



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

Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Fahan, Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	24 October 2024
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0042593

About the designated centre

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

Nazareth House is a designated centre registered to provide 24 hour health and social care to 48 male and female residents usually over the age of 65. It provides long-term care including care to people with dementia. Residents who require short-term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a single-storey building located on the main link road between Letterkenny and Buncrana and overlooks Lough Swilly. The building is attached to a convent and a church, both of which are in use. Accommodation for residents is provided in single (18) and double/twin rooms (15). 28 of the rooms had en-suite facilities. There is a range of communal areas and a safe and well-cultivated garden available for residents to use during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 24 October 2024	09:30hrs to 17:45hrs	Nikhil Sureshkumar	Lead
Thursday 24 October 2024	09:30hrs to 17:45hrs	Celine Neary	Support

What residents told us and what inspectors observed

The overall feedback from residents was that this is a good centre, with a majority of the residents expressing high levels of satisfaction with the care and service they received. However, inspectors found that the layout of the centre's twin bedrooms did not effectively support the privacy and safety needs of residents. This was a repeat finding from previous inspections. Additionally, residents' access to various communal areas was limited due to overly restrictive staff practices.

Many residents expressed satisfaction with the quality of the food available for them, telling inspectors that their food is not only homely but also offers a variety of options to choose from.

Some residents highly praised the staff for their support, with a number of residents reporting that they appreciated the opportunities for social engagement and the options to participate in outings from the centre. Residents who expressed a view said that they felt safe in the centre and should they have a concern, they could tell any member of the staff team.

The inspectors met with the person in charge upon arrival in this centre and went for a walk around. The centre had a calm, relaxing and welcoming ambience. There were 47 residents accommodated in this centre on the day of inspection.

The centre is in a single-storey building attached to a convent and a chapel located on the main link road between Letterkenny and Buncrana and can accommodate 48 residents in a mix of twin and single bedrooms. The convent is not part of the designated centre; however, the chapel is part of the communal facilities provided for residents. The centre has three-day rooms, which include two sitting rooms and a sunroom that offers stunning views as they overlook Lough Swilly, enhancing residents' living experience in this centre. Additionally, seven twin bedrooms located to the front of the centre feature shared balconies, which also overlook the scenic Lough Swilly.

The centre had a sensory garden and a courtyard. The sensory garden was well maintained, and the garden paths were free of obstruction. The inspector observed that both gardens provided residents with interesting and therapeutic outdoor spaces and had a sheltered seating area for residents' use as they wished. In contrast, the courtyard was poorly maintained and required attention to ensure residents' safety.

Residents were observed to be dressed appropriately, in clean, well-fitting clothes and were found to be wearing suitable footwear. Residents who required support with their personal care and mobility were observed to receive timely support.

The inspectors noted that the day rooms of this centre were adequately staffed, ensuring that residents were supervised at all times in these rooms. The staff who

spoke with the inspectors demonstrated knowledge about the individual resident's needs and preferences. Staff interactions with residents were meaningful and friendly, which promoted a supportive environment for the residents.

A schedule of activities was available for residents, which included rosaries, one-on-one sessions with residents and music sessions. Staff were allocated to ensure that the planned activities took place in the centre, and the inspectors observed residents actively engaging with one another, which contributed to positive and meaningful social interactions.

However, residents' access to key communal areas such as the sensory garden, dining room, chapel and balcony areas of some twin rooms were found to be restricted with keypad locks. The staff who spoke with the inspectors gave various reasons for having restrictions in place for these communal areas. However, risk assessments for individual residents were not in place, and the reasons given by staff for these practices indicated that these restrictions were not focused on individual resident needs or preferences. For example, one resident raised concerns about their lack of autonomy, questioning why they were not allowed to possess a key to their balcony door, which would grant them the freedom to enjoy the space at their leisure.

The residents were provided with a selection of menus, and residents were offered a choice of menus. The food served on the day comprised cream of soup, salmon, and roast beef, accompanied by vegetables and an option for two desserts. The meals provided to the residents were appetising, wholesome, and nutritious.

The inspectors visited some of the bedrooms and found that the single rooms were well laid out, with residents having access to their personal belongings. However, the twin bedrooms in this centre were poorly laid out, and this was a repeated non-compliance finding.

There was no restriction on visiting this centre, and a visitor commented that the centre was very homely and that staff were very supportive.

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 affect the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that nursing and health care were well managed for the benefit of the residents; however, significant effort and focus are now required to ensure that the compliance plans of the previous inspection in 2023 are fully implemented to ensure a good quality of life for the residents.

The provider of the designated centre is Nazareth Care Ireland, and the provider's senior management team are involved in operating a number of designated centres

in Ireland. The provider had recently reorganised their group management structure and appointed a new chief clinical officer as a person participating in management to provide enhanced managerial support for the person in charge.

The inspectors reviewed a sample of staff files and found that staff were Garda-vetted before they commenced their employment in this centre. The training records indicated that staff at this centre had access to various training programmes consisting of online and in-house training activities. Staff had completed their mandatory moving and handling, fire safety, and safeguarding training. Additional training, such as, human rights-based approach in health and social care services, had been provided to staff.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees; however, some of the information required under the regulation was not included in the contracts. These findings are set out under Regulation 24.

Regulation 15: Staffing

Inspectors found that there was a sufficient number and skill mix of staff on the day of the inspection; however, the provider's oversight of the staffing resource did not provide assurance that the staffing levels had been appropriately reviewed and provided in line with the provider's statement of purpose to meet the assessed needs of the residents. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that the number of care staff employed in the designated centre was in line with the number of care staff set out in the statement of purpose against which the designated centre is currently registered. For example, the staffing figures in whole time equivalent (WTE) referred to in the duty roster and confirmed by the management team on the day of the inspection showed that the provider had only allocated 20 WTE of care staff instead of 25 WTE, as set out in the statement of purpose.

The provider had failed to provide resources to reconfigure the twin-bedded rooms in line with the compliance plans submitted to the office of the Chief Inspector following the previous inspection in November 2023. The provider informed the inspectors that the position of the beds in these rooms had been rearranged in order

to achieve compliance; however, this change had not ensured compliance. These findings are set out under Regulations 9,12 and 17.

There were management systems in place; however, the quality assurance systems failed to ensure that the service provided in the centre was safe and effective. For example, the oversight of restrictive practices in the centre had not ensured that any restrictions in place were used in line with national guidance and the provider's own policy on the use of restrictive practices. As a result, residents were not able to freely access a number of areas of their home.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts and found that the contracts of one long-stay resident and four short-stay residents did not include terms relating to the bedroom to be provided to the resident and the number of other occupants of these rooms.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose (SOP) was available to staff, residents and relatives. The SOP accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the records of complaints and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and whom to make a complaint to. A copy of the complaints procedure was displayed in a prominent position in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider's arrangement to ensure the supervision of staff was not effective. For example, staff failed to appropriately dispose of soiled linen on two occasions, resulting in a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with several years of experience nursing older people and has the management experience. The person in charge works full-time in the centre.

Judgment: Compliant

Quality and safety

Overall, the general care and support given to residents in the centre was of a good standard. However, some staff practices were overly restrictive and did not uphold resident's rights to move about their home as they wished. Significant actions were also required by the provider to ensure that the layout of twin-bedded rooms ensured the safety, comfort and privacy needs of the residents accommodated in these bedrooms.

Residents had timely access to the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as occupational therapy, physiotherapy and dietetic services.

The inspector reviewed a sample of residents' records. In the main, care plans were found to be individualised and person-centred. Pre-admission assessments were carried out and informed further assessments and care planning. The centre had an electronic documentation system, and the information was easily retrieved. Staff were knowledgeable about each care plan and could access specific care information when requested. Assessment and care plan updates were undertaken, and outcomes were discussed with residents and their representatives. Residents with communication difficulties had a care plan in place to guide staff on their needs. Staff were observed to be following these care plans.

There were systems in place to support residents who exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff.

However, the inspectors observed that several communal areas were locked, and residents could not freely access these areas without the assistance of a staff member. When the inspectors asked staff why these areas were locked, they were informed that it was to ensure the safety of residents and it had not been recognised by staff as a restriction on residents' ability to move about their home as they wished and as such a breach of their human rights.

All staff had completed up-to-date training in relation to the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. There were clear processes in place for the safe storage and management of residents' personal monies. The registered provider did not act as a pension agent for any residents.

There was a good programme of individualised and group activities available in the centre, and most residents who occupied communal areas were observed taking part in some form of activity on the day of the inspection. Residents' meetings were regularly held and the minutes of these meetings provided assurance to the inspectors that residents were involved in and consulted about the services provided in their home.

Regulation 10: Communication difficulties

The registered provider ensured that each resident who had communication difficulties could communicate freely. Details regarding individual communication care needs were included in all the care plans reviewed.

Judgment: Compliant

Regulation 12: Personal possessions

The wardrobes provided in five twin-bedded rooms were limited in size and did not provide adequate space for residents to store and maintain their clothes and other personal possessions.

In addition, 15 twin-bedded rooms did not have sufficient shelving space for residents to store their personal belongings. Many residents had resorted to placing valuables, such as cherished photo albums, decorative ornaments, radios, and soft plush toys on top of the overhead lamps, window sills, and even the headboards of their beds.

Judgment: Not compliant

Regulation 17: Premises

The premises did not conform to matters set out under Schedule 6 of the Regulations. For example:

- The layout of 15 twin bedrooms did not ensure that both residents accommodated in these rooms had sufficient daylight when they were in bed or sitting beside their bed. This was due to the location of the one window in the room, which was located in the bedspace of one resident, and when they closed the privacy curtain around the bed, this blocked the light to the other resident's bedspace and meant that the resident could not see out of the window.
- The inspector measured the floor space available for each resident in 10 twin-bedded rooms and found that the space allocated to each resident was below the minimum floor space requirement of 7.4 square meters. The limited space available meant that there was not sufficient room for the resident to have a comfortable chair and bedside locker in their personal space.
- Additionally, the limited circulating space around some of the beds in these rooms did not facilitate the resident to mobilise around their bed safely.
- The layout and space around the residents' beds in four of the twin-bedded rooms did not facilitate the safe use of assistive equipment, such as hoists and specialist chairs.
- The registered provider had not ensured that the sluicing facilities were appropriate, as there was no racking system for storing washed urinals and bed pans in sluice rooms.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide was made available to the inspector and was on display in the centre. It contained all the information as required under the regulations.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required additional improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- Several items of resident equipment, such as crash mattresses and furniture observed during the inspection were visibly unclean.
- The clinical hand wash sinks in a sluice room did not comply with the current recommended specifications.
- The detergent chemical used in a sluice machine was out of date. As a result, the inspectors were not assured that the cleaning and decontamination process was effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed. The general practitioner (GP) was available to residents when required. An out of hours service was also available if needed.

Residents had access to specialist services such as, psychiatry of old age, palliative care, speech and language (SALT), occupational therapy (OT), geriatrician, dietitian and optician.

Some residents had specialist chairs and all these had been assessed by OT. Residents were referred to and had access to physiotherapy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could undertake personal activities in private. For example:

- One shared bathroom in a twin-bedded room did not have a door lock to ensure privacy for residents. This is a repeated non-compliance finding.
- The inspectors observed that the bedroom doors in 10 twin-bedded rooms opened directly onto residents' bed space and inhibited the closing of the privacy curtains around their beds. This arrangement did not ensure the privacy and dignity of residents in these bedrooms.
- There was no door on a shared toilet used by three residents accommodated in two twin bedrooms. The toilet was screened using a shower curtain. Furthermore, the en suite could be accessed from either bedroom, and inspectors observed that the residents could not effectively secure both doors. These arrangements did not ensure the dignity and privacy of residents using these facilities.
- The individual floor space in 15 twin-bedded rooms did not provide sufficient space for the resident to use assistive equipment, such as hoists and comfort chairs, without encroaching on the neighbouring resident's bed space. As a result, inspectors were not assured that residents could carry out personal activities in private.

Two residents were not able to access their call bells while in bed. The inspectors found that although call bells were present in the rooms, they were placed too far from the residents, making them inaccessible.

The inspectors found residents' rights to exercise choice in how and where they spent their day were not upheld because restrictions were placed regarding their access to communal areas, which included essential spaces, such as their personal balcony areas, the sensory garden, the courtyard, the dining room, and the chapel. The doors leading to these communal facilities were kept securely locked at all times, necessitating that residents request the help of staff each time they wished to enter these spaces.

Judgment: Not compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive and were in line with residents' preferences.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Although the person in charge ensured that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours, the measures in place to safeguard these residents were overly restrictive. These findings are set out under Regulation 9 Residents' Rights.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 11: Visits	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0042593

Date of inspection: 24/10/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has carried out a full review of the staffing WTE and updated the SOP to reflect the correct number of WTE. - Completed</p> <p>The residents that wish to access areas of the home have been risk assessed and the code for the doors displayed in order to facilitate free movement throughout the home. A restrictive practice audit is being carried out by the Director of nursing to ensure full compliance with the current national guidelines - Completed.</p> <p>Regarding the reconfiguration of twin-bedded rooms, we recognise that the steps taken to date have not achieved full compliance. However, making the rooms compliant will take some time as it will involve major structural changes to the building. The matter has been referred to our Building and Development sub-committee. This committee will undertake to review all possible options open to them and make a recommendation to the Board for final approval. This will take a number of weeks as we intend to engage external consultants such as Architects, Quantity surveyors, Engineers etc in order to complete a detailed assessment and final recommendation.</p> <p>Once a final proposal has been agreed by the Board, a revised action plan, including a clear timeline for completion, will be submitted to the Chief Inspector's office. This will be completed by the 30th April 2025.</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: All contracts of care have been audited by the Director of Nursing and updated as per the Regulation.</p>	
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: The staff in the center will receive a refresher Infection control and prevention course to ensure best practice at all times – Completed.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The twin rooms that were identified as not have sufficient wardrobe space will be reviewed as documented in Regulation 23.</p> <p>All residents in the 15 twin rooms will be consulted and provided with shelving with their input & consent.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Bringing the twin rooms into compliance is under review by our Building and Development sub-committee as documented in Regulation 23. We will revert back to the Inspector as soon as we have an update on a decision. This will be completed by the 30th April 2025.</p> <p>A new racking system has been ordered and will be installed in the sluice room.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To address the specific issues identified:</p> <ul style="list-style-type: none"> • Cleaning and Hygiene Standards: We regret that certain items of resident equipment, including crash mattresses and furniture, were found to be unclean. We have implemented a thorough cleaning audit and have reinforced cleaning schedules and staff training to ensure all equipment is properly maintained. Additional checks will be introduced to monitor adherence to hygiene protocols. – Completed. • Hand Wash Sinks: The Director of nursing has commenced an assessment of all hand hygiene facilities and will take necessary steps to upgrade or replace non-compliant fixtures to ensure they meet required standards. • Detergent Chemical in Sluice Machine: immediate action has been taken to replace the out of date detergent with an in-date, approved cleaning agent. We have also introduced stricter stock management procedures to prevent recurrence and ensure that all cleaning and decontamination products are within their expiry dates – Completed. <p>In addition to these specific actions, we are enhancing our overall infection control governance by:</p> <ul style="list-style-type: none"> • Conducting regular infection control audits to identify and resolve any risks promptly. • Strengthening staff training on cleaning protocols, hygiene standards, and the correct use of cleaning agents. • Implementing additional supervision and oversight to ensure sustained compliance with infection prevention and control requirements. 	
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"> • Bathroom Privacy: This issue was rectified immediately, and we will conduct a full review of all shared bathroom facilities to ensure they are appropriately equipped with privacy locks – Completed. • Bedroom Privacy: We acknowledge that the current layout of some twin-bedded rooms affects the effective use of privacy curtains. We will explore modifications to door positioning and curtain arrangements to enhance privacy for residents. • Shared Toilet Facilities: We recognise that the use of a shower curtain for screening does not provide adequate privacy. We will replace this with a suitable solid door and ensure that all en suite facilities can be effectively secured by residents. • Space Constraints: We acknowledge that the layout of some twin-bedded rooms does not provide sufficient individual space for residents using assistive equipment. We will undertake a full review of room configurations and explore options to improve accessibility while ensuring residents' privacy is maintained. This will be completed by the 	

30th April 2025, as per Regulation 23 response above.

Actions to Improve Accessibility and Resident Choice

- **Call Bell Accessibility:** Immediate corrective action has been taken to reposition call bells within reach of all residents. Additionally, staff have been reminded to check call bell accessibility as part of routine care rounds. Completed.
- **Access to Communal Areas:** A full review of access restrictions is underway, and we will implement measures to ensure residents can independently access communal areas while maintaining safety and security. Completed.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The residents that wish to access areas of the home have been risk assessed and the code for the doors displayed in order to facilitate free movement through the home. Completed.

A restrictive practice audit is being carried out by the Director of nursing to ensure full compliance with the current national guidelines. Completed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	30/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2025
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	Not Compliant	Orange	30/04/2025

	the matters set out in Schedule 6.			
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	28/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/01/2025
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	28/03/2025

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	28/02/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/03/2025
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	Not Compliant	Orange	28/02/2025

	such exercise does not interfere with the rights of other residents.			
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.	Not Compliant	Orange	