



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	13 May 2024
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0043228

About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abbeydorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. Communal space comprises a large combined sitting and dining room, a sitting room, conservatory, reception seating area and oratory. There is also secure outdoor courtyard leading to an enclosed garden. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Monday 13 May 2024	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, there was a pleasant atmosphere in this centre and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with five residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback and in general, were complimentary about the care provided, and while residents gave very positive feedback regarding the quality of their main meal, they said they were disappointed in their tea-time meal and how it was served.

On arrival for this unannounced inspection, the inspector was guided through the risk management procedure of signing in process and hand hygiene. Precautionary signage regarding social distancing remained on the floor in the conservatory which was the main space for visiting. Information displayed in reception included the statement of purpose, residents' guide, complaints procedure with leaflets for people to complete should they wish to make a written complaint. The complaints' procedure was updated on inspection to a more accessible format for residents and visitors. Other information displayed related to advocacy services and pet therapy.

The main fire panel and certification, and registration certificate were displayed in reception. Floor plans with emergency evacuation routes were displayed throughout the centre. These floor plans had a point of reference, and primary and secondary evacuation routes detailed. Directional signage was displayed throughout the centre advising residents of communal rooms and bedrooms to prevent confusion and disorientation.

There were 26 residents residing in Riverside Nursing Home at the time of inspection. Residents' accommodation was on the ground floor, with staff facilities located on the first floor. Bedroom accommodation comprised 12 twin rooms and three single rooms with wash-hand basins; one single room had en-suite toilet, shower and wash-hand basin facilities. There were shared toilet and shower facilities for residents in the centre. Personal storage space in bedrooms comprised single wardrobes, bedside locker with lockable storage, a wall-mounted press; several had an additional chest of drawers provided since the last inspection. Residents in some twin bedrooms had double wardrobes each to store their personal belongings. The inspector saw that some residents bedrooms were personalised with memorabilia from home. Specialist mattress and cushions, low bed facilities and hoists were available. Some bedroom televisions were upgraded since the last inspection and were much larger and more accessible to residents; other televisions remained quite small and difficult to view from a resident's bed; the television in some twin bedrooms could only be viewed by one resident.

There was a variety of indoor communal space available for residents in the centre, including the main sitting room, seating area off the dining room, conservatory, oratory, and reception area with comfortable couches and armchairs. The main day room had an aquarium and this was seen to be very clean with fish clearly visible,

and residents said they loved it.

Upgrades to the premises were seen to be ongoing at the time of inspection. Many aspects of the premises were updated since the last inspection, for example, painting and re-decorating, new flooring, and a new storage room for laundered linen. Additional storage space was available for items such as wipes, handwash and hand sanitiser containers. Alginate bags were available as part of infection control practices to enable safe use of infected or dirty laundry and laundry staff described best practice regarding work-flows in the laundry.

The inspector observed mostly positive interactions between staff and residents during the inspection and it was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach.

At the start of the inspection and throughout the morning, residents were seen coming to the dining room for their breakfast following personal care; some residents were served their meals in their bedrooms depending on their preference. Residents were seen to have choice for their meals. A variety of activities were held throughout the morning and early afternoon until 3pm, when the activities person went off duty. Later in the morning and mid afternoon, a member of staff offered residents a choice of juices or tea, and snacks and then called to residents in their bedrooms offering them refreshments.

Serving of the main meal started at 12:45pm with staff delivering trays to residents who wished to dine in their bedrooms. There was two sittings for meals. During the first sitting, staff provided assistance to residents in a social manner with lovely interaction observed. The second sitting was not a social event as there was just one staff to assist residents here and she was unable to attend residents as they requested it. Following the first lunch sitting, staff provided comfort measures to residents and when these comfort measures were completed, staff returned to the dining room to assist with the second sitting, where they were observed to offer beverages and second helpings to residents. Tea-time was observed; residents in the dining rooms were served their tea first and then all staff went to the dining room to served residents there; the inspector saw that tables were not set appropriately as there was no cutlery, some residents did not have a cup of tea or beverage of their choice, there were no condiments available for residents to season their food. One resident reported to the inspector how disappointed they were in their meal and how it was served.

The inspector found that the centre was generally clean and the household staff on duty were knowledgeable regarding cleaning products and cleaning regimes. While there were clinical handwash sinks available, staff used the handwash sink in one of the communal bathrooms' as a clinical handwash sink. The water outlet for one clinical handwash sink was seen to be visibly unclean. Staff were observed to complete hand hygiene following personal care delivery. Wall-mounted hand hygiene dispensers were available throughout the centre including in residents' bedrooms, with advisory signage explaining hand hygiene technique. While Dani centres were easily accessible throughout most of the centre with personal protective equipment of disposable aprons and gloves, the one available to laundry

staff was outside the laundry so laundry staff did not have easily accessible protective equipment such as disposable gloves.

Rooms such as the nurses' station, sluice, laundry and household cleaners room were securely maintained to prevent unauthorised access to clinical waste and chemicals for example. The medication trolley was locked and secured to the wall. Other medication presses, the medication fridge and presses with clinical equipment and residents' documentation were secured. The external clinical storage space was now securely maintained, preventing unauthorised access.

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

There was a clear management structure in place, and overall, improvement was noted in the management systems, nonetheless, further action was necessary to ensure these systems were enhanced to support the service to be adequately monitored to enable safe, appropriate, consistent and effective care.

Riverside Nursing Home is a residential care facility operated by Riverside Care Home Ltd. It is registered to accommodate 27 residents. The governance structure comprises two directors, with one of the board members nominated as the person representing the registered provider. Both directors work in the centre full-time, and one is directly involved in its operational and day-to-day management. There is a clearly defined management structure in place. From a clinical perspective, care was directed by the person in charge and she is supported by a team of registered nurses, healthcare, domestic, catering, activities and maintenance staff. Deputising arrangements are in place for times when the person in charge was absent from the centre.

This was an unannounced inspection as part of on-going regulatory monitoring of the service and to follow up on the actions from the previous inspection. The inspector found that actions required from the previous inspection relating to medication management, personal storage space for residents, fire safety precautions, care planning documentation, manual handling practices, restrictive practice and residents rights had been addressed or in the process of completion. On this inspection improvements were required in relation to evening meal-time supervision to ensure residents received an appropriate dining experience, staff supervision, a review of the duty roster relating to the activities programme available to residents. Evidence of these findings will be discussed throughout the report under the relevant regulations.

The provider representative explained that there was ongoing recruitment to ensure staffing levels were maintained and they were currently recruiting for two staff. On

the day of inspection there were adequate numbers and skill mix of care staff rostered, however, a review of the roster regarding provision of meaningful activation was necessary as activities were scheduled from 8am to 3pm. This is further discussed under Regulation 9, Residents' rights.

All incidents occurring in the centre were notified to the Chief Inspector of Social Services, in line with regulatory requirements. The statement of purpose was updated to ensure compliance with the regulatory requirements as detailed under Schedule 1. Schedule 5 policies and procedures were available; they were updated at the time of inspection to ensure compliance. Even though an audit was completed on staff files, deficits were identified in the sample reviewed. The annual review for 2023 was un-available; nonetheless, the 2022 review had the information as directed in SI 628 of 2022 relating to complaints and their management.

While a schedule of audit was in place for 2024 and this was an improvement from the previous inspection findings, the audit schedule was not sufficiently robust to ensure a thorough review and oversight to influence quality improvement. Key performance indicators were maintained on a weekly basis, and in general, these formed the basis for quality improvement, however, this was not an adequate appraisal of the service to inform a quality improvement strategy.

Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time. She was a registered nurse with the necessary nursing and managerial qualifications, as per regulatory requirements. She positively engaged with the regulatory; she was actively involved in the governance and management of the service and the day-to-day running of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate care staff rostered, including twilight hours staff. Regarding the roster relating to staff designated for meaningful activation, this is discussed under Regulation 9: Residents' rights.

Judgment: Compliant

Regulation 19: Directory of residents

There were two directories of residents maintained; one directory detailed short-stay residents and the second had details of long-stay residents. Both were comprehensively maintained in line with the requirements specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Regarding records maintained in the centre, more robust oversight was necessary regarding medication management to ensure that medication was maintained in line with professional guidelines, as follows:

- previously, there were three changes of staff shift - 8am, 2pm and 8pm, and this reduced to two shifts of 8am and 8 pm some time ago, however' the checking of controlled drugs was not reduced to two shifts as directed in professional guidelines
- while controlled drugs were signed that they were counted as part of the twice daily controlled drug check, the count number was not recorded in line with professional guidelines.

Action was required to ensure staff files were maintained in accordance with the requirements of Schedule 2, as follows:

- there was a gap in employment history in one file reviewed
- a second written reference was not available from a previous employer with whom the staff had a reporting relationship.

Judgment: Substantially compliant

Regulation 23: Governance and management

While improvement was identified in several aspects of care delivery, as detailed in the report, more robust management systems were required to ensure the service was safe, appropriate, consistent and effectively monitored, as follows:

- there was limited auditing of the service to enable oversight to support quality improvement
- oversight of staff supervision was required to ensure residents experienced an appropriate and social dining experience
- changes were required to staff rosters to ensure residents had access to meaningful activation throughout the day.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care. These included fees to be charged, additional fees that could be charged, room number and whether it was single or twin occupancy.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents and accidents which occurred in the centre was well maintained. All required notifications as outlined in Schedule 4 of the regulations had been appropriately submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints records were examined and these showed thorough and timely management of concerns raised. Both the person in charge and provider representative engaged with the complainant to facilitate action to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available to staff. The following policies were updated at the time of inspection to ensure compliance with Schedule 5, as follows:

- admissions policy updated to include their pre-admission assessment process
- retention of records policy updated to reflect the specified requirements as set out in Regulation 21
- complaints policy to reflect SI 628 of 2022
- temporary absence policy updated to specify the documents provided when

residents are being temporarily transferred to another care setting.

Judgment: Compliant

Quality and safety

Residents had timely access to healthcare services including physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. The residents' general practitioners (GPs) attended the centre for regular medical reviews. Residents had access to the HSE Integrated Care Programme for Older People (ICPOP) and this service was found to be invaluable in enabling better outcomes for residents. A comprehensive pre-admission assessment was completed prior to residents taking up residency to ensure the service could cater for their needs. Records showed that residents signed to indicate that the care planning process was undertaken in conjunction with them. Improvement was noted in resident care documentation to enable individualised care. Regarding nutritional assessment, validated assessment tools were used including a dehydration risk assessment, when clinically indicated.

Improvements were noted in the use of bed-rails to ensure that practices and policy reflected national policy. Reduction of bed rail restrictive practice was championed and this included education of both residents and staff, and families when indicated, which has resulted in a reduction in bed rail usage from 11 to 6 residents.

Medication management and controlled drug records were examined. Comprehensive administration records were seen for regular and as required (PRN) medications. Medication requiring crushing were individually prescribed; medications were discontinued in line with professional guidelines. Quarterly medication reviews were completed by the GP and pharmacist to enable best outcomes for residents. Medications were also reviewed as part of the ICPOP reviews with the consultant geriatrician. When necessary, residents were referred to other specialist such as pain management and palliative care. While improvement was noted in records relating to controlled medications, when staff completed daily checks of controlled drugs, they did not record the number of drugs counted in line with professional guidelines.

Residents were facilitated to access advocacy services. Residents' documentation showed thorough reports and assistance provided to residents by advocacy staff to enable better outcomes for residents.

Floor plans with emergency evacuation routes were displayed throughout the centre. These floor plans had a point of reference and primary and secondary evacuation routes displayed. Daily, weekly, fortnightly and monthly fire safety checks were comprehensively completed; and fire doors were replaced. Frequent fire drills were taking place in the centre, including full compartments evacuations.

In general, the centre was visibly clean and there were household cleaning staff on duty over seven days. Residents with urinary catheters had individual catheter holders and observation showed that catheters were maintained off the ground to ensure cleanliness.

Regulation 10: Communication difficulties

Excellent individualised attention was provided to residents with communication needs, including residents with visual impairment. Staff were seen to be familiar with residents and their needs, and appropriately interacted with them providing direction and assistance while at the same time maintaining respect and dignity.

Judgment: Compliant

Regulation 11: Visits

Visiting to the centre was facilitated in line with current guidelines of May 2024. Visitors came to the centre throughout the day and chatted with their relative in the conservatory and reception seating area. Visitors continued to sign in upon entry to the centre and complete hand hygiene in line with current guidance.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage space still comprised a single wardrobe for some residents, which is inadequate for people living in a long-stay residential care setting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required on how tea-time meals were served to residents:

- tables were not appropriately set at tea-time for residents dining in the main dining room. One resident did not have cutlery to enable them eat their meal of scrambled egg and pudding. Their meal was served in a bowl rather than on a plate. They did not have a cup of tea or other beverage as part of their

meal. Four staff were observed in the main sitting room serving the meal, however, no member of staff remained in the dining room to assist residents and ensure they had access to assistance should they require it.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Templates were available regarding transfer of a resident to another care facility which including infection status, previous antibiotic history and multi-drug resistant (MDRO) status, however, the transfer letter for the resident transferred out of the centre to another care facility the day before the inspection was not maintained on site, so it could not be assured that comprehensive information was supplied to the receiving service to enable the resident to be cared for in accordance with their assessed needs.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found the following issues relating to infection prevention and control which required attention:

- staff used the handwash sink in one of the communal bathrooms as a clinical handwash sink which is not in keeping with evidence-based guidance
- while Dani centres were easily accessible throughout most of the centre with personal protective equipment of disposable aprons and gloves, there was none available in the laundry to enable staff easily access protective equipment such as disposable gloves
- the water outlet in one clinical hand wash sink was visibly unclean
- precautionary signage regarding social distancing remained on the floor in the conservatory which was the main space for visiting; this was not in compliance with current advice regarding normalisation of visiting in designated centres' guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Current appropriate certification was available for inspecting and servicing fire safety

equipment. All residents had personal emergency evacuation plans available to enable them to be safely evacuated if required. Fire drills with evacuations were undertaken every fortnight; residents were included in these drills. Personal emergency evacuation plans were in place for all residents with their assessed supports for day and night time detailed. Servicing of equipment such as oxygen concentrators was completed in February, and gas installations were serviced at the time of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management and controlled drug records were examined. Comprehensive administration records were seen for regular and as required (PRN) medications. Medication requiring crushing were individually prescribed; medications were discontinued in line with professional guidelines. Quarterly medication reviews were completed by the GP and pharmacist to enable best outcomes for residents. Medications were also reviewed as part of the ICPOP reviews with the consultant geriatrician; when necessary, residents were referred to other specialist such as pain management and palliative care.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant improvement was noted in residents' care documentation. Records showed detailed information to inform individualised holistic care. Residents with enduring mental health concerns had information detailed to support them during different stages of their health needs. Close monitoring of residents and their response to different interventions was recorded to support staff to provide individualised care. Regarding their comprehensive assessment, where risk was determined, the actual risk and level of risk was detailed to inform the care planning process; this included significant detail regarding the signs and symptoms the individual resident may present with along with assessment reports from allied health such as community psychiatric nurse specialist and social worker. Correlating care plans were equally individualised to support holistic care.

Discussions were facilitated by residents' GPs regarding their advanced care directives. Decisions were documented and reviewed and updated regularly to ensure the residents' decisions remained valid.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services as well as the Integrated Care Programme for Older People which comprised a multi-disciplinary team including a consultant geriatrician.

Residents with catheters had comprehensive records maintained to show frequency of catheter change, along with size of catheter and whether there was infection present.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The number of bed rails had reduced following the findings of the previous inspection. Alternatives to bed rails were trialled and discussions with residents were recorded demonstrating the ongoing consultation with residents regarding their care and welfare. While the number of bed rails in use was 25% of residents, this was a significant improvement on 40%. Bed rail usage and other restrictive practices were an ongoing focus with the underlying premise of a restraint-free environment.

Judgment: Compliant

Regulation 8: Protection

The centre was not a pension agent for any resident in the centre, but did hold petty cash for three residents. Two signatures per transaction were seen in line with best practice to safeguard the resident and staff members.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the following issues relating to residents' rights which required action:

- the television in some twin bedrooms could only be viewed by one resident; some were small and would be difficult to see from a bed

- activities were scheduled from 8am to 3pm daily to facilitate the activities coordinator; there was no other staff rostered to provide for meaningful activation after 3pm.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0043228

Date of inspection: 13/05/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A new controlled medication book has been developed to ensure compliance. A new Staff records audit is being developed to ensure oversight of staff files.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A detailed audit program is being developed by the management staff to ensure full oversight. Staff training has been provided to all staff to ensure the standards are maintained throughout the day on all shifts. We are recruiting further staff to ensure the activities program can be re developed and expanded further in the day.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: We are in the process of providing extra storage to residents rooms and updating the TV's, this is an ongoing schedule due to very high increased costs.	

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>All staff have received training to ensure the high standard is maintained throughout the day on every shift. Staff are allocated to an area to ensure sufficient assistance is available to residents.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>Nursing staff have received training in the correct procedure for transfer of a resident and appropriate checks are in place to ensure compliance.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A danicentre has been installed in the laundry. Training has been provided to staff to ensure compliance with infection control. Sinks are cleaned daily as per cleaning schedule.</p> <p>We are awaiting a specialist service to remove the covid signage on the floor.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We are currently recruiting staff to develop and expand the activities program. TV's are</p>	

being updated on a rolling basis given the high cost increases in our operating budget.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	24/06/2024
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	31/08/2024

	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.			
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	31/08/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	24/06/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	24/06/2024

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/12/2024