



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

Issued by the Chief Inspector

Name of designated centre:	Leopardstown Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballyogan Road, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	12 June 2024
Centre ID:	OSV-0008692
Fieldwork ID:	MON-0042208

About the designated centre

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

Leopardstown care centre is situated in south county Dublin and is in close distance to a local shopping area. It is a purpose built facility that is currently registered for 51 beds but can accommodate 150 residents in the future. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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 12 June 2024	09:10hrs to 18:05hrs	Karen McMahon	Lead
Wednesday 12 June 2024	09:10hrs to 18:05hrs	Celine Neary	Support

What residents told us and what inspectors observed

This inspection took place in Leopardstown Care Centre, located on the Ballyogan road in Dublin 18. The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Residents appeared relaxed and those spoken with were content with the care they received living in the centre. Inspectors observed that many improvements had taken place in the centre, to address the findings of the previous inspection.

When the inspectors arrived at the centre they were met by members of the reception team, who guided them through the sign in procedure. Following an introductory meeting with the person in charge and assistant director of nursing, the inspectors were accompanied on a walk around the centre. Many residents were dressed and spending time in communal areas during this time, with breakfast being served.

The centre is a purpose built designated centre, based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus routes. The centre is spread out over three floors but currently 51 beds are registered on the ground floor. The registered provider recently submitted an application to vary their registration to include the 99 beds on the first and second floors.

The inspectors viewed a number of residents' bedrooms and found them to be bright and homely spaces which were tastefully furnished. Many bedrooms were personalised with possessions and photographs from the resident's home. The ground floor has a variety of small and large communal areas for use including recreational spaces, reflection room and sitting rooms. These communal areas were seen to be clean, bright and comfortable.

There was a large dining room that also had a separate recreational seating area with armchairs and a television for resident's to use. Inspectors found improvements had been made to the layout of this space to prevent it being used as a staff thoroughfare, as observed on the previous inspection. However, inspectors observed that this communal area was not used by residents outside of meal times.

The inspectors observed that dinnertime in the centre was a relaxed and social occasion for residents. The dining room was an appropriate size to facilitate all residents to dine at the same time. Residents who chose to eat meals in their rooms were facilitated to do so. Written menus were displayed on tables in the dining rooms. The inspectors saw that there was sufficient staff available to provide support to residents who required support at meal times. The inspector observed that staff sat with residents and provided discreet, resident centred care and support.

Activities were on offer from Monday to Sunday facilitated by dedicated activity staff Monday to Friday and an allocated staff member at the weekend. These included hand massage, music, art, baking quizzes and religious services. On the day of the inspection residents were observed participating in group activities including baking, which took place in one of the sitting rooms in the centre.

The inspectors spoke with a number of residents, over the day of inspection, all of whom were positive and complimentary about the staff. Those residents who could not communicate their needs appeared comfortable and content. However, one inspector observed an episode of responsive behaviour which was inappropriately managed by staff in the communal sitting room during the afternoon of the inspection. This was observed by several residents and visitors in the day room and one visitor told the inspector that when they come into visit their relative they are "living on their nerves" as sometimes the communal sitting room is left unattended by staff in the afternoons or evenings and they are sometimes afraid for the care and welfare of residents in this room. This view was echoed by another visitor who when spoken with said that while in general they were satisfied with the service that their loved one receives, they were concerned about the skills and experience of some staff and the consistency of staffing levels which impacted on the quality of care provided particularly in the afternoons and evenings.

The inspectors observed three residents wandering without purpose. On a few occasions throughout the day these residents needed support from staff as they were displaying signs of distress and confusion in their surroundings.

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

Overall inspectors found that improvements had been made to the governance and management structures and systems in place in the centre. However, the oversight systems in place still required strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection followed up on the compliance plan from the last inspection in February 2024 and was also carried out to inform a response to an application to vary conditions one and three of registration. This inspection also followed up on reviewed solicited and unsolicited information received.

The registered provider of Leopardstown Care Centre is Mowlam Healthcare Services Unlimited company. There was a clear governance and management structure in

place in the centre. The person in charge was supported in their role by a regional healthcare manager, general services manager, a newly appointed assistant director of nursing and two clinical nurse managers. Inspectors were informed on the day of inspection that two additional clinical nurse managers were currently undergoing recruitment. Other staff members included nurses, health care assistants, an activity coordinator, domestic, catering and maintenance staff.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the fifty residents during the day and night. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care. However, there were still some vacant roles including clinical manager posts that the registered provider had committed to have in place in their staffing strategy when the occupancy of the centre increased.

There was an audit schedule in place and regular auditing was seen to occur, through this the registered provider identified areas for quality improvements. However, inspectors found that some audits were not always leading to quality improvements to ensure the service provided was safe, consistent and effectively monitored. This is further discussed under Regulation 23: Governance and Management.

A review of contracts in place for residents of long term admissions overall met the criteria of Regulation 24: Contract for provision of services. For example, information was agreed in writing with each resident on their admission to the designated centre, including the terms and the fees, on which they should reside in Leopardstown Care Centre. However, residents who were in receipt of additional funding, for additional care services did not have the additional services to be provided clearly set out in their contract of care.

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

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

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the current residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure that they responded to residents who displayed responsive behaviours in a supportive and effective manner. The inspectors observed staff using inappropriate language to restrict the movements of residents who walked with purpose and who did not wish to stay sitting in the communal areas.

Judgment: Substantially compliant

Regulation 23: Governance and management

Gaps were identified in the management systems in place to ensure the service provided was safe, consistent and effectively monitored. The inspectors identified the following:

- The systems that were in place to protect residents from abuse had failed to ensure that vulnerable residents with an identified safe-guarding risk had the appropriate care planning and support systems, such as advocacy, in place, in line with the provider's own safeguarding policy.
- Auditing was not always leading to quality improvements. A review of the most recent medication management audit and restrictive practise audit found while areas of non-compliance's were being identified there was no detailed time bound action plan for quality improvement recorded in the audit.

Despite the registered provider's application to open the remaining 99 beds in the centre, a number of senior management roles were still not in place on the day of inspection. These management roles had being identified as a staffing need in a staffing strategy submitted to the chief inspector when the registered provider applied to register the designated centre. For example:

- The staffing strategy identified a need for a whole time equivalent (W.T.E) of four clinical nurse managers for day duty and two clinical nurse managers for night duty. However, there was only a total of a W.T.E of 1.8 in place.

- The general services manager did not work full time in the centre. Inspectors were informed they worked between Leopardstown care centre and another health care facility.
- A patient flow clinical nurse manager was not in place.

Furthermore, there was only one activity co-ordinator in place on the day of inspection despite the identified need for two for the current number of residents living in the centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Seven contracts for the provision of services did not detail the services to be provided to those residents in receipt of additional funding. Furthermore, six contracts did not reflect the appropriate arrangements in place for the receipt of financial support towards the resident's care in the centre.

Judgment: Not compliant

Quality and safety

Overall, residents were provided with an adequate standard of nursing and medical care, however, inspectors found that residents who exhibited responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were not adequately supported in the centre and this had an impact on the quality of life of these residents and other residents living in the centre.

Action was required to comply with premises, care planning, challenging behaviour, protection and residents rights to ensure ongoing quality and safety of the service provided. The lack of knowledge and skills demonstrated by some staff in responding to and managing the care and support of residents with responsive behaviours required significant improvement. The inspector observed on the day of this inspection that this was impacting negatively on the quality of life of residents.

The centre was clean and well maintained. Changes to the layout of the dining room area had improved the dining experience for residents and the inspector observed residents enjoying their meals there during the day. However, the recreational seating area in this room was not utilised by any residents on the day of inspection. As a result all of the residents who did not spend their day in their bedrooms spent

their day in the two communal lounges and inspectors could not be assured that these communal rooms provided adequate personal space and comfort for all residents.

Care plans were developed following completion of validated nursing assessment tools, to establish individual residents needs and aspects of their daily life that required support from staff. However, a review of a sample of care plans found that significant action was required in relation to safeguarding care plans, up dating care plans when their was a change in the residents condition or treatment and care planning to support residents who displayed challenging behaviour. This is discussed in greater detail under Regulation 5: Individual assessment and care plan.

The person in charge had ensured that each resident had appropriate choice at meal times. Inspectors observed residents being asked for their order just prior to lunch. Menu's were available and the reviewed layout of the dining room provided for a more comfortable and enjoyable dining experience for residents.

A review of safeguarding investigations and care plans found that the provider had not ensured that all measures to protect residents from abuse were being implemented. A number of residents identified as vulnerable or at risk did not have safeguarding care plans or independent advocacy services in place to safeguard them, reduce their risks of abuse or guide care staff in supporting and protecting these residents.

Inspectors observed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe.

Inspectors observed staff interactions with residents who displayed responsive behaviours and found that significant improvements and greater supervision of how staff manage and support residents exhibiting these behaviours was required.

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and the food appeared nutritious and wholesome. They were provided with adequate quantities of food, snacks and drinks

throughout the day. There was an adequate number of staff available to assist and support residents with their meals during lunchtime.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that although a comprehensive assessment of the health, personal and social care needs of residents was completed on admission not all appropriate care plans were in place. For example,

- seven residents identified as vulnerable and at risk did not have safeguarding care plans in place.
- one resident with a history of falls did not have a mobility care plan in place for more than 10 days after admission.
- another resident admitted with cognitive impairment and responsive behaviour did not have a care plan in place to support their care.
- some residents that did have responsive behavioural care plans in place required more accurate details regarding triggers to behaviour and interventions in place.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Some staff did not demonstrate the appropriate skills in responding to and managing behaviour that was challenging. The inspector observed a resident displaying responsive behaviour in the communal sitting room that was challenging and posed a risk to other residents and it was not managed or responded to by staff effectively or in a manner that was non restrictive. Two staff members told the resident to "sit down" and that they "cannot go outside". This increased the

agitation being displayed and further escalated the situation. Furthermore, this responsive behaviour was occurring in a communal area used by a large number of residents and visitors at the time.

The inspectors observed three residents wandering without purpose around the centre and another resident sitting at the dining room table sleeping for an extended period of time. This was further validated by two relatives who told the inspector that they have observed residents that appear confused wandering into other residents bedrooms in the afternoon or evening time.

Residents displaying signs of responsive behaviours did not have accurate or clear responsive care plans in place.

Five staff did not have up to date training in managing and responding to residents who displayed responsive behaviours.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had not taken all measures to protect residents from abuse. Residents identified with impaired capacity did not have safeguarding care plans in place to protect them from assessed vulnerabilities and they had no access to independent advocacy services. For example;

- Residents who displayed responsive behaviours such as entering other residents' bedrooms.
- Residents who were going through the assisted decision making support service.

Judgment: Not compliant

Regulation 9: Residents' rights

Although a varied schedule of activities were available to residents the inspector could not be assured that residents could exercise their choice to participate in a way that did not interfere with the rights of other residents. Because a large number of residents were accommodated in the two small communal area's all residents had to observe or participate in the activities taking place. This meant that some residents could not exercise their choice to sit in a quiet or tranquil communal sitting room during their day.

Residents were not being supported to use the large communal sitting area adjacent to the resident's dining room. This significantly reduced the communal space made available to residents and the choices about where they spent their day.

Furthermore, the inspector observe residents were exposed to episodes of responsive behaviours displayed by some residents which also impacted on and disrupted their time spent in their communal area's.

A comprehensive and varied activity schedule was on display in the recreational seating area of the dining room but residents were unaware and could not tell the inspector what activities were happening that day as they did not access this area. Also this displayed information was not in line with the activities occurring on the day.

Several residents did not have access to independent advocacy services and information regarding these services were not prominently displayed in the centre to inform or support residents or families wishing to avail of such services if required.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Leopardstown Care Centre OSV-0008692

Inspection ID: MON-0042208

Date of inspection: 12/06/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will ensure that staff are appropriately supervised and supported in responding to residents who display responsive behaviours. • The PIC will schedule enhanced education and awareness for staff regarding the appropriate management and care of residents display responsive behaviours, which will include understanding and recognising the triggers to such behaviours, and de-escalation techniques. • The PIC will ensure that ABC charts are used appropriately for a time-limited period to assess and analyse patterns of responsive behaviours, which will enable them to develop a care plan that will identify triggers and de-escalation techniques, so that staff can consistently apply these strategies to reduce the incidence and impact of responsive behaviours. • As part of the afternoon safety pause (which will be facilitated by senior management), responsive behaviours will be specifically reviewed. The STOP AND WATCH tool will be reviewed. A representative from each ancillary department will be present at each huddle and actions will be documented and available to staff. • Each day, the PIC will review incidents of responsive behaviours from the previous 24 hours, and will identify learning outcomes and strategies for future management and prevention. These will be discussed with the senior management team and at the safety pause and will include sharing positive experiences as well as a review of observed practice. 	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An individual care plan will be implemented for each resident undergoing the Assisted Decision-Making process which will clearly identify measures to be taken by staff to ensure these residents are protected; contact details for the Social worker, National Advocacy Services, solicitors and court details • The PIC will ensure that all audits accurately reflect the findings at the time of the audit and that the quality improvement plans address the identified deficits, and that the implementation of recommended improvements will be monitored to evaluate the outcomes. • The results of all audits and quality improvement plans are included in the monthly Quality and Safety meeting. • The management team will discuss the progress of action plans, review quality improvements to date and investigate action plans where quality improvement is not evident at their weekly management team meetings. • A second ADON has been appointed and is awaiting HR compliance. There will be one ADON per floor: recruitment is in progress for a third ADON in preparation for the final tranche of 50 beds. • A further 2 CNM's have been appointed. Recruitment is in progress for 4 additional CNMs which will include 2 Night Supervisor posts. • We will recruit a Patient Flow Manager and the ADONs will act as appropriate points of contact in the interim. We will recruit 2 additional Activities Coordinators. The current Activities Coordinator is being supported by designated HCAs each day to ensure that activities plan is implemented across both floors while the recruitment process is ongoing. The PIC will review the activities programme every week to ensure there are adequate resources available for the week ahead. • We have recruited a sufficient number of nursing staff and health care assistants for the additional 50 beds, and we are currently recruiting in preparation for the final tranche of 49 beds. 	
<p>Regulation 24: Contract for the provision of services</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • We will ensure that all contracts of care include details of all services to be provided to all residents and will reflect the appropriate arrangements that are in place for residents who require specific support for care, such as those undergoing the Assisted Decision-Making process. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC and ADON will undertake a review of all assessments and care plans. • They will ensure that there are appropriate safeguarding care plans in place for any residents identified as vulnerable or at risk, detailing areas of concern and measures to be taken by staff to ensure these residents are protected. • Care records will also detail contact details of Social worker, National Advocacy services and solicitors, along with Court details. • As part of the review of incidents reports of responsive behaviours each day and the subsequent discussion at the daily safety huddle, amendments for improved outcomes will be made by nursing staff on the same day as discussed. • Residents with behavioural changes will have a careplan review focusing on recording any identified triggers and de-escalation techniques to ensure they can be consistently applied by all staff. This will be reflected in the behaviour records. 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will schedule enhanced education and awareness sessions for staff regarding management and care of residents who display responsive behaviours. • Senior Healthcare Assistants will be trained specifically in enhancing their current knowledge and training of dementia care. • Any additional training needs identified as part of the afternoon safety pause will be sourced and provided for all staff as appropriate. • Residents will be supported when admitted through positive behaviour care plans, non-pharmacological techniques and GP, Psychiatry of Late Life and/or Geriatrician review for further support as required. • Residents who tend to wander will have a sleep diary which will be reported daily to ADON and PIC. This ensures residents and families can be involved in the best plan of care to reduce any anxiety. • Residents who are entering other rooms will be approached gently to distract them and assist them. During the daily responsive behavior huddle frequent / assessed unmet needs of individuals will be identified to ensure that all staff are aware and that these needs are met as part of the residents' daily care. 	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • An individual care plan and risk assessment will be devised for those undergoing the assisted Decision-Making process which clearly identifies the following: • Areas of concern to individual residents, including measures to be taken by staff to ensure these residents are protected. • Social worker contact information. • National Advocacy services contact information. • Solicitors contact information along with Court details. • The Safety Pause will include a review of responsive behaviours to ensure that safeguarding of our residents is front and centre of our daily practice. • Review of incidents of responsive behaviours in the previous 24 hours to include a discussion on learning outcomes, strategies for future management and prevention. • Schedule appropriate activities. • Feedback by senior management of observations of practice in the previous 24 hours. • Sharing positive experiences and effective management of responsive behaviours. • Ensuring that there is a single point of contact (ADON or Patient Flow) who is aware of the progress of each individual going through the Decision-Making process. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • At the daily safety pause, the residents who display responsive behaviour will be discussed and an appropriate supportive plan of activity will be identified. • Quarterly residents' rights meetings are now in place and this will continue. • A large activity display board is in use and displayed in the main dining/sitting room of each floor. In addition to this a reader-friendly version has been designed and will be distributed to residents who do not use the dining area to ensure they are aware of the activities programme. Copies will be available for anyone who wishes to take a copy to their room. • Advocacy posters will be displayed to ensure that residents can be aware of advocacy services. • Residents' meeting will include discussion of the services offered by advocacy. 	



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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2024
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.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall	Not Compliant	Orange	31/08/2024

	relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/08/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and	Not Compliant	Orange	30/09/2024

	skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/09/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2024
Regulation 09(5)	The registered provider shall ensure that a resident has access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services and access to meet and receive support from independent advocacy services. These services should be made available to residents in the designated centres	Not Compliant	Orange	31/08/2024

	and in private, as required.			
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.	Not Compliant	Orange	31/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/08/2024