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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:	Mount Hybla Private
Name of provider:	Mount Hybla Nursing Home Limited
Address of centre:	Farmleigh Avenue, Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0043678

## About the designated centre

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

Mount Hybla Nursing Home Limited, operates Mount Hybla Private a modern purpose-built centre situated in Castleknock, Dublin 15. The centre is located in a residential development a short distance from shops, cafes and pubs. General nursing care is provided for long-term residents, people living with physical disabilities and acquired brain injury. Respite and convalescence care can also be provided for people aged 18 years and over.

The person in charge, assistant director of nursing and clinical nurse managers lead a team of nurses and healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 66 residents, in single en-suite bedrooms available over two floors. Lavender is a 16 bed dementia care unit on the ground floor which has a central courtyard and its' own communal space.

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

Number of residents on the date of inspection:	66
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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
Thursday 20 June 2024	08:20hrs to 16:45hrs	Niamh Moore	Lead
Thursday 20 June 2024	08:20hrs to 16:45hrs	Sheila McKeivitt	Support

## What residents told us and what inspectors observed

Residents described the staff as "very kind and caring". Those spoken with assured the inspectors that there were enough on duty during the day and night. One resident commented that staff were busy but "very attentive". Residents also reported to be happy with the activities on offer.

Mount Hybla Private is located in Castleknock, Dublin 15. The designated centre comprises a modern, bright and warm purpose-built building. There are four units set out across the ground and first floors, which are accessible by stairs and a chair lift. There are two units on the ground floor referred to as Rose and Lavender units. In addition, on this floor there is a large dining room, a smaller dining room, an oratory, an activity room, a sitting room and a cafe area. Residents also had access to enclosed courtyard gardens with seating available for residents' use. The Orchid and Magnolia units are located on the first floor and there was an additional dining room and sitting room located on this floor. The basement located some staff areas such as the laundry, staff changing facilities and additional storage.

Residents were accommodated in 66 single occupancy bedrooms, all with en-suite facilities. Inspectors observed that overall bedrooms were clean, and personalised with items such as family photographs, ornaments and items of furniture. In bedrooms viewed, residents had access to fresh drinking water in a jug with a glass. Residents reported to be happy with their bedroom accommodation.

Overall, the building was clean and well-maintained, however inspectors observed unsuitable storage within the designated centre, including of some residents' medicines. Inspectors observed residents art displayed along the corridors. The corridors were wide with hand rails on both sides and they were clear from obstruction, which facilitated residents to mobilise safely. Inspectors observed that access to the communal activities room was restricted. There was a keycode pad on the door which prevented residents accessing this communal room independently.

Inspectors observed a memory tree situated in the oratory, remembering all those who had died in the nursing home. There were posters advertising an upcoming family fun day on display throughout the centre and some residents spoken with said they were really looking forward to the day.

Residents said they had access to daily newspapers, radio, and television. There was lots of information accessible to residents about different services available to them such as, advocacy services and the Alzheimer Society of Ireland. The notice board also included a detailed account of what was happening for the month of June, such as, important events including those residents celebrating their birthdays. The weekly activities schedule was displayed in large font, facilitating residents to read it with ease. The schedule displayed a wide range of activities available for residents at different times during the day, including dog therapy and choir practice. One resident, said the evening quiz was entertaining for many different reasons.

Inspectors observed activities such as chair exercise and music occurring on the day of the inspection, both of which were well-attended by residents.

Residents said they could complain and some said they had done this in the past and their complaint had been dealt with appropriately. The minutes of the quarterly residents' meetings were on display.

Inspectors observed some areas of clinical practice that required improvement to ensure they were reflective of best practice. For example, the nurses on both floors of the centre were observed administering prescribed medications to residents more than one hour after the time they were prescribed to be administered at. In addition, health care assistants were observed standing over residents while assisting them with their breakfast, which did not support a dignified, person-centred mealtime experience.

Feedback from residents in relation to the choice of food available to them was good. They said they enjoyed it, however, one resident said that it was often bland, sometimes undercooked but mostly overcooked. On the day of the inspection, residents were provided with a choice of meals which consisted of cottage pie or chicken thai red curry and rice, while dessert options included black forest gateaux or peach puree with ice-cream. The lunch-time meals looked wholesome and nutritious. However, the mealtime experience particularly for the residents of the dementia specific unit required review to ensure meals were properly served upholding residents' rights.

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 affects 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

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). Inspectors found that there was a clearly defined and established management structure in place. However, some improvements were required in ensuring notifications to the Chief Inspector of Social Services were submitted in a timely manner and improved auditing and management oversight was also required for the effective monitoring of all areas of care.

Mount Hybla Nursing Home Limited is the registered provider for Mount Hybla Private. There are two company directors, with one of these directors, the group director of operations delegated by the provider with responsibility for senior management oversight of the service. The person in charge reported directly into the director of operations. The person in charge was full-time in their post and was seen to be available in the centre. They facilitated this inspection and was known to

residents and the staff team. The person in charge was supported in their role by an administration team, an assistant director of nursing, two clinical nurse managers and a physiotherapist. Nursing staff were supported by healthcare assistants, activity staff, household, catering and maintenance staff. The registered provider was part of a larger nursing home group referred to as Beechfield Care group, thus the designated centre was also supported by a group of senior managers including human resources, a clinical lead and operations managers.

The majority of staff were up-to-date with their mandatory training on topics such as fire safety, moving and handling, safeguarding and infection control. There was a training schedule to ensure that refresher training was scheduled. Records showed that staff were appropriately supervised in their work.

Records as set out in Schedules 2, 3 and 4 of the regulations were available to inspectors on the day of the inspection. A sample of records reviewed showed staff were employed following receipt of appropriate Garda (police) vetting.

The registered provider had implemented a number of management systems for oversight, such as regular meetings and auditing. While some of these systems were effective, some of these systems required strengthening, particularly to ensure that there was relevant management oversight to ensure the audits were identifying all areas for improvement and items raised at management meetings were actioned in a timely manner. This is further discussed under Regulation 23: Governance and Management.

There was an annual review of the quality and safety of the service delivered to residents in 2023 which incorporated feedback from the residents. This review was completed in accordance with the National Standards.

Residents spoken with said they would feel comfortable to raise a complaint, including two residents who reported to be satisfied with the management of complaints they had made. Inspectors reviewed the complaints log for the designated centre which recorded four complaints received so far this year, with one of these complaints currently open and being managed in line with the registered provider's policy. The complaints procedure for the designated centre required updating to ensure it reflected the amended changes to the regulations which came into effect in March 2023.

## Regulation 14: Persons in charge

The person in charge had the relevant nursing and management experience and qualifications as set out within the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors reviewed the training matrix and found that staff were supported to attend appropriate training, including mandatory training and supplementary training, such as on restraint use.

Staff were appropriately supervised. Inspectors reviewed induction forms completed for new staff and formal supervision arrangements in place, such as probation reviews, annual appraisals and performance improvement plans.

Judgment: Compliant

## Regulation 21: Records

Inspectors reviewed a sample of four staff files and found that overall they contained the required information outlined in Schedule 2. However, one staff file reviewed did not contain a written reference from the person's most recent employer.

Judgment: Substantially compliant

## Regulation 22: Insurance

The centre held a current contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

## Regulation 23: Governance and management

Further action was required to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- There was no managerial oversight of the system in place for holding petty cash on behalf of residents.
- Auditing was not always leading to quality improvements. A recent bedroom audit completed the week prior to the inspection reflected a bedroom had no maintenance concerns. However, inspectors found that this room required maintenance, deep-cleaning and a review of storage practices.



- While relevant key performance indicators were being raised at management meetings, the registered provider's systems were not actioning the areas for improvement. For example:
  - While statutory monitoring notifications were discussed, the registered provider's systems failed to identify that notifications had not been submitted as outlined further within this report.
  - There was an open complaint which had not been resolved for a prolonged period of time. This had been raised within meeting minutes of April 2024 and the systems in place did not have an action plan in place to respond to this.

Judgment: Substantially compliant

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

Inspectors reviewed four contracts of care between the registered provider and the relevant resident, and saw that they clearly set out the terms and conditions of the resident's residency in the centre and the fees to be charged. The contract also clearly stated the terms relating to the bedroom to be provided, and the occupancy number of the room.

Judgment: Compliant

### Regulation 31: Notification of incidents

All notifiable incidents had not been notified to the Chief Inspector within the required time frames. For example:

- An alleged safeguarding concern and a serious injury to a resident that required immediate medical and/or hospital treatment had not been notified as required. The regulations set out that these types of events must be submitted within a three day period.
- Quarterly notification reports had not been submitted for period of July, August and September 2023.

These notifications were subsequently submitted following the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure on display within the designated centre did not reflect the nomination of a review officer or the arrangements for a review. In addition, while the complaints policy did reference the procedure for reviews, it did not inform residents who the review officer was.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The registered provider had Schedule 5 policies in place, which were seen to have been reviewed at regular intervals and were accessible to staff working in the centre.

Judgment: Compliant

#### Quality and safety

Inspectors found that improvements had been made in relation to some aspects of care delivery. The quality of care and service had improved in some areas such as infection control and assessments and care plans. However, a number of other areas fundamental to a high quality service such as medicine management, protection, food service and the premises remained at some level of non-compliance and these areas are reflected under each regulation outlined below.

The care plans reviewed showed that residents and/or their representative were involved in the development of their care plan. Comprehensive assessments were completed and all relevant specific details in relation to residents' care needs were recorded in their care plan. Residents with communication difficulties were supported to communicate freely by staff and had appropriate care plans in place to reflect their needs.

Notwithstanding the good practices observed in respect of healthcare and care planning, improved oversight and action was required to ensure that the systems of medication administration and storage were appropriate and safe at all times. For example, medication management policies and procedures reviewed and practices observed were not reflective of best practice guidelines. The administration of medications was not as prescribed.

The registered provider was not a pension-agent for any residents, however, inspectors were not assured that the internal process in place to manage residents' finances was robust enough to safeguard residents' monies. Residents' cash was held on their behalf in a safe and secure deposit box. Each resident had cash held in an individualised pocket with records of the amount of cash held within the pocket.

There was also an individualised record of monies held recorded on a computerised data base. However, inspectors found that the money held and records of sub-totals did not always reflect each other. The process and policy required review to ensure residents cash was safeguarded from any potential of abuse.

The centre was generally clean and tidy and the overall premises were designed and laid out to meet the needs of the residents. Residents had access to call bells in their bedrooms and en-suite bathrooms, there was a sufficient number of assisted bathrooms and free access to most communal rooms. However, improvements were required to ensure the centre met all the requirements of the regulation. This is further discussed under Regulation 17: Premises.

Overall residents reported to be happy with the choice of food at mealtimes and there were adequate numbers of staff available to assist residents at mealtimes. However, staff practices required review as the observations of inspectors of the dining experience for residents did not ensure a rights-based approach was followed. Management confirmed to inspectors that they were aware of this and were implementing a new mealtime experience audit tool to identify and respond to areas of poor practice.

Improvements were found in infection prevention and control since the previous inspection, staff that were observed wearing face masks on the day of the inspection were doing so appropriately. Staff were observed to have good hygiene practices and alcohol hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of the inspection.

### Regulation 10: Communication difficulties

From a review of residents' records, it was evident that residents with specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

### Regulation 17: Premises

Action was required to address the following areas to meet the requirements of Schedule 6:

- The signage was missing from some rooms, therefore residents and visitors could not identify the function of these rooms.
- There was no sign to warn of risk of fire, on a room door containing electricity boxes.
- There was unsuitable storage seen during the inspection. For example:

- the storage of equipment in communal bathrooms impeded access for residents.
- there was storage of four wheelchairs in a communal day room which limited the space accessible to residents in this room.

The registered provider did not consistently ensure that the premises of the designated centre were available to residents as registered and in line with the statement of purpose.

- Residents did not have free access to the activities room, which was a registered designated communal space that should be available to residents.
- The designated purpose of an assisted bathroom was converted to a physiotherapy room. This change was not discussed or agreed in advance with the Chief Inspector.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Inspectors observed the dining experience on each floor on the day of the inspection. Improvements were required in how meals were prepared, cooked and served. For example:

- Staff were observed to stand over residents while assisting them with their meals. This practice did not reflect and support residents' rights and dignity.
- Inspectors observed residents in the dementia unit being served their meals on small low tables while seated in arm chairs in the communal sitting room. Residents were observed bending over to reach the food on these tables that were not suitable or safe for eating meals from. The person-in-charge observed this practice with inspectors on the day of inspection. The dining room next to the dementia unit was empty at the time and there was no valid rationale given for it not being used other than convenience for staff.

Judgment: Substantially compliant

### Regulation 27: Infection control

The issue on the last inspection report in relation to the unsafe manner in which staff were wearing facial masks had been addressed.

The centre had good infection prevention and control practices in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspectors observed the administration of medicines to residents in the morning and afternoon. Medicines were not administered to the residents as prescribed. In the morning, some residents did not receive their prescribed medicines until one and a half hours post the time they were prescribed to be administered at.

Inspectors observed prescribed medications stored in and on top of an unlocked cupboard in a communal area that residents and visitors had access to. This was unsafe practice and posed a health and safety risk.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment and risk assessments in place, and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that the systems in place for holding residents' monies was not robust enough to eliminate the possibility of financial abuse occurring. The following issues were identified:

- The records of monies held for each resident were not consistently kept up-to date following withdrawals.
- The current practices were not reflected in the 'Residents' personal property, personal finances and possessions policy' and in fact, the policy did not prescribe or provide guidance on evidence-based practices in respect of managing residents' finances.
- The practice observed was not robust enough to ensure the safe management of residents' petty cash.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Mount Hybla Private OSV-0000744

Inspection ID: MON-0043678

Date of inspection: 20/06/2024

## 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:</p> <p>The registered provider has ensured HR has conducted a full review and audit of HR files as per our policy. The recruitment policy has been reviewed and will be implemented to the full. No staff will commence within the home without all requirements documentation as per recruitment policy.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following inspection, the registered provider has reviewed the "Residents personal property, Personal finances and possessions" Policy, the policy has been updated and our practices will reflect our policy.</p> <p>When audits are completed, all actions are delegated to the appropriate staff member for completion. When this has been achieved the DON will sign off. All audits are reviewed by DON/PIC during monthly operations meetings attended by SMT and RPR as well as local management. Audits and meetings are also received as part of Clinical Governance meetings each quarter, Actions are reviewed to ensure completion, and any learnings are discussed.</p> <p>Following inspection by the multidisciplinary team we have reviewed the medication</p>	

management and administration practice. We have discussed and implemented changing the medication rounds timings in our electronic system to ensure best practice. Medication rounds time has now been included as part of our medication audit to be compliant with best practice. Medication Storage has been reviewed e.g.: supplements are stored now in a secure room.

Residents within our dementia unit during their mealtime will be reviewed and will be provided as per resident's choice. Residents in this unit have been offered breakfast in our dining room, however, prefer to stay within the unit. We will implement an alternative table and chairs within the unit, this will be arranged in the dementia unit and should the residents choose to stay there for their meals. This residents' unit also has garden furniture available should they wish to enjoy the meals in the garden area when the weather permits.

A QUIS (the quality of interactions schedule, Dean R, Proudfoot R and Lindsay J 1993) – Observation session has completed in the dining room by the person in charge. Food service practice has now been reviewed. Dining room supervision and food service by Healthcare Assistants are now included as part of the induction.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Following the inspection, both incidents identified were reviewed by the PIC and the senior management team as requested. Each complaint has initially been thoroughly reviewed by the PIC and both were determined as not to be notifiable. However, the wording of the incidents' records may have misrepresented the incident and can be interpreted as a safeguarding issue. A late notification was submitted for all the incidents. S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, particularly Schedule 4, and examples of possible scenarios under safeguarding were discussed by the senior management team with the PIC and both agreed that moving forward complaints and incidents of the same nature must be reviewed as per company's policy and procedure, and discussed with senior management team if further advice is needed and reported accordingly.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Policy has been updated with new complaints procedure as per new regulation and all complaint procedures documents have been displayed throughout the home..</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. A walkabout has been conducted by the maintenance team and the missing signages have been replaced with new signage.</li> <li>2. Flammable signage has now been placed at all the room doors containing electricity boxes which have always been securely boxed and fireproofed.</li> <li>3. All the communal areas have been checked and appropriate storage areas identified for storage equipment to enable easy access for residents.</li> <li>4. Storage in one communal bathroom has been removed.</li> <li>5. The activity room is free to access for all residents and the code is displayed clearly at the door.</li> </ol> <p>The Current RPR will ensure any changes to the Centre will be notified to the Chief Inspector. All floor plans have been updated to reflect the SOP which in turn reflect the change of usage of the bathroom.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Residents within our dementia unit during their mealtime will be reviewed and will be provided as per resident's choice. Residents in this unit have been offered breakfast in our dining room, however, prefer to stay within the unit. We will implement an alternative table and chairs within the unit, this will be arranged in the dementia unit and should the residents choose to stay there for their meals. This residents' unit also has garden furniture available should they wish to enjoy the meals in the garden area when the weather permits.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Following inspection by the multidisciplinary team we have reviewed the medication management and administration practice. We have discussed and implemented changing the medication rounds timings in our electronic system to ensure best practice. Medication rounds time has now been included as part of our medication audit to be compliant with best practice. Medication Storage has been reviewed e.g.: supplements are stored now in a secure room.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Following the inspection, 'Residents personal property, personal finance and possession' were reviewed by the SMT. Our policy now reflects current practice, and the finance team of Head Office is involved in bi-annually auditing of the resident's possessions and petty cash.</p> <p>Any monies received or withdrawn will be countersigned by two staff members.</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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	01/08/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/08/2024
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	Substantially Compliant	Yellow	01/08/2024

	and safely prepared, cooked and served.			
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	01/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/08/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	01/08/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	01/08/2024

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	01/08/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	01/08/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	01/08/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/08/2024