



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | The Royal Hospital Donnybrook |
| Name of provider: | The Royal Hospital Donnybrook |
| Address of centre: | Morehampton Road, Donnybrook, Dublin 4 |
| Type of inspection: | Unannounced |
| Date of inspection: | 11 December 2024 |
| Centre ID: | OSV-0000478 |
| Fieldwork ID: | MON-0043492 |

About the designated centre

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

The designated centre is located in The Royal Hospital Donnybrook. The provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer(CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Assistant Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre. The designated centre provides long-term residential services for 56 residents over the age of 18 years old with high and maximum dependency care needs. The premises is divided into three distinct units; Rowans, Oaks and Cedars. Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four beds). Oaks and Cedars units are identical and each has 22 bedrooms in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and visitors' lounge on each unit. Rowans unit can accommodate 20 residents in 10 single and five twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor. All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site. The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 59 |
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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 11 December 2024 | 08:00hrs to 16:30hrs | Aoife Byrne | Lead |
| Wednesday 11 December 2024 | 08:00hrs to 16:30hrs | Sharon Boyle | Support |
| Wednesday 11 December 2024 | 08:30hrs to 16:30hrs | Helen Lindsey | Support |

What residents told us and what inspectors observed

Overall, the feedback received from residents was positive. The observation on the day of the inspection were that staff had a caring rapport with residents. Residents praised the staff and the centre stating they were "thrilled with the staff" and they "were very happy living here".

The centre is located in Donnybrook, Dublin 4. The centre is registered for 64 residents with five vacancies on the day of inspection. The centre is part of a large, multi-purpose centre, with areas of the designated centre in different sections of the overall building. The centre is split up into three units which contained residents bedrooms, referred to as Cedars, Oaks and Rowans Units. Residents bedrooms were either single or multi-occupancy rooms.

Inspectors observed breakfast and lunch being served. Residents said they were given the choice to eat in the dining room or their own bedroom. The tables had festive table cloths and were set in a homely manner. Condiments and drinks were within easy reach of residents, enabling them to maintain independence. For those residents who required assistance there were plenty of staff available to provide assistance and staff were observed doing so in a kind, discreet and unrushed manner. The inspectors observed that residents had a wide variety of choice with main meal options as well as a fish or vegetarian option available. The meals appeared wholesome and appetising. Residents also had access to a choice of sandwiches throughout the day.

On Rowans Unit, residents were receiving one to one music therapy throughout the morning. There were plenty of activities available for residents such as music sessions in the concert hall, as well as piano recitals and Quiz nights. A residents forum is run every two months by the social worker to discuss any concerns residents might have.

On Cedars Unit, residents enjoyed the company of visitors without any restrictions. Volunteers assisted some residents to the activities scheduled on the ground floor, which included a concert in the afternoon on the day of the inspection. The activities schedule was displayed on residents' notice boards along with information on the complaints procedure and advocacy services available.

While residents on Cedars Unit had access to move freely within and around the premises, two residents told the inspectors that they felt 'institutionalised' and that there were numerous 'barriers' put in place which prevented them from leaving the campus and integrating into the local community, these included restrictions on the using motorised wheelchairs and access to attending sporting events. One resident was in the process of making a complaint regarding this matter.

On the Oaks Unit, residents were seen to be choosing to spend time in their bedrooms, or in the communal room. Residents were arriving through the morning

for breakfast, at a time that suited them. Some were having hot options, others were having cereal and toast. A number of residents left the unit to attend the activity in the main hall. There were also volunteers supporting residents to access different activities.

Residents privacy was seen to be maintained in the units. The large multi-occupancy rooms had been divided with built in furniture, which residents had personalised with their own belongings, such as ornaments and pictures. When personal care was being delivered, the screens were pulled around, and staff were seen to check before they entered rooms that they were not interrupting residents, for example those with visitors.

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

Capacity and capability

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations. Inspectors found that there was a strong management structure in place and lines of responsibility and accountability were clear. The governance and management arrangements in place ensured that residents received person-centred care and support. The inspectors found that the provider had addressed the areas for improvement identified on the last inspection in December 2023 and observed that some further improvements were required to meet the requirements of the regulations. This is discussed further in the report. There were some areas identified where action was required to fully meet the regulations, including contracts of care and training.

The Royal Hospital Donnybrook is the registered provider of The Royal Hospital Donnybrook. The centre is situated on the grounds of a larger campus and facility. The Assistant Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre. From a clinical and operational perspective the person in charge was supported by the director of nursing. The person in charge was also supported in their role by clinical nurse managers, staff nurses, health care assistants, activity staff, and household staff. This local management and staffing structure was found to be effective.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on call bells, care plans and restraints. An annual review of the quality and safety of care provided to residents in 2023 had been completed with targeted action plans for

improvement set out for 2024. The review also contained feedback and consultation with residents.

The staff were allocated to specific units, and inspectors observe there were sufficient staff to meet the needs of residents in each of the three units. While there were some vacancies, the shifts were seen to be covered by the staff team, or on occasion by agency staff. Staff clearly knew the residents well, as there was a lot of stability in the staff teams. This ensured residents were supported by people who knew them well.

The complaints procedure was clearly displayed throughout the centre. The management systems in place to respond to complaints was in line with the Health Service Executive (HSE) national policy and there was evidence that complaints were acted upon in a supportive and timely manner.

Staff training records, reviewed by the inspectors, confirmed that staff training was provided through a combination of in-person and online formats. While all mandatory, and other important training modules were available to staff appropriate to their role, not all of these had been completed by staff. Staff spoken to on the day of the inspection displayed good knowledge and understanding of training received. Inspectors observed that gaps in training was discussed at staff meeting and that training was a priority for 2025. This was confirmed on the day by the management team.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 15: Staffing

There were sufficient numbers of staff on each of the units to meet the needs of residents, and residents fed back that staff were kind and supportive. There was a clinical nurse manager (CNM) on each of the three units to provide supervision and oversight.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix found that there were some gaps in mandatory training for staff. For example:

- Seventy-seven percent of staff had up to date fire safety training including fire drills, the remaining required refresher training.

- Sixty-seven percent of staff had up to date safeguarding of vulnerable adults training, while the remaining required refresher training.
- Seventy percent of staff had up to date training in the management of behaviours that challenge, while the remaining required refresher training

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place to ensure oversight of the service for fire precautions and record-keeping was not fully effective. This was evidenced by:

- The registered provider had not taken adequate steps to fully ensure that resident's, staff and visitors are protected from the risk of fire as detailed under Regulation 28: Fire precautions.
- Further managerial oversight is required for the management of staff training. Gaps in mandatory training was identified on the day of inspection as detailed under Regulation 16: Training and staff development.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While there were contracts in place for residents, the three reviewed did not include a statement of any additional service which the resident may choose to use, that are not included in the nursing home support scheme. For example, hairdressers, newspapers, etc.

One contract had also had not been signed by the registered provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year, and this updated copy was available to staff, residents and relatives. It contained all the information outlined in Schedule 1 such as a description of the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure is in line with the HSE. Following up on complaints from the last inspection, the complaints review officer had received training appropriate to their role.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents in the Royal Hospital Donnybrook were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors found that the overall condition of the premises had improved since the last inspection. Notwithstanding this, further improvements were required under some areas including the premises, care planning, restrictive practices and fire safety.

Inspectors reviewed a selection of residents' records such as validated assessments and care plans. Care records were on the electronic system and there were some good person-centred care plans in place such as on areas including, nutrition and safeguarding care plans. However further improvements are required as a number of care plans had generic information which was not personalised for the resident. Examples were also seen where assessments by other professionals, such as the dietician, physiotherapist or tissue viability nurse had not been included in the care plan. This led to a risk that the updated guidance may not be implemented. This is further discussed under Regulation 5: Individualised assessments and care plans.

The nursing team in the centre worked in conjunction with all disciplines relating to medical and healthcare with referrals seen to be made as required. Residents had access to the general practitioner (GP) including an out-of-hours service. Residents had access to the full multi-disciplinary team (MDT) on site.

Staff spoken with were all clear of the safeguarding policy, and the steps to take if they had a concern. Where issues had occurred, the relevant notifications were submitted to the Chief Inspector, and safeguarding plans were put in place for the residents. Records showed that steps had been taken to address any risks, this included increasing staffing levels to support residents if required.

Where residents required specific support in relation to responsive behaviours, there were care plans in place that set out the way a resident may engage, how to

respond including redirection techniques, and also any other approaches that were effective. Inspectors observed through the inspection that the staff know the residents well, and were able to support residents with any increased anxieties or agitation.

There were clear governance arrangements in place to oversee the use of restrictive practices in the centre. This included a multidisciplinary meeting held on a regular basis to review the use of any restrictions. There were also regular audits completed to ensure any restrictions in place had the necessary risk assessments, and were still necessary.

Inspectors observed an improvement in the premises since the last inspection, the largest living space in the Rowans unit was newly renovated and reconfigured with new couches and furniture that was more appropriate for residents to use. The space was now more inviting for residents to use as a nice relaxing space.

While inspectors saw that there had been works completed to address some fire safety risks within the centre, including the replacement of fire doors. Inspectors were not assured that staff received suitable training in fire prevention and emergency procedures and that staff were aware of the procedure to be followed in the case of fire. This is further discussed under Regulation 28: Fire precautions.

Regulation 17: Premises

Inspectors followed up on the compliance plan from the last Inspection and it was evident that the majority of actions required were completed. However further actions were required for example:

- Damage was observed to walls in several areas of the centre including along the Rowans unit corridor
- There was inappropriate storage practices observed, for example; mobility aids and hoists were stored in a shower room in the Rowans unit and in residents bathrooms in Cedar Unit.

Maintenance records showed that a number of hoists in bathrooms required replacement, as they were not functioning. Funding was seen to be in place to replace some, but not all of the broken bathroom hoists.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors followed up on the compliance plan from the last inspection and while the majority of actions required were completed, further actions were outstanding for example;

- Inappropriate storage and large amounts of combustible and flammable materials were found in the Boiler room in the Rowans unit.
- Doors throughout the Rowans Unit had glass panels above them. Inspectors could not be assured of the fire rating of these panels, and consequently, the effective containment of fires may be compromised in these rooms as a result of these panels.
- There were no layout plans posted on the walls in Cedar, Rowans and Oak units, which indicated the route to safety in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While there were care plans in place for residents care and support needs, examples were seen where they had not been updated to reflect the updated guidance from allied healthcare professionals, for example:

- A manual handling recommendation to increase support to two staff with a hoist had not been updated to the care plan, following the review of the occupational therapist and physiotherapist
- A dietician advice had changed in relation to a resident and care plan was not updated
- Notes recorded by a tissue viability nurse had not been included in to the residents pressure area care plan
- Equipment specified in relation to the seating of a resident in their wheelchair was not included in their care plan

An example was also seen where the current plan of care was not easy to locate, due to the long history also included in the document, which may cause confusion.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's attended the centre regularly to support the residents' needs. Referral pathways were in place to geriatrician and psychiatry of later life specialists. There was evidence of appropriate and timely referral and review by the multi-disciplinary team such as speech and language therapy, occupational therapy and tissue viability services. The inspectors found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents felt they were limited from accessing the community freely. While there was a policy in place to cover restrictive practice, it did not cover the subject of accessing local communities, or limitations on leaving the centre.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place that reflected the HSE national safeguarding vulnerable persons at risk of abuse policy. This included the steps to take when there was suspected or confirmed abuse identified.

The staff team had undertaken safeguarding training, and confirmed they received a reminder from their manager when they were due to receive refresher training. All staff spoken with were clear on what they would need to do if someone disclosed information to them, they witnessed or suspected a safeguarding incident had occurred.

Judgment: Compliant

Regulation 9: Residents' rights

Following up on the compliance plan from the last inspection, inspectors observed that the two bedrooms identified had adequate privacy screens on windows. Mirror films are now attached to the windows to ensure privacy.

Judgment: 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 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0043492

Date of inspection: 11/12/2024

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> <p>Observation: A review of the training matrix found that there were some gaps in mandatory training for staff.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Plan to ensure > 85% compliance in Mandatory Training. Completion date: 31/3/25 • We are meeting with our HR department to ensure we are all capturing the data on mandatory compliance 31/3/25 • We need to have a shared drive that HR and ward managers can access simultaneously to collect the certs • The ownership of mandatory training is individual but our HR department need to have governance and oversight of training compliance across all disciplines • We need to support our managers in the action of governance in mandatory training • We are appointing a co-lead between HR and nursing practice for this to be achieved | |
| 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>Observations To review the management system of fire precautions and record keeping</p> <p>Actions</p> <ul style="list-style-type: none"> • We are engaging with a new company MSA (Michael Slattery) fire safety engineer to | |

commence fire training to all staff upgrading all staff to fire marshals .The company will be reviewing all our processes and policies advising on quality improvements plans in relation to our current practice

- The new training will involve practical training on usage of fire equipment and extinguishers
- We are engaging in fire evacuation simulation on fire drills and evaluation across all wards
- We have completed our first sessions on vertical training and we continue to monitor the need to update this training for all staff
- The start date for fire training is commencing on the 13/2/25 by December 2025 we aim to have full compliance in fire marshal training

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| Regulation 24: Contract for the provision of services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Observation

Lack of statement of additional service in resident contracts

- We are engaging with our corporate manager regarding the implementation of introducing changes in our contract.
- A section in the resident contract on what services are available to them on site including cost breakdown of each service. Completion date march 2025
- We will be doing an audit on all contracts to ensure we have all contracts signed by the registered provider Audit will be commenced in march

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

Observation

Inappropriate storage of equipment

Actions

- We have requested maintenance to look and price the repairs of the damaged walls in rowans aim to have repairs completed by May 2025
- In recognition of inappropriate storage of equipment at ward level, a working group has been established to address these issues. An already existing locker/changing area has been identified as an area that staff could use therefore allowing for better storage

practices for equipment within the wards.

- The proposal for completion will be September 2025
- We have submitted a proposal to the Hse for a capital grant to replace all our hoists across all the wards
- We have highlighted the urgency in this proposal to replace all hoists due to the acuity and the level of dependency of our resident

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Observations

Storage of in appropriate materials query over whether glass panels are fire compatible

Actions

- All inappropriate combustible and inflammable equipment have been removed from boiler room in rowans Completed

There will be regular health and safety spot checks with maintenance on all boiler rooms and on correct storage of these products.

- We received advice from our fire consultants that there is no need to change the glass panel above the doors in Rowans. Completed
- We are engaging with our maintenance and risk department to update the layout plans of fire exit routes for all wards. once they are finalized we will display them in a common area that is visible to all completion date march

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|---|-------------------------|
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Observation:

A few care plans were seen that had not been updated to reflect the updated guidance from allied healthcare professionals.

Actions:

- Nursing staff will review and update all current care plans which is recommended by relevant MDT members. completion date: 28/02/25
- Going forward, allocated nurses will update the changes in the care plans on the same day after the allied health care professionals review. completion date: 17/02/25
- Plan to request an alert system/pop-up button on the VCare when there is an update from MDT members, which will alert the nurses to review the new notes added. Completion date: 31/03/25

• Plan to continue the monthly audits to monitor the quality of care plan. Completion date: 31/03/25

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

Observation:

A small number of residents felt they were limited from accessing the community freely. While there was a policy in place to cover restrictive practice, it did not cover the subject of accessing local communities, or limitations on leaving the centre.

Actions:

• Plan to update the current Restraints Policy with new standards on "Right Restraints". This will assist staff to make an informed decision in relation to accessing local communities with or without assistance. Completion date: 31/03/25

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)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 31/03/2025 |
| 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 the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/09/2025 |
| 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. | Substantially Compliant | Yellow | 10/02/2025 |
| Regulation 24(1) | The registered provider shall agree in writing | Substantially Compliant | Yellow | 30/04/2025 |

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| | 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. | | | |
| 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 | 31/03/2025 |
| 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 suitable bedding and furnishings. | Substantially Compliant | Yellow | 10/02/2025 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre | Substantially Compliant | Yellow | 01/12/2025 |

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|------------------|--|-------------------------|--------|------------|
| | to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | | | |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 31/03/2025 |
| 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 | 01/03/2025 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared | Substantially Compliant | Yellow | 31/03/2025 |

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| | under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | | | |
| Regulation 7(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. | Substantially Compliant | Yellow | 31/03/2025 |