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:	Clondalkin Lodge Residential Home
Name of provider:	Bartra Op Co (Clondalkin NH Pres) Limited
Address of centre:	New Road, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	26 June 2024
Centre ID:	OSV-0008600
Fieldwork ID:	MON-0040944

About the designated centre

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

Clondalkin Lodge Residential Home is located in the centre of Clondalkin Village, with the convenience of the M7 and M50 motorways, and is close to a variety of shops and restaurants. The centre can accommodate 150 residents, male and female over the age of 18 years. There are 142 single bedrooms, and four twin bedrooms, all of which are en suite. Currently the home is registered for 40 beds. Clondalkin Lodge Residential Home aims to provide a person-centred, caring, and safe alternative for older persons with varied care needs in a professional and empathetic manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 June 2024	08:50hrs to 17:25hrs	Karen McMahon	Lead
Wednesday 26 June 2024	08:50hrs to 17:25hrs	Celine Neary	Support

What residents told us and what inspectors observed

This inspection took place in Clondalkin Lodge residential home in Clondalkin, Dublin 22. During this inspection, the inspectors spent time observing and speaking to residents, visitors and staff. The overall feedback the inspectors received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. Those residents who could not communicate their needs appeared comfortable and content. However, some residents reported feeling bored living in the centre. Visitors spoken with were very complimentary of the quality of care that their family members received.

On arrival to the centre the inspectors were met by the receptionist who guided them through the sign-in procedure. The operational manager escorted the inspectors on a tour of the premises, while they awaited the arrival of the person in charge who had been attending a management meeting off-site.

Clondalkin Lodge residential home is purpose-built and is located on the outskirts of Dublin city, close to local amenities and is serviced by a number of Dublin bus routes. The centre is arranged over four floors and is currently registered to provide accommodation for 150 residents. Many residents were observed by the inspectors to be up and mobilising around the centre. Residents were well-presented and neatly-dressed.

Resident's accommodation is located on each floor of the building. All bedrooms had en-suite facilities and had been decorated and furnished to a high standard. Residents' bedrooms were clean, warm and comfortable. Many residents had personalised their rooms with photographs and personal possessions from their homes which made the residents lived environment homely and familiar to them. The layout of a number of bedrooms had recently been reconfigured to ensure the space available met each resident's needs.

The centre was observed by the inspectors to be clean and well maintained throughout. Residents had access to a number of communal day rooms and a dining room on each floor. These rooms were observed by the inspector to be clean, bright, comfortable and tastefully decorated in a style that was familiar to residents. However, the inspectors observed that the communal space being used to facilitate activities for residents, on the day of inspection on the lower ground floor known as the castle, was very crowded and made it difficult for residents and staff to circulate. The inspector's findings are discussed further under17: Premises in this report.

There were two enclosed outdoor courtyard spaces available to residents in the centre. These outside spaces were accessible through doors on the ground and lower ground floors. All the outdoor areas had flower beds and appropriate outdoor furniture for residents' use. A designated smoking area was located in a covered hut

in the lower ground courtyard area and was seen to have the required fire safety equipment and call bell facilities.

The dining rooms were spacious and well laid out. Tables were seen to be neatly laid. The daily menu was displayed on each dining room table. The inspectors observed that residents were facilitated to sit together in small groups at the dining tables. Residents were observed to chat with other residents and staff. There was a choice of hot meals at lunchtime, and a choice of a hot or cold meal option available on the evening meal menu. The lunchtime meal was observed to be well-presented, warm and with ample amounts of food on each plate. Residents who chose to eat their meals in their bedrooms were facilitated to do so. Residents' meals were freshly cooked on-site each day.

There was an activity programme in place.However, inspectors observed that several residents were not actively involved in meaningful activities. On three occasions residents were seen to be sitting in various sitting rooms, across the centre with the TV on. There was no social engagement provided by the staff supervising the residents in these rooms. Furthermore activity staff were observed bringing residents to the dining room at 12 noon for dinner. When inspectors spoke with staff, staff informed inspectors that the dinner was not served till 12.30 pm and it was accepted practise for residents to be brought to the dining room at 12 noon. No social engagement or activities were seen to be provided during this wait time. Four residents reported that while the staff were 'nice' to them, 'it was very boring' in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the provider aimed to provide a good service and support residents living in Clondalkin Lodge Residential Home. Residents' care needs were well met. However, this inspection found that improvements were required to the governance and management systems in place to ensure that a safe service was consistently provided for residents living in the designated centre.

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). This inspection followed up on the provider's compliance plan from the last inspection in October 2023. The inspector found that the registered provider had completed the actions committed to in their compliance plan.

The registered provider had recently submitted an application to vary conditions 1 and 3 on the centre's registration, including a reduction in the maximum occupancy to 147 residents. This application was reviewed as part of this inspection.

This inspection also followed up on solicited and unsolicited information received since the last inspection. The inspectors' findings are discussed throughout this inspection report.

The registered provider of Clondalkin Lodge Residential Home designated centre is Bartra Op Co (Clondalkin NH pres) Ltd. There were clear lines of accountability and responsibility in relation to the governance and management arrangements for the centre. The person in charge was supported by a operations manager who was assigned by provider to represent them and locally by an assistant director of nursing. The other members of the staff team included clinical nurse managers, staff nurses, health care assistants, activity coordinators, domestic, catering and maintenance staff.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the one hundred and twenty residents during the day and night.

There was an ongoing mandatory and professional development staff training programme in the centre. The training matrix provided to inspectors recorded overall high levels of staff attendance at mandatory training including fire training, infection prevention and control and safeguarding training. There was a staff training schedule in place for the year to ensure all training was kept up-to-date.

A directory of residents was maintained and made available to the inspectors for review. This had all the required information in relation to residents' as set out under paragraph 3 in schedule 3 of the regulations.

Although the provider had systems in place to monitor the quality and safety of the service, a number of audits completed were not effective as some audits were not always leading to quality improvements and did not ensure that the service provided was safe, consistent and effectively monitored. This is further discussed under Regulation 23: Governance and Management.

All complaints received were recorded and the complaints log was made available to the inspectors for review. Inspectors found a number of the closed complaints reviewed referenced reported safeguarding concerns regarding one allegation of financial abuse and three allegations of neglect. While the allegations had been appropriately investigated and dealt with under the complaints procedure, the allegations had not been recognised by the registered provider as safeguarding concerns and had not been notified to the Chief Inspector as required by Regulation 31: Notifications.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application applying for the variation of condition 1 and 3 of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents accommodated in the designated centre and it was made available on the day of inspection. The directory included all the required information specified in schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness for residents' quality of life. For example, auditing was not always leading to quality improvement. Inspectors identified disparities between the high level of compliance reported in the centre's own care plan audits and the inspectors' findings during the inspection, these findings are set out under Regulation 5. Furthermore, a review of the medication management, housekeeping and wound care management audits did not assure the inspectors that quality improvement was taking place as the audits reviewed did not contain any time bound action plans or analysis of the findings to drive quality improvements in those areas.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted to comply with Schedule 4 of the regulations, a review of the complaints records confirmed that not all allegations of abuse were notified to the office of the Chief Inspector.

Judgment: Not compliant

Quality and safety

The inspectors found that the residents rights were respected and that they were receiving a good standard of care that supported and encouraged them to enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents to meet their needs. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, improvements were required in relation to standards of residents' care plan documentation and opportunities for them to participate in meaningful social and recreational activities to meet their interests and capabilities.

Records showed that residents had timely access to medical care in line with their assessed needs. A general practitioner routinely attended the designated centre on two days each week and more often as needed. The provider employed a physiotherapist to support residents' mobility and independence. Appropriate medical and health care referrals were made to specialist services such as psychiatry, speech and language therapy, dieticians and community services such as chiropody. Records evidenced that referrals were timely and residents received prompt support form these specialist services when needed.

Inspectors reviewed a selection of residents' assessments and care plans on the day of inspection. Inspectors found five care records where residents' care plan information did not adequately direct staff on the care they must provide to meet these residents' assessed needs. Furthermore, residents' care documentation was not always kept up-to-date and consequently could also not be relied on to clearly direct staff on the care they must provide to meet each resident's needs. The inspectors' findings are discussed under Regulation 5: Individual Assessment and Care Plan.

Overall the layout of the premises promoted a good quality of life for residents. There were suitable ancillary services throughout the building, including appropriate hand washing facilities. The centre was clean and well maintained. There was a choice of communal spaces available to residents and two well maintained external courtyards. However, the layout and space available to residents in the sitting room, on the lower ground floor, was negatively impacting on residents' comfort, choice and safety moving around the room and unrestricted access to the outdoor courtyard.

Residents had access to local and national newspapers and radios. Although, staff made efforts to provide residents with opportunities to participate in meaningful social activities to fulfil their interests and capability needs, there was limited meaningful social activities available on the day of the inspection for many of the residents including residents with dementia. The inspectors also observed that actions were necessary to ensure residents' social activity needs were adequately assessed and that their social activity care plans directed staff on a social activity programme to meet their interests and capacities.

Regulation 17: Premises

The use of the sitting room on the lower ground floor to provide recreational activities was observed not to meet the comfort and safety needs of the residents and did not provide a quiet space for residents to sit and relax in, if they so wished. This was evidenced by the inspectors' observations where they observed 11 residents and three staff members crowded into this room for the morning activities. Three residents were in large occupational therapy chairs personalised to their needs. These large chairs needed additional space. One resident was sitting in the corner of the room and had their route out of the room obstructed, should they wish to leave this room.

Furthermore, access to the lower ground enclosed outdoor courtyard space was obstructed by a resident sitting in a wheelchair in front of the door as there was no other available space in the room for them to rest in.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Actions were necessary to ensure that residents' care documentation reflected their individual assessed needs and were updated to clearly direct staff regarding the care interventions they must complete to meet each resident's assessed needs and to ensure that pertinent information regarding each resident's care was effectively communicated to all staff. For example:

- One resident had conflicting information in their recreational social activity and communication care plans. Another resident had conflicting information around their risk assessment score regarding their potential to develop pressure injuries.
- A number of care plans were seen to contain multiple care directives from health care professionals. It was unclear which was the most up to date care or if the previous care directive was still relevant.
- Activity care plans were not reflective of each residents' meaningful assessment of their interests and capacities and were not person centred. Activity care plans were heavily reliant on TV and music as a person's interests and one resident had sleeping recorded as a social interest. As a result care plans did not provide clear guidance to staff to provide meaningful activities and social engagement for residents in line with their assessed capacities.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP) who visited twice a week. There was access to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. there was a physiotherapist who was on-site twice a week.

Judgment: Compliant

Regulation 9: Residents' rights

Although there was meaningful social activities available for residents in the centre, not all residents were afforded the same opportunities to participate. This was evidenced by the following findings;

- scheduled activities were taking place on two floors in the centre and the inspectors could not be assured that residents on the remaining two floors were afforded the same opportunities to participate in activities.
- Records available of individual residents' participation in social activities were limited and did not give assurances that residents were provided with sufficient opportunities to participate in social activities in line with their interests and capacities.
- Activity rooms were available on most units in the centre but for the most part they were observed not to be used by residents throughout the inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Clondalkin Lodge Residential Home OSV-0008600

Inspection ID: MON-0040944

Date of inspection: 26/06/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In Clondalkin Lodge, the PIC performs her functions in accordance with relevant Legislation, Regulations, National Policies and Standards, to protect each resident and promote their health and wellbeing. There is a clear and effective Management and Governance structure with clear lines of accountability for all roles and responsibilities. There are management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. There is a well-developed auditing system in place for managing all risk and which the DON/ADON are experienced and competent in carrying out throughout the year. Audits are conducted on a weekly, bimonthly, monthly, quarterly, bi annual and annual. While the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis the DON and ADON will ensure that all audits conducted will identify areas for improvement, identify actions and ensure that actions are specific, measurable, attainable, realistic, timely and will lead to quality improvement. A full review of the current Care Plan Audit will be conducted to ensure that the audit used reflects all aspects of the Residents Care Plan. This review and changes made to the audit will be concluded by the 31/10/24 and if required a new audit implemented.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Registered Provide and the Person in Charge are aware of their obligations to report all incidents to the Regulator as per schedule 4. There is a very good culture of reporting	

incidents in the center, and this will continue. As mentioned during the inspection and in the report, The Person in Charge had conducted and completed a detailed investigation of the complaints which were closed and signed off in the complaints folder. The PIC will ensure going forward that all Notifications are submitted on time and in accordance with schedule 4. In the absence of the PIC Clondalkin Lodge has arrangements in place to ensure that notifications are submitted the ADON and the PPIM have access and are experienced in completing notifications. Clondalkin Lodge has very good Governance arrangements in place, as part of this the PIC submits reports to the PPIMs on a weekly, fortnightly and monthly basis. These reports have been amended to include all notifications submitted. The Chief Risk Compliance and Services Officers (PPIM) will also review all incidents and notification on a weekly basis to ensure that all reportable incidents have been submitted.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The communal sitting room on the Castle floor was never designed to accomadate all the residents on the floor. There are other communal and break out areas on Castle to accomadate residents. Clondaklin Lodge also has numerous sitting rooms, and day spaces througout the building and all residents including residents on Castle are faciliated to use all the day rooms in the building throughout the day. Following the inspection on the 26/06/24 the Person in Charged conducted a review of the sitting room on the Castle floor and put a plan in place to ensure that the room accomadates only enough residents to ensure that its use is therapic for those using it and that neither the exit door or the door out to the Courtyard is obstructed going forward. The review also took into account the other communal areas on the floor and a plan put in place to ensure that residents are encouraged to use these areas. Residents while residing on the Castle floor continue to use other living spaces on the other floors within Clondalkin Lodge. The Person in Charge discussed this plan with all staff at the last staff meetings that took place on the 29/07/24 and 30/07/24.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Clondalkin Lodge ensures that each resident is provided with care in a person-centered manner that is safe, effective and appropriate to their individual needs. All residents have a suite of assessments and care plans provided following admission to the nursing home

and are updated 4 monthly or more frequently as required. A comprehensive preadmission assessment is conducted by DON/ADON to ensure that residents needs can be met and that relevant resources are available i.e. seating, pressure relieving equipment etc. Each resident has a named nurse who has responsibility for ensuring that their clinical and social care needs are addressed, reviewed and evaluated on an ongoing basis. Nurses and healthcare assistants receive comprehensive induction and training in to ensure they are skilled and knowledgeable in assessing, planning, implementing and evaluating the care of residents. The residents are involved in all care planning processes with involvement of their named representative as per choice and all decisions are documented. The resident and or family have access to the DON or ADON for any concerns are addressed in a timely manner. The Home conducts a suite of Audits on a weekly, monthly, quarterly and annual basis which includes a Care Plan Audit. Following the inspection on the 26/06/24 the Person in Charge conducted several Staff Nurse meetings on the 02/07/24 and the 04/07/24 to highlight the findings of the inspectors during the verbal feedback in relation to residents' care plans. All Staff Nurses received One to one coaching sessions with either the CNM's and or the ADON with particular emphasis on Care Plan training, this commenced on the 12/07/24 and concluded on the 05/08/24. All Key Nurses were informed that a full review of their residents' care plans needed to be conducted and completed by the 30/08/24. Following this an audit of all the Care Plans will be conducted by the CNM/ADON and completed by the 30/09/24 to ensure all care plans are person centred and contain the most up to date information. Actions will be generated and signed off on as complete. As mentioned in Regulation 23 a review of the Care Plan audit would then take place and changes made, if necessary, by the 31/10/24

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Clondalkin lodge is aware that residents' rights should be observed at all times. Following the verbal feedback from the inspectors on the 26/06/24 a meeting was held with the activities co-ordinators on 10/07/24 and informed of the inspectors' feedback. It was agreed in this meeting that the activities co-ordinator will meet with the DON/ADON every Tuesday for progress review meetings until 30/08/24 then continue monthly thereafter. Clondalkin Lodges activities were discussed at length, and it was agreed that a review of the activities was required. The activities planner was reviewed and adjusted to ensure that residents were given more options throughout the day. A residents meeting was held on the 12/08/24 with activities an item on the agenda. It was agreed that an activity specific survey would be conduct in Clondalkin Lodge to inform the activity planner going forward. This survey would commence immediately with the findings presented to the residents during the next meeting on the 18/09/24. Following this meeting the activity planner would be again readjusted to incorporate the findings. An additional activities co-ordinator was employed and commenced on the 08/07/24. This has helped to improve the number of activities being offered to the residents across all floors per day, and the ability to document in a timely manner in the residents' notes

the activities they would have attended, and give assurances that residents were provided with sufficient opportunities to participate in social activities in line with their interests and capacities. Clondalkin lodge has 3 activities rooms across all floors and 4-day rooms, there is also is a very large activities room opposite the admin offices that can accomadate a large number of residents and is where numerious functions have takien place. It is normal for some of the activities rooms not to be in use in a given day given the space available. Often the activity may take place in the large day room to include all residents there while other residents may have gone to another floor to participate in another activity so in such instances there will be an activity room not in use. As part of the care plan review conducted by the key nurses the residents Key to me and activities recreation care plans are also being updated and will be completed by the 30/08/24.

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	30/08/2024
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	31/10/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Not Compliant	Orange	26/06/2024

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(3)	The person in charge shall 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.	Not Compliant	Orange	31/10/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/10/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2024