Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Tralee
Name of provider:	Aperee Living Tralee Limited
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 January 2024
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0042411

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities. Communal areas comprise the large foyer with comfortable seating, two sitting rooms, Rose dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical disability, psychiatry of old age, and residents requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

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
Thursday 18 January 2024	09:00hrs to 17:00hrs	Breeda Desmond	Lead
Thursday 18 January 2024	09:00hrs to 17:00hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

This unannounced inspection of Aperee Living Tralee was undertaken to monitor the care and welfare of residents in this centre, and to follow up on serious concerns regarding the registered provider's ability to provide a safe service particularly in relation to the safeguarding of residents finances. There were 68 residents residing in Aperee Living Tralee at the time of inspection. Inspectors met many residents during the inspection and spoke to 12 residents in more detail to gain their insight into their experience of living in the centre. Residents spoken with gave positive feedback about the care they received and were complimentary about staff. One resident said they were pleasantly surprised when they came to live in residential care as they never thought it could be this good, they reported that staff were excellent and very attentive. The inspectors met two sets of visitors who were also very complimentary about the staff and the care to their family member but specifically cited their ease of accessibility to the person in charge and assistant director of nursing (ADON). However, on this inspection, inspectors continued to have concerns about the overall governance of the centre.

On arrival for this unannounced inspection, inspectors were guided through the centre's risk management procedures, which included a signing in process, hand hygiene and donning masks as the centre was just coming to the end of an outbreak of COVID-19. An opening meeting was held with the person in charge and ADON which was followed by a walk-about the centre. Inspector saw that re-decoration was ongoing in the centre. Bedrooms, corridors, communal rooms and the main foyer were seen to be freshly painted. Reading material such as the statement of purpose, residents' guide, inspection reports, complaints' policy and annual quality report were displayed by reception. The certification of registration and main fire panel were also located by reception.

Five residents were seen to have their breakfast in the dining room at 10:45am and staff present actively engaged with residents and provided assistance in accordance with their needs. Other residents were relaxing in the main foyer and day room. One resident was busy folding serviettes for the lunch time meal and said they enjoyed being involved with the staff and helping out. They went on to say they were very happy in the centre and the food and activities were very good and there was plenty of staff to attend to residents needs.

The inspectors observed that morning care was delivered in a relaxed manner; staff were observed to knock on bedroom doors before entering and to chat with residents. Following personal care, residents came to the day room or reception area to relax. Residents were seen to read the news paper and chat with their friends. The activities person was seen to fully engage with residents and provided one-to-one activities which was followed with group activities in the day room. As isolation restrictions were just finished, the inspectors were informed that a party was organised for the week following the inspection to celebrate the ending of

isolation precautions.

Inspectors spoke with residents in the dining room at lunch time and observed the mealtime experience. Tables were set prior to residents coming to the dining room for their meals. Menus were displayed on each table with pictures and written information on the daily menu choice. Meals were pleasantly presented and served in a friendly and social manner. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance.

There were plenty of activities taking place in the centre and a varied activity schedule was seen by inspectors. The activities programme was displayed on each corridor reminding residents of the activities programme of the day. Also displayed on each unit were the staff on duty for their unit and team leaders. Inspectors saw that morning and afternoon snacks and beverages were offered to residents in communal areas and then staff went around to residents in their bedrooms offering refreshments. The inspectors saw that many residents had brought in their own furniture such as large armchairs, display units, pictures and photographs to their bedrooms and bedrooms were seen to be homely and personalised.

The inspectors saw that the smoking area was accessible via the activities room. This was a sheltered area outside the door of the activities room with seating, fire retardant aprons, call bell and a fire blanket as part of their fire safety precautions. The garden area was accessible through the oratory and activities room. Equipment such as hoists and wheelchairs were stored here. The room designated for storage near Skellig wing could accommodate a limited amount of equipment; this room was being upgraded at the time of inspection regarding plastering, painting and new shelving was ordered. Electrical points were in place to facilitate charging of equipment such as hoists.

The inspectors observed lovely person-centered interactions between staff and residents where it was obvious that staff knew residents well and visa verse. The person in charge and assistant person in charge were well know to the residents and were greeted by name by a number of residents. Visitors in and out of the centre throughout the day were warmly welcomed and staff knew visitors and greeted them by name.

Medication trolleys were secured to walls; residents' records were securely maintained in designated presses on each unit. Doors to clinical and sluice rooms were secured to prevent unauthorised access in line with best practice. Both clinical rooms had a new compliant hands-free clinical sink installed since the last inspection. The person in charge reported that new lighting was installed in the driveway entrance to the centre and flood lights around the perimeter of the building.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection to monitor the care and welfare of residents as the centre was currently in escalation. The previous three inspections of Aperee Living Tralee undertaken on 27 September 2022, 04 April 2023 and 04 September 2023 identified significant areas of concern relating to the governance and management of the centre, the protection of residents' finances and fire safety. Fire safety had also been identified as an issue in the report of the 08 February 2022 where significant improvements were required to ensure adequate precautions against the risk of fire. Following the lack of progress by the provider to address serious fire risks identified in their fire own external fire safety risk assessment undertaken in December 2021 and issues identified during the inspection of the centre on 27 September 2022 and 04 April 2023, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by 16 June 2023 to ensure the safety of the residents. The Chief inspector acknowledges that those works were completed, however, the protracted nature of the registered providers response to such a serious issue raises concern about the competence of the registered provider. Significant issues around the safeguarding of residents' finances were identified on an inspection of the centre in April 2023 where all reasonable measures had not been taken by the registered provider to protect residents finances and the management of pension arrangements in the centre. Residents monies were lodged into the operational account of the centre and despite assurances from the registered provider that a resident client/ account would be put in place a further inspection of the centre on 04 September 2023 found that there was still no residents account in place and residents' monies remained unprotected. The Chief Inspector issued a notice of proposed decision to cancel the centres registration on 09 November 2023 due to serious concerns about the registered providers fitness to operate the centre and their lack of action in addressing governance and management issues and the protection of residents finances.

Following receipt of this notice to cancel the registration of the centre the provider submitted representation to the Chief Inspector on 08 December 2023, outlining actions they were taking to address the serious regulatory non compliance identified and requesting that the Chief Inspector reconsider the decision. The representation submitted outlined a revised organisational structure and detail of the action being taken to bring the centre into compliance with the safeguarding of residents' finances. On this inspection inspectors inspected against this representation and found that as the representation outlined, three new directors were appointed to Aperee Living Tralee limited, and the previous person nominated to represent the provider was no longer a director of the company. In the representation the provider committed to opening a dedicated separate bank account for residents' finances to separate residents monies from that of the registered provider and day to day finances of the centre. However, on this inspection, despite the serious issue identified in April 2023, this bank account was not in place and therefore residents

finances were not protected.

Inspectors found during the inspection that the organisational structure did not reflect that outlined in the representation submitted and staff in the centre were not aware of the proposed changes. For example, at the time of the inspection a number of the posts outlined in the representation had not been filled including that of a regional manager, a director of clinical care and a human resource lead, nor were there definitive dates for these roles to commence.

Aperee Living Tralee is operated by Aperee Living Tralee Limited, the registered provider. The centre is part of the Aperee Living Group, which operates a number of centres around the country. The Chief Inspector had been notified of changes to the company directors in November. Within the centre, care is directed by a suitably qualified person in charge who had been in this post for over a year. They are supported by an assistant director of nursing and a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff. However, the inspectors found that the provider's governance structure remained weak and did not reflect the commitments given to strengthen it as identified in the legal representation. In particular, a director of care quality and a regional manager to provide additional oversight, had not yet been appointed. Notwithstanding this, the person in charge reported that they had access to the registered provider informally. In addition, all of the directors had been on site, and formal governance meetings had commenced and were scheduled on a monthly basis.

Incidents occurring in the centre were being recorded electronically and there was good oversight and monitoring of incidents by the person in charge. All incidents had been reported to the Chief Inspector, as per regulatory requirements. The complaints procedure had been updated in response to the changes in legislation in March 2023, however, some further amendments were required to ensure that the policy clearly outlined the procedure to be followed in response to a complaint. Staff had access to training in accordance with their role and responsibility.

Other non-compliance from the previous inspection were also reviewed and inspectors found that actions had been taken in relation to fire safety certification, external emergency lighting, and upgrades to the premises. Outstanding concerns related to storage facilities for equipment, updating and implementation of policies, resident care documentation, and records to be maintained relating to staff employed in the centre. Regarding residents’ finances, the provider continued to be pension agent for a number of residents, and residents' finances continued to be in a company account, so concerns remained about that the provider had not safeguarded residents finances.

The complaints procedure required updating to reflect the new legislation. While there was a policy relating to residents’ personal possessions and finances, it could not be comprehensively implemented as a separate residents’ account remained unavailable.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

The duty roster was examined and showed that the person in charge and ADON worked full time. The CNM worked on alternate weekends and the person in charge and ADON also operated an on-call rota to provide support to the service on weekends.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had fulfilled their obligation to provide appropriate training for staff, however, due to the recent COVID-19 outbreak it was necessary to re-schedule the training; records and staff rosters showed that this training would be facilitated on-site in the weeks following the inspection to enable and ensure staff training remained current. All nurses had received training regarding the administration of subcutaneous fluids and syringe-driver medication administration.

Judgment: Compliant

Regulation 21: Records

Staff files were examined and the registered provider had not ensured that records were maintained in compliance with regulatory requirements as outlined in Schedule

2 as follows:

- one recently recruited healthcare assistant in post did not have any references on file as required and the inspectors were concerned that this did not demonstrate robust recruitment and could put residents at risk, this was also a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Significant concerns remained with regards to the governance and management of the service and the registered provider's ability to ensure that the service provided was safe. This was evidenced by the following:

- the management structure of the provider was not clearly defined to identify the lines of authority and accountability and to specify roles and detail responsibilities for all areas of care provision. Senior management roles within the organisation remained vacant such as the Regional Manager and Director of Quality. The provider had committed to strengthening the management structure via the representation submitted to the notice of proposed decision to cancel the registration of the centre, However, this had not been actioned to date and staff in the centre had not been fully informed of the new governance arrangements at the time of the inspection.
- the provider had failed to submit the correct documentation for a proposed person to partake in the management of the centre
- issues of serious regulatory concern, previously identified, relating to corporate management of residents' finances had not been addressed to ensure residents were safeguarded against financial abuse, as a separate bank account had not been opened to enable the separation of monies between the operation of the designated centre and residents' personal monies maintained in line with national guidance and legal requirement.
- further oversight of staff files was required to ensure robust recruitment as outlined under Regulation 21, Records.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were updated to reflect legislation and implemented into practice as follows:

- the policy in place for the management of residents' personal possessions and

finances could not be comprehensively implemented as residents' monies continued to be lodged to the operating bank account of the designated centre; this policy required updating regarding return of monies to the resident's estate when they passed away, and time-lines for return of money and property to residents' estates
- the complaints policy required updating to reflect the changes in legislation relating to Regulation 34, Complaints Procedure.

Judgment: Substantially compliant

Quality and safety

Residents were supported and encouraged by the staff to have a good quality of life in Aperee Living Tralee. There was evidence of residents needs being met through good access to healthcare services and opportunities for social engagement.

Inspector was assured that residents' health care needs were met to a good standard and that staff were responsive to residents care needs, and this was observed on inspection. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, the integrated care programme for older people (ICPOP), dental, optician, tissue viability and palliative care for example.

A sample of care documentation was examined and these showed mixed findings. While there was some excellent individualised information regarding care planning, information within assessments was limited, and medical histories did not inform either the assessment or care planning process. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had access to a meaningful activation programme over seven days per week. This included one-to-one activation in communal areas as well as residents' bedrooms, group activities, music and mass once a month. Staff were allocated to the day room in the evening times for social activation and supervision.

As part of resident engagement and involving residents in the organisation of the centre, a resident poll was undertaken to determine their wishes regarding the oratory/activities room; the results of which confirmed that residents wanted their oratory, with the stations of the cross displayed. The person in charge reported that this room would be re-decorated with resident input regarding colour palate and layout.

Regarding residents' finances, the provider continued to be pension agent for a

number of residents, and residents' finances continued to be held in a company account, so concerns remained about the manner in which residents' funds were being managed which is actioned under Regulation 8, Protection. Nonetheless, those working in the centre had taken what action they could to ensure that the account balance had not fallen below the value of residents' monies to ensure residents could access their funds when requested. Other remedial actions within the control of the local financial administrator were also taken. For example, timely return of monies to the estates of deceased residents, issuing monthly statements to residents and residents signing the statement documents; the administrator also discussed and provided information relating to finances with residents when appropriate. The inspectors were informed that an advocate supported some residents regarding their finances. Petty cash was maintained on site and the financial administrator had robust systems in place to safeguard these monies and residents' valuables; this included a comprehensive itinerary with photographs of personal possessions such as various items of jewellery.

Regulation 10: Communication difficulties

Observation on inspection demonstrated that staff had good insight into residents' communication needs and supported residents to be independent. Communication plans were seen in residents care plans and were followed by staff.

Judgment: Compliant

Regulation 17: Premises

While refurbishment was ongoing during the inspection, some actions remained outstanding:

- storage space remained inadequate for equipment as equipment was seen to be stored in communal rooms such as the oratory and activities room.

Judgment: Substantially compliant

Regulation 27: Infection control

Additional clinical hand-wash sinks were installed in clinical rooms in line with best practice. Two household staff were on duty on a daily basis and the centre was seen to be visibly clean. Residents were knowledgeable regarding infection control precautions and explained that they were kept abreast with the changing outbreak

status and advise regarding the rationale for various precautions.

Judgment: Compliant

Regulation 28: Fire precautions

Daily fire safety checks were comprehensively completed. Weekly door-releasing inspections were completed and actions were immediately taken when issues were identified. Fire equipment servicing records were available and up to date. Monthly fire safety checks were comprehensively completed.

Fire training was up to date for all staff and fire drills were completed as part of fire safety training. Following the last inspection, weekly compartment evacuations were completed routinely to be assured that this could be completed in a timely and safe manner. While this was temporarily suspended during the COVID-19 outbreak, the person in charge assured that weekly evacuations would re-commence immediately until such time as they were assured that evacuations could be completed in a reasonable time. Records demonstrated that the times taken for compartment evacuations were incrementally decreasing as staff were becoming more competent.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care documentation was examined and these showed mixed findings. While there was some excellent individualised information regarding care planning, information within assessments was limited, and medical histories did not inform either the assessment or care planning process. There was a lack of assessment tools available to inform individualised care planning, therefore some care plans were not sufficiently detailed to direct residents' care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection demonstrated that staff were knowledgeable and had good insight into residents' behaviour and how to . Support was given to residents in a respectful manner that ensure residents' dignity.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were not taken by the provider to protect residents' finances and the management of pension arrangements in the centre did not ensure the protection of residents' monies as evidenced by the following findings:

- in line with national guidance and legal requirements, the provider has not set up a resident/client bank account to enable the separation of monies between the operation of the designated centre and residents' personal monies to safeguard residents'. Consequently, residents' monies continued to be lodged into the operational account of the centre and were not protected.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had access to an activities programme over seven days. The activities programme was varied and included entertainment from the community as well as in-house activation. Residents' meetings were facilitated by the person in charge and ADON and issues were followed up on subsequent meetings. Consideration was given to residents about the environment and their opinion and feedback was sought regarding the colour palate for refurbishment of communal areas as well as their bedrooms.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0042411

Date of inspection: 18/01/2024

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
Outline how you are going to come into compliance with Regulation 21: Records: We have reviewed our recruitment process, and a checklist is in place to follow for recruitment of new staff and this is cross checked by management and a member of the administration team.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: ***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations*** A new Regional Clinical Manager commenced in post on February 1st 2024. An email was sent to all Directors of Nursing on the morning of January 18th 2024 outlining the revised reporting arrangements as a result of the Regional manager appointment. We expect to announce our new Clinical Lead by April 30th with the relevant person commencing in the Role on Monday 10th June 2024. All relevant persons in the centre are aware of the reporting lines. All correct documentation has been submitted for the Regional Manager to be appointed	

as a PPIM for the centre and a Fit person interview has been held.

A new resident Bank account was opened on February 1st 2024. This account is exclusively used for Residents funds held by the centre. It is important to point out that the main Bank account had at all times sufficient funds to ensure the resident had access to their funds as and when required.

The issue in relation to staff files has been addressed in response to regulation 21:Records.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The policy for the management of residents' personal possessions and finances has been updated to reflect these changes.

The complaints policy has been updated to reflect the changes in legislation relating to Regulation 34, complaints procedure. Education has been received in relation to these changes.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We have reorganized our storage within the home and remodeled a storeroom for storage of hoists and wheelchairs.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We have included a comprehensive assessment in our residents mandatory assessments, and it is reevaluated regularly, education sessions have been planned for all nurses.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: A new resident Bank account was opened on February 1st 2024. This account is exclusively used for Residents funds held by the centre. It is important to point out that the main Bank account had at all times sufficient funds to ensure the resident had access to their funds as and when required.	

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	30/04/2024
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	31/03/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and	Substantially Compliant	Yellow	30/04/2024

	details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/03/2024
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	Substantially Compliant	Yellow	30/05/2024

	that resident's admission to the designated centre concerned.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/02/2024