



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Manor
Name of provider:	Firstcare Beneavin Manor Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0005756
Fieldwork ID:	MON-0042007

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 January 2024	08:30hrs to 17:45hrs	Aislinn Kenny	Lead
Wednesday 24 January 2024	08:30hrs to 17:45hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors spent time in the centre to see what life was like for residents living in Firstcare Beneavin Manor. Some residents told the inspectors that they felt safe in the centre and were well cared for by staff. Other residents, due to speech or cognitive impairment were unable to elicit their opinion on the service being provided in the centre however, they appeared happy and content in their interactions. Although the majority of residents were well cared for by staff, inspectors observed incidents of delayed care and found that actions were required to ensure compliance with the regulations, these will be discussed further in the report. Significant findings were also found in respect of premises, residents' rights fire safety and governance and management.

The reception area of the centre was bright, warm and welcoming with a couch and arm chairs available for residents and visitors to sit and relax. Inspectors saw information leaflets were available in reception and these included advocacy services information. Resident bedrooms were clean, neat and tidy. Residents who spoke with inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Some residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

This inspection was carried out while the centre had confirmed cases of COVID-19 infection, this had impacted a small number of residents. During a tour of the premises the inspectors observed that residents were isolated in one unit. Inspectors observed that in this unit, the needs of the residents on the day of inspection were such that staff allocated to the unit could not meet them. Inspectors spoke with a resident who said they had been in bed for a long period of time and they were requesting to get up and dressed. This resident was unable to have their personal choice facilitated, despite repeatedly asking, as they were informed by staff that they had to wait until more help came. Another resident was unwell and was looking for assistance in their bedroom. Staff were unable to provide this as they were bringing food to and attending to other residents on the unit. Inspectors were informed before the end of the inspection that the person in charge had allocated extra resources to this unit for the evening shift.

The inspectors spent periods of time chatting with residents and observing interactions between residents and the staff. Residents spoken with were complimentary of the staff in the centre. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. Residents were also seen reading and painting with staff in the lounge area of one of the units. There was an Oratory available for residents' use and inspectors were told Mass took place in the centre. There were two activity rooms, one on the first floor and one on the second floor, they were not observed in use on the days of

inspection. Inspectors observed a large number of Christmas decoration boxes in one of the activity rooms.

Residents informed inspectors that they had a good choice of food available to them. They said that they liked the food, it was always hot, they got plenty to eat and had access to food at all times. Lunch was observed and inspectors found that staff were knowledgeable of the residents' preferences and of residents' assessed needs such as special requirements including diabetic diets and modified textured diets for those with difficulty swallowing. A variety of drinks were offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table.

Residents who spoke with the inspector expressed satisfaction with the quality of life they experienced in the home. Residents told inspectors that the hairdresser came to the home once a week and they said that they 'loved getting their hair done'. One resident said that there was lots of activities to choose from and that in particular they looked forward to the music and sing-along. On the day of inspection, inspectors observed a visit from a singer entertainer. The show proved very popular with residents as the singer and staff appeared very enthusiastic and encouraged resident participation.

Residents had access to adequate lockable space to store and maintain personal possessions. Laundry facilities were provided on site. Some residents and visitors raised concerns to the inspectors on the day of inspection regarding laundry going missing in the past however, inspectors were informed by visitors that management had introduced a new clothing identification system and so far nothing had gone missing this year.

The inspectors spoke with a number of visitors on the day of inspection who expressed their satisfaction with the centre and were complementary of the living arrangements and staff.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Inspectors found that improvements had been made to staffing since the last inspection and that the registered provider had put in place arrangements for supervision and support for staff. However, on this inspection, the inspectors found that the governance and management arrangements required improvement to ensure effective oversight of premises, fire safety, management of resources and staffing to uphold residents' rights so that a safe, effective service, in line with the statement of purpose is provided at all times.

The inspectors also followed up on notifications and five pieces of unsolicited information received by the Office of the Chief Inspector of Social Services since the previous inspection. The compliance plan from the previous inspection was also reviewed and found that not all actions had been completed in full, specifically ensuring that a dedicated resident's account was in place for the management of residents' finances.

The registered provider is Firstcare Beneavin Manor Limited, which is part of a larger group that own and manage a number of designated centres in Ireland. There was a clearly defined management structure in place. The person in charge reported to a regional director, who in turn reported to a company director and registered provider representative. The regional director was on site on the day of the inspection and attended the feedback meeting. The person in charge was supported in their role by an assistant director of nursing (ADON), clinical nurse managers, staff nurses, health care assistants, activities co-ordinators, catering and housekeeping staff. There were management systems in place to oversee the service, however they were not sufficient as inspectors found a number of areas where risks or improvements required had not been identified by providers' own auditing systems. Specifically in the area of maintenance, use of premises, storage and management of equipment. The inspectors reviewed minutes of meetings. It was evident that key issues such as actions on falls analysis, review of clinical incidents, medication management, human resources and restrictive practices were appropriately reviewed and time bound action plans put in place where required. There was evidence of audits taking place in the centre in areas such as nutrition and hydration, falls, infection prevention and control and use of restraints. The registered provider had completed an annual review of quality and safety of the service for 2022.

A review of the roster and inspectors' observations, found that overall staffing levels and supervision had improved, however the allocation and oversight of resources in the designated centre was inadequate and did not take into account the increased needs of residents in isolation as a result of- COVID-19. The registered provider had a number of vacancies at the time of inspection including vacancies for health care assistants and a maintenance person. On the day of inspection, there were extra staff vacancies due to illness and these were covered internally by centre staff and by agency staff. The centre was receiving maintenance support from the wider group and outside contractor. Nevertheless, there were some areas of the premises that required further maintenance support and this is discussed under the relevant regulation.

Since the last inspection, additional supervision was implemented with the addition of a supernumerary clinical nurse manager for night duty, a practice development nurse and a dementia care consultant. On the day of inspection the consultant was observed engaging in one-to-one training with staff in the area of positive engagement and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was also peer support from an ADON from another centre whose role was to provide extra supervision and support in management of responsive behaviours.

There was an ongoing mandatory training programme in the centre. The training matrix evidenced high levels of attendance at mandatory training such as fire safety, manual handling and safeguarding. Overall, staff spoken with on the day of the inspection were knowledgeable relating to safeguarding and fire safety measures. There was evidence that staff were supported in their professional development through an induction programme for new starters. The supervision process also included oversight from management and annual performance reviews with staff.

An up-to-date directory of residents was in place, however it did not contain all the requirements of the regulation as discussed under Regulation 19: Directory of Residents.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

While overall improvements had been made relating to staffing levels the needs of residents on one unit were not able to be fully met by staff allocated on the day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had a range of training programmes for staff to complete. This included fire safety, safeguarding of vulnerable adults, manual handling and infection, prevention and control training.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre however it did not contain the address of the resident.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure appropriate allocation of resources to ensure the effective delivery of care that met each resident's needs in accordance with the statement of purpose.

For example:

- Inspectors found that one resident had been in bed for longer than they had wished and had not been able to get support to dress and get up from bed due to lack of available staff to help on that unit.
- On the same unit there was a resident who was observed by inspectors to be unwell and in need of assistance while staff were unavailable, attending to other residents and delivering meals.

Inspectors acknowledge that upon raising the concerns with the management team, action was taken to strengthen the resources available in that unit.

Management systems to ensure that the service provided was safe, appropriate and effective were not consistently effective:

- The providers' oversight systems did not effectively mitigate areas identified in need for improvement; for example one residents' bath was out of order and inspectors were informed that this had been the case for more than six months.
- The provider had failed to identify and mitigate fire safety risks identified on this inspection as further described under Regulation 28; Fire Precautions.
- On the day of inspection there was no dedicated client account for residents' pension. This was an outstanding action from the previous inspection. While there was no evidence of misuse of residents' funds, a separate residents' account is required to effectively safeguard their finances.

Judgment: Not compliant

Regulation 31: Notification of incidents

Mandatory notifications were appropriately submitted to the Chief Inspector in line with Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the quality of service and quality of nursing care delivered to residents was of a good standard, many positive improvements had been made and residents appeared happy living in the centre. However, inspectors noted that further action was required in several areas, specifically fire precautions, premises and residents' rights to ensure that the care provided was safe and appropriate at all times.

Inspectors reviewed a sample of residents' records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required.

It was observed that through ongoing comprehensive assessment resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

The inspector reviewed a number of residents' care plans in respect of responsive behaviours and found that such residents were appropriately assessed and well-managed. Dedicated care plans were in place to support each resident and

contained information that was person-centred in nature. The premises was clean and appropriately laid out to meet the needs of the residents living there. There were wide corridors with handrails for residents to mobilise independently and residents had access to courtyards and outside areas. Storage in the centre required full review and inspectors found there were disused and broken furniture items stored alongside continence wear and staff personal items were stored in a GP visit room. This is discussed further under Regulation 17: Premises.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. The provider acted as pension-agent for residents. While there was a system in place for the monitoring and safeguarding of residents' monies, the registered provider did not have in place a dedicated residents' account as per previous commitments given to the Chief Inspector. This is further discussed under Regulation 8: Protection.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed throughout the centre. There was evidence of resident meetings to discuss key issues relating to the service provided. Inspectors found that the rights of the residents were not always upheld, and is discussed under Regulation 9; Residents rights.

The person in charge ensured that where a resident was discharged from the designated centre this was done in a planned and safe manner.

Inspectors reviewed arrangements at the centre to manage the risk of fire. Since the last inspection, the registered provider had taken additional precautions to ensure that residents were protected from the risk of fire. For example: fire seals on external doors had been addressed. Preventative maintenance of fire safety equipment including fire extinguishers was conducted at regular recommended intervals. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. While the fire project was still ongoing, actions were required to ensure safety of residents as discussed under Regulation 28: Fire precautions.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Where appropriate, residents were supported to manage their own accounts and property.

Judgment: Compliant

Regulation 17: Premises

Not all areas of the premises conformed to the matters required under Schedule 6. For example:

- There were inappropriate storage practices and arrangements throughout the centre as inspectors observed: damaged equipment stored in a storage area for hoists and alongside continence supplies; inappropriate storage arrangements of staff personal items in a GP visit room.
- The providers' oversight systems did not effectively mitigate areas identified in need for improvement; for example one residents' bath was out of order for more than six months. However, staff informed the inspectors that three baths had been out of order and were not used.
- There was no signage on doors indicating what each room was used for including the smoking room, which could cause confusion for residents and visitors navigating the centre or in the event of fire evacuation. This required review.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents were available for review and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to come into compliance with the regulation. For example:

The registered provider did not make adequate arrangements for evacuation and safe placement of residents in the event of a fire or for detecting, containing and extinguishing fires. For example;

- Inspectors observed that there was no external fire assembly point identified. Management informed inspectors that this was currently on review and same would be communicated to staff and signs erected once confirmed.
- There were breaches in fire rated ceilings, which required to be sealed up as it posed a fire containment risk. For example, inspectors observed holes in the ceiling in a communication room at reception.
- An exit fire door at the lift on the ground floor had a broken seal. The management gave assurances on the day of inspection that this was observed and awaiting repair.
- A plastic bin with a plastic liner was used as a cigarette bin in the smoking room and posed a risk of starting a fire. An immediate action was issued to the provider to ensure this risk was effectively mitigated.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs, of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills and training to deal with responsive behaviours. Care plans adequately recorded resident's needs. Use of restraint was used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

While records showed that residents' finances were well-maintained and managed, the registered provider did not ensure a separate residents' account was in place for the management of residents' pensions to safeguard residents' finances.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured that residents' rights were being maximised, as evidenced by;

- The lack of sufficient staffing levels in the unit impacted by COVID-19 meant that not all residents could exercise choice in respect of when they wanted to get up in the morning. One resident was in bed for 15 hours and despite several calls to assist them out of bed in the morning there was no staff available.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Firstcare Beneavin Manor OSV-0005756

Inspection ID: MON-0042007

Date of inspection: 24/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider Representative will ensure that staffing is at all times in accordance with the Statement of Purpose, including the rostering of agency/relief staff to address any shortfalls. Staffing rosters are prepared by the Person in Charge, monitored weekly by the Regional Director and overseen by the Registered Provider Representative to ensure compliance (complete and ongoing). The Person in Charge supported by the Assistant Director of Nursing will maintain overall responsibility for producing a staff roster for all units which reflects an appropriate number and skill mix of staff. The senior clinical management team shall ensure that the duties of staff on each unit are allocated appropriately and that a suitable ratio of clinical staff to residents is maintained to ensure residents requirements are effectively met. – complete and ongoing</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: A full review of the Directory of Residents in the Centre was completed and the Directory contains all required information- complete</p> <p>The Directory of Residents has been migrated to the EPIC electronic system and updated to include all required documentation- complete</p> <p>The Directory will be audited weekly to ensure it remains up to date and fully complete from 8th March 2024.</p>	

The Person in Charge will review these audits and the Regional Director will oversee this process at the monthly governance meetings from 31st March 2024.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider Representative will ensure that staffing is at all times in accordance with the Statement of Purpose, including the rostering of agency/relief staff to address any shortfalls. Staffing rosters are prepared by the Person in Charge, monitored weekly by the Regional Director and overseen by the Registered Provider Representative to ensure compliance (complete and ongoing).
A dedicated recruitment plan is in place to fill all vacant posts and recruitment will continue until staffing is in line with the Statement of Purpose.

The Person In Charge and management team have strengthened the approach to auditing care practices by enhanced daily visual checks, increased daily huddles, increased call bell response monitoring & tracking and identification of trends including complaints, falls and issues relating to care- complete

Audit outcomes and analysis of trends is reviewed by the Regional Director at monthly governance meetings with actions taken where appropriate- complete

Christmas decorations that were in one of the activities rooms on the date of the inspection have subsequently been removed and the room remains in frequent use by residents- complete

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The Person in Charge and management team will ensure that all rooms in the centre are used in accordance with their stipulated purpose and in accordance with the Statement of Purpose by enhanced vigilance and visual checks during daily walkabouts- complete

A review of storage of equipment on all floors has been completed with greater consideration now afforded to systems and oversight. This has resulted in decluttering, and easier access to stock and equipment required on a daily basis- complete

A review of the furniture has taken place with removal of all broken furniture identified- complete

A system has been implemented to ensure that service records are maintained for all baths in the centre and any deficits where identified shall be escalated for remedy accordingly- from 29th February 2024.

A comprehensive review of the door signage within the centre will be undertaken to ensure that signage is erected which reflects the appropriate use of each room. This will be complete by 30th April 2024

A new end-of-day sheet has been introduced for onsite maintenance staff to clearly identify any issues and tasks completed and or escalated. This sheet is sent to the Facilities Manager and Person in Charge on a daily basis for oversight- from 29th February 2024

Review of issues arising and actions taken is included at monthly governance meetings and overseen by the Regional Director- complete.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A Schedule of Works pertaining to Fire Precautions has already commenced in the Centre in Q1 of 2024 and will continue into Q2 of 2024. These works include compartmental fire sealing, repairs to gaps under doors & erection of assembly point signage. All works will be completed by 30th June 2024

The plastic bin in the smoking room which was present on the date of the inspection was immediately removed and replaced with a metal equivalent- complete

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 The Person in Charge in conjunction with the Registered Provider Representative and finance team shall ensure that a full review of resident's financial records is undertaken to ensure that there is a clear differentiation that the residents account is a separate entity. This will be complete by 30th April 2024.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge in collaboration with the clinical team will conduct a review to ensure that all residents residing in the centre have scope to exercise choice in relation to their preferred hygiene routines and that any known or preferred routines or choices in this regard will be reflected in their person- centred care plan. The expressed or known preferences of residents with regard to the time they arise from bed, will form an integral component of the care planning process, this shall be used to guide care processes. This review will be completed by 30th April 2024.</p> <p>Feedback from residents & auditing of care practices will be monitored through auditing quality indicators, including call bell response times, complaints analysis, resident's council meetings and family engagement (Complete and ongoing)</p> <p>The Person in Charge and Facilities team shall ensure that service records are maintained for all baths in the centre and any deficits where identified shall be escalated for remedy accordingly- from 29th February 2024</p> <p>The Director of Nursing shall ensure that a suitable ratio of clinical staff to residents is maintained on each unit to ensure residents requirements are effectively met (Complete and ongoing).</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/03/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/06/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to	Substantially Compliant	Yellow	30/04/2024

	protect residents from abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/04/2024