



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

## Issued by the Chief Inspector

Name of designated centre:	The Residence Citywest
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Announced
Date of inspection:	14 August 2024
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0038999

## About the designated centre

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

TLC City West is a purpose-built nursing home which can accommodate 119 male and female residents over the age of 18. There are 103 en-suite single rooms and 8 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor. The building is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided. The centre is designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence. TLC Citywest is ideally located close to the Red Luas line, Citywest Hotel, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital.

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

Number of residents on the date of inspection:	115
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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 14 August 2024	08:35hrs to 16:35hrs	Aislinn Kenny	Lead
Thursday 15 August 2024	08:25hrs to 16:00hrs	Aislinn Kenny	Lead
Wednesday 14 August 2024	08:35hrs to 16:35hrs	Aoife Byrne	Support
Thursday 15 August 2024	08:25hrs to 16:00hrs	Aoife Byrne	Support

## What residents told us and what inspectors observed

This inspection took place over two days. The inspectors spent time in the centre to see what life was like for residents living at TLC Nursing Home, City West. The atmosphere in the centre was relaxed and calm throughout the days of the inspection. Overall, residents told the inspectors that they "felt safe in the centre, enjoyed living there 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. Family members spoken with praised staff working in the centre and said they are "marvellous" and "A1".

Interactions were observed between staff and residents and it was evident that the management and staff team knew the residents well.

The centre is laid out over five floors, with residents' bedrooms located on the first four floors, and support services such as laundry and kitchen areas located in the basement of the centre. Residents had access to many communal spaces such as day rooms, dining rooms, activities room, an oratory and sitting rooms were located on each floor. Residents also had access to gardens which they could freely enter. Inspectors observed the garden in use by residents throughout the inspection and on the first day of inspection residents were seen enjoying ice-cream cones outside in the sunshine. There was a designated smoking area in this area also and fire safety measures were in place such as a metal bin, fire extinguisher and fire apron.

The centre is registered to accommodate a maximum of 119 residents. On the day of the inspection 115 residents were living in the centre. Accommodation was provided in 103 single bedrooms with en-suite facilities and eight twin bedrooms with en-suite facilities. A number of residents' bedrooms were viewed, they each had an allocated storage space and most residents bedrooms were personalised with items such as soft furnishings, paintings, and photographs which provided a homely feel. Some residents chose to dine in the dining rooms on each of the floors and other residents dined together in the large dining room on the ground floor or in their bedrooms.

Inspectors visited each floor during the two day inspection speaking with residents, staff and visitors. Inspectors observed inappropriate storage arrangements in a number of areas, which required further review. Inspectors also observed that not all residents' records were stored on site in the designated centre and while there was a system in place for archiving, some records were not on site at the time of the inspection.

Inspectors observed that two out of the three switch rooms contained pedestal fans in use to cool down the rooms. Inspectors were told by management that these were constantly in use throughout the day and night. The switch rooms were not checked regularly to ensure the fans remained in good working order and that they

were still upright and intact, which posed a safety risk. A system was implemented by the second day of inspection to check the fans on a daily basis.

Residents' dining experience was observed by inspectors on both days of the inspection. Residents were offered a choice of meals and refreshments throughout the day. Feedback from most residents was that the food was enjoyable, there was a choice offered and that the portions were good. Water was available in residents' bedrooms and tea and coffee and drinks were served at frequent intervals throughout the day. A choice of drinks and snacks including fresh fruit and biscuits was available for residents. However, inspectors observed one occasion where a resident requested an orange and this was not facilitated by staff, despite oranges being available. Residents expressed overall satisfaction with food and nutrition.

An activities schedule was available on notice boards throughout the centre. On the second day of inspection a ukulele group played for residents and their families and residents were seen enjoying the music and the sing along. The inspectors observed staff enjoying the music and dancing with the residents. Residents spoke about how much they particularly enjoyed the live music that frequently took place in the centre. A hairdresser visited the centre three times per week and there was a hairdressing room available for residents to have their hair done. A priest and interfaith minister also visited residents living in the centre.

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

## Capacity and capability

This was a well managed centre with good systems and oversight in place. Overall, inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. Improvements had been made to address the findings of the last inspection and the management team were quick to respond to any actions throughout the two days of inspection. However, there was further oversight and action required to address areas such as records, fire precautions, care plans and contracts of care. These will be discussed further in the report and under the relevant regulations.

This was an announced inspection carried out over two days to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). Inspectors followed up on the compliance plan from the last inspection in October 2023 and found that all items had been completed within the time frame. Deterioration of the base around the clinical hand wash sinks was observed on this inspection, a similar finding to the previous

inspection however, this was addressed by the provider by the second day of the inspection and the bases were reinforced to prevent further deterioration.

Cubedale limited is the registered provider of TLC City West. The centre is part of a larger group that own and manage a number of designated centres in Ireland. The daily running of the centre is overseen by the person in charge. The person in charge is a registered nurse who works full-time in post, they engaged positively with the inspectors during this inspection. The person in charge was supported in their role by three assistant directors of nursing (ADON) and four clinical nurse managers. Oversight was provided by the registered provider's regional director. Other staff members included nurses, health care assistants, activity coordinator, domestic, catering administrative and maintenance staff. The regional director was on site during both days of the inspection and were present at the feedback meeting. A company director was also present at the feedback meeting.

The registered provider had management systems in place to oversee the service however, some required strengthening as further detailed under Regulation 23. The inspectors reviewed minutes of governance and management meetings. It was evident that key issues such as actions on falls analysis, review of clinical incidents, 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 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 2023, this included improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year.

There was a staff training programme in place and staff were up to date with relevant training modules, such as safeguarding of vulnerable persons, and fire safety. Additional training courses were provided specific to a staff member's role, including palliative care training and medication management training.

A directory of residents in the designated centre was maintained by the registered provider and was made available for inspectors to review. The directory of residents detailed all the information regarding each resident as required by the regulations. A sample of staff personnel files were reviewed and contained the information required under Schedule 2 of the regulations. However, not all records to be kept in the designated centre in respect of each resident were retained in the designated centre for a period of not less than seven years. This resulted in all Schedule 3 records not being readily available for inspection.

A sample of seven residents' contracts were reviewed, an appendix to the contract that listed additional fees stated that residents were being charged for "physiotherapy sessions as appropriate" within their weekly fees despite not all residents being seen by the physiotherapist on a weekly basis. This required review by the registered provider as the statement of purpose that the centre is registered against states that there is no extra charge incurred for physiotherapy.

The provider had a complaints policy and there was a complaints procedure on display in the reception of the centre and in each of the lifts. Verbal and written complaints were recorded electronically. A report on complaints was provided as part of the monthly governance report and there was evidence that complaints trending and analysis was discussed at the quality and safety meetings with staff. Inspectors reviewed a sample of complaints and found that complaints had been responded to within the time frames as set out in the regulations. One complaint required further investigation and was referred to the review officer, this remained open at the time of the inspection as it was being investigated further.

### 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.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 21: Records

Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased to reside in the centre were not maintained within the centre for a period of 7 years. This resulted in some Schedule 3 records not being readily available for inspection as they were not kept in the designated centre.

Judgment: Substantially compliant



## Regulation 23: Governance and management

The management systems that were in place required strengthening to ensure that all risks were managed effectively for example;

- Residents' contracts contained a blanket charge for physiotherapy services for all residents rather than on a case by case basis. This was not in line with arrangements agreed in the statement of purpose and as reflected in condition 1 of the registration certificate of the designated centre.
- Oversight of fire safety precautions did not identify a risk relating to the fans in the plant rooms and fire doors not closing properly.
- The emergency plan for the centre was not sufficiently comprehensive to include contingency arrangements for major incidents likely to cause death or injury, serious disruption to essential services or damage to property. Storage in an area of the basement, used to store and repair equipment required review to ensure the area was safe and appropriate.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A sample of residents' contracts reviewed found that the fees listed in appendix 1 included a charge for every resident for "physiotherapy sessions input as appropriate" not ensuring that therapy charges were charged on an individual basis for residents. The contracts of care were not in line with arrangements outlined in the statement of purpose which informed the registration of the centre.

Judgment: Substantially compliant

## Regulation 30: Volunteers

Volunteers in the centre were Garda vetted, had appropriate supervision and were provided with a written outline of their role and responsibilities.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints policy in place was reflective of regulatory requirements and this was displayed in prominent locations around the centre. The complaints officer was appropriately trained in the management of complaints.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents' health, social and spiritual needs were met to a good standard. Residents were supported by a staff team who knew them well.

The centre was well maintained with plenty of communal and private space for residents. Residents had access to secure outdoor spaces, where they could come in and out independently.

Staff were observed to communicate appropriately with residents with communication difficulties. They afforded time for the residents to express themselves and did not hurry them. A review of the residents' records showed that when a resident had a communication difficulty, it was not always assessed appropriately in the comprehensive assessment. For example; it was not documented where resident's first language was not English. However, all relevant information was recorded in the resident's care plan.

Residents' care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals. This guided staff in the provision of care to residents. Inspectors found while improvements had been made in the area of care planning since the last inspection and monthly audits were taking place to address gaps in care plans not all comprehensive assessments contained relevant information as they lacked detail.

Inspectors found residents had advanced care directives in place which included input from family and friends with the consent of the resident, and were reviewed annually.

While the premises was mostly well maintained and there was evidence of ongoing work in this area, there were some areas that required improvement to provide more appropriate storage arrangements.

Improvements were made following the last inspection and the different food consistencies served to residents throughout the days of inspection reflected their assessed needs. The food was presented neatly, as a result, the resident could identify the different food groups on their plate.

A programme of activities, which included bingo, live music, pottery and exercises, was available to residents. There was evidence that residents were consulted with and participated in the organisation of the centre. This was confirmed by residents' meeting minutes, satisfaction surveys, and speaking with residents on the day of the inspection. Inspectors found that residents could exercise choice in how to spend their day and feedback from residents was that they had plenty to do. However, inspectors observed on two occasions that residents' choices were not facilitated by staff as discussed further under the regulation.

The registered provider had a risk management policy in place to inform the management of risks in the centre. This contained reference to specified risks, however improvements were required to the emergency plan as further outlined under Regulation 26. Records showed that residents received a high standard of evidence-based nursing care and there was good oversight of resident's clinical care by management. The registered provider had a fire safety policy in place and staff were trained in fire safety, there was evidence of drills taking place in the centre on a regular basis and daily fire safety check were complete. However, areas of the premises required further oversight to ensure that adequate precautions were in place. Some fire doors were observed as not fully closing, one of these doors was from the laundry, an area of high risk. A fire safety risk assessment had taken place in the centre in 2021 and most items had been complete however, no further fire safety risk assessment had taken place despite some changes being made to the layout of the basement area which contained high risk areas such as kitchen, laundry, plant room and large communications room.

### Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communication

Judgment: Compliant

### Regulation 13: End of life

Residents end of life care plans were based on both their assessed needs and preferences. Individualised care plans were person centred to address the physical, emotional, social and spiritual needs of the resident.

Judgment: Compliant

### Regulation 17: Premises

Some areas of the centre required review to ensure they comply with Schedule 6 of the regulations for example;

There were inappropriate storage arrangements in some areas for example;

- The hydrotherapy bathroom was also being used to store linen trolley, which was not appropriate.
- Although the sluice room was locked, the sluice room on the first floor did not have lockable storage.
- The comms room in the basement contained items such as chairs and broken equipment.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. Where necessary, residents were assisted with their meals in a respectful and dignified manner.

Judgment: Compliant

### Regulation 26: Risk management

There was an emergency plan in place, however it referred only to fire and did not contain an action plan in the event of serious disruption to essential services following any other major incident.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

More action was required to take adequate precautions against the risk of fire. For example;

- Standalone pedestal fans were operating in two of the three switch rooms. These were not regularly checked to ensure they were functioning correctly or assessed to ensure they did not pose a fire safety risk.

Some areas of the centre did not have adequate arrangements in place for the containment of fire. For example;

- There were gaps observed in some rooms where ceiling tiles were removed. In the ground floor switch room wires were observed going through the fire rated ceiling and required review to ensure there was appropriate fire sealing in place.
- Some fire doors in the centre were not closing fully, posing a risk that smoke and fire would not be effectively contained.
- A large area in the basement was being used to store various items of equipment and maintenance supplies; this required review to ensure it was in line with fire safety precautions.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for each resident on admission to the centre, however, these lacked the required detail to inform person-centred care planning. In a number of records reviewed by inspectors, areas of the comprehensive assessments were not completed. For example, communication and end of life care was not documented in the updated comprehensive assessment. This was not in line with the centres' policy.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found that residents were receiving a good standard of health care. They had access to their general practitioner (GP), and there was evidence of regular reviews. Residents were also supported with referral pathways and access to allied health and social care professionals such as a dietitian, speech and language

therapist and chiroprapist as required. The provider was recruiting for an in-house physiotherapist, arrangements were in place for a private physiotherapist to visit the centre on a weekly basis in the interim.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff that spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were knowledgeable on the triggers that may cause residents distress or anxiety and were able to use de-escalation techniques to protect residents from harm.

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: Compliant

### Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made. The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons

The inspector verified that there was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for eleven residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were mostly upheld in the centre however, inspectors observed on two occasions a residents' choice was not facilitated by staff for example;

- It was documented in one residents' care plan that a resident requested no hourly checks at night time but records indicated the resident's choice was not afforded and staff continued to check resident on an hourly basis.
- A resident requested an orange from staff during service of an afternoon snack. Staff provided the resident with a banana instead and advised that the resident would have to wait for their preferred choice as oranges were only available in the kitchen located in the basement. No attempt was made to facilitate the resident's choice at that point in time, or later.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	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	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 The Residence Citywest OSV-0000692

Inspection ID: MON-0038999

Date of inspection: 15/08/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            A review of Resident Records – Creation, Initiation, Content and Review Policy is underway. This review will be completed by 31st December 2024.</p> <p>By 31st January 2025, the required records will be maintained in the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All residents are supported by the nursing home management to access services through the GMS scheme (which is free to residents), in accordance with their entitlements, health needs and will and preference-complete</p> <p>A new daily check for fans was put in place on the 2nd day of inspection, this will remain in place along with other fire safety checks- complete</p> <p>Fire door adjustments identified during the inspection have been reviewed and remedial actions will be completed by 30th November 2024</p> <p>The emergency plan will be reviewed and updated by 30th of September 2024.</p> <p>An external risk management company has been engaged to complete a health and safety risk assessment to assist in formulating a revised safety statement. The audit is scheduled for the 25th September 2024 and the safety statement will be in place by 31st December 2024.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The costings in the contract of care have been reviewed and are currently being amended. The outline of updated costings will be provided to all residents and/or their nominated representative by 31st October 2024.</p> <p>All residents are supported by the nursing home management to access services through the GMS scheme (which is free to residents), in accordance with their entitlements, health needs and will and preference-complete</p> <p>The provider has drafted a revised contract of care template that will be utilized for all new residents from 31st October 2024.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Staff refresher training has been completed to ensure staff are reminded of the agreed designated storage areas in the centre. CNMs and ADONs are supervising this on a daily basis- complete</p> <p>All sluice rooms are locked by key code access, during the inspection, further lockable storage was installed since the inspection- complete</p> <p>A review of storage in the comms room has been completed alternative solutions have been identified – complete</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The emergency plan will be reviewed and updated by 30th of September 2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A new daily check for fans was put in place on the 2nd day of inspection, this will remain in place along with other fire safety checks- complete

Fire door adjustments identified during the inspection have been reviewed and remedial actions will be completed by 30th November 2024.

An updated fire risk assessment by a competent person will be completed by 31st March 2025. This review will include switch rooms and basement area.

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:

Further training on the comprehensive assessment is being provided to all staff currently on how to complete the assessment correctly, reflecting the need for regular review and evaluation. Particular focus will also be given to communication and end of life needs. This will be completed by 13th October 2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
Staff have been reminded to ensure that they follow residents wishes as documented in their care plans- complete

Staff have been reminded of the importance of offering choice to residents. The household and catering manager and nursing management do random spot checks to ensure that this is adhered to as part of walkabouts on the floors- complete and ongoing.

Resident choice & residents' rights will be discussed at staff meetings that will be held by 30th September 2024.

## 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	26/09/2024
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	31/01/2025
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the	Substantially Compliant	Yellow	31/01/2025

	designated centre concerned.			
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	31/12/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/10/2024
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	31/03/2025

	suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	13/10/2024
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	30/09/2024