible at all times. The family room has also been opened and is freely accessible to every resident- complete.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Discrepancies between the petty cash balances held in the centre and the balances documented on the petty cash form have been rectified- complete.</p> <p>Following review of roles and responsibilities and practice, a more robust system is now in place to ensure greater oversight on the recording of resident's property. This includes an enhanced level of auditing by PIC and Regional Director- complete.</p>	

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 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	31/07/2024
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	31/07/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure	Substantially Compliant	Yellow	30/06/2024

	respecting complaints, including external complaints processes such as the Ombudsman.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	31/08/2024
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and	Not Compliant	Orange	31/08/2024

	include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	30/06/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2024