



**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

Name of designated centre:	Willow Brooke Care Centre
Name of provider:	Thistlemill Limited
Address of centre:	College Road, Castleisland, Kerry
Type of inspection:	Unannounced
Date of inspection:	14 October 2024
Centre ID:	OSV-0007842
Fieldwork ID:	MON-0044916

About the designated centre

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

Willow Brooke Care Centre is a purpose built facility located in the market town of Castleisland. It is set on 3 acres of landscaped gardens with 2 enclosed courtyards. It is registered for 73 beds. The bedroom accommodation comprises of 55 single rooms and 9 double rooms, all are en-suite with a shower, toilet, wash hand basin and vanity unit. There are several communal areas within the care centre including 5 sittings rooms/ day rooms and an open plan reception area. Willow Brooke Care Centre provides 24 hour nursing care to both male and female residents aged 18 years or over requiring long-term or short-term care for post-operative, convalescent, acquired brain injury, rehabilitation, dementia/intellectual disability/psychiatry and respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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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
Monday 14 October 2024	09:20hrs to 18:00hrs	Ella Ferriter	Lead
Monday 14 October 2024	09:20hrs to 18:00hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

This inspection took place over one day and was unannounced. Residents spoke positively about their experience of living in Willow Brooke Care Centre and they praised the staff for their kindness and care. The inspectors spoke with twenty residents and four visitors during the day, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspectors also observed interactions between the staff and residents throughout the day and found that they were respectful at all times.

Willow Brooke Care Centre is a purpose built designated centre for older people in the town of Castleisland in County Kerry. It is situated on a large green site with well maintained grounds and ample parking. Inspectors observed the entrance to the centre was bright and welcoming, with glass double doors and flower beds on either side. The centre had been operating for nearly four years as a designated centre for older people at the time of this inspection.

The centre is registered to provide care for 73 residents and there were 72 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre consists of 55 single bedrooms and nine twin bedrooms, all with en-suite facilities. Bedroom accommodation is provided within five wings; Elm, Ash, Chestnut and Sycamore and Oak, all named after types of trees. On the first floor inspectors observed that some bedrooms had access to private balconies looking out onto green fields. However, from discussion with staff and residents it was evident that residents could not use this facility as doors were kept locked at all times. This is further detailed under regulation 17.

The inspectors observed that the centre was clean throughout, well-maintained and was warm and comfortable. It was evident that additional decor was being sourced by the team to decorate the centres corridors with the aim of making them more homely. On the day of the inspection the inspectors saw that the home had been decorated for Halloween and there was a Halloween party being planned for later in the month. Residents told inspectors that they celebrated events throughout the year and they really enjoyed this. The large open plan sitting/dining room on the ground floor was the heart of the home and residents were seen to gather there throughout the day to chat and to participate in activities and have their meals. Many residents were observed sitting down reading local papers and chatting with each other about local events. There was an adequate amount of communal rooms on each floor to offer resident's choice and each of these rooms had comfortable furnishings, televisions and they were observed to be adequately supervised throughout the day. There were also two internal courtyards.

Residents were extremely complimentary about the food served in the centre, and confirmed that they were always afforded choice. One resident told the inspector how they looked forward to the different meal choices and that the food was "delicious". Staff were observed to engage with residents during meal times and

provide discreet assistance and support to residents, if necessary. The food served was observed to be of a high quality and was attractively presented. Residents in all areas had access to snacks and drinks, outside of regular mealtimes and told inspectors they could always request a different meal if they wanted one. The inspectors observed snacks and drinks being offered to residents during the day. Residents who chose to dine in their bedrooms told the inspector that they were happy with this arrangement and the food was always served hot. Menus had been reviewed and enhanced since the previous inspection to offer more choices for the evening meal. The dining experience for residents had also been reviewed and was seen to be sociable and residents told inspectors they enjoyed this time of day. Inspectors saw each table had menus available, tablecloths and there was music playing in the background.

Residents were observed enjoying activities throughout the day. There was a member of staff on each floor allocated to activities. Inspectors saw activities taking place such as bingo, ball games and quizzes. There was a weekly calendar delivered to residents in their rooms which outlined the activities available each day. On the evening of this inspection a member of staff played music and residents and staff sang songs. Residents reported this happened weekly and they really enjoyed it. One resident described to inspectors as they always had "great fun" and laughs at the group activities. However, the inspectors noted that for residents who chose to remain in their bedrooms there were limited opportunities for social engagement. One resident expressed to inspectors that they would like more availability of one to one activities and from a review of records and discussion with staff it was evident that these were limited, which is actioned under regulation 9.

Residents were observed addressing staff by name and appeared comfortable and relaxed in their presence. This level of satisfaction was echoed in recent residents' meetings and survey which showed high levels of satisfaction with the overall service provided. Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and they felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the activities and planned outings. One resident told the inspector that they were always reminded and encouraged to give their feedback and how to make a complaint and their voice was always listened to. Visitors told inspectors they were very happy with the care their loved one received and praised the approachable kind staff stating they "would do anything for you" and always made us very welcome.

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

Capacity and capability

This was an unannounced inspection by two inspectors carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the findings of this inspection were that Willow Brooke Care Centre was a well-managed centre where residents received good quality care and services. The provider and team of staff were committed to an ongoing process of quality improvement and actions had been taken to address the findings of the previous inspection of January 2024, resulting in improvements in compliance. Some further actions were required in staffing, care planning, infection control and residents rights, will be detailed under the relevant regulations.

Willow Brooke Care Centre is a designated centre for older persons owned and operated by Thistlemill Limited, who is the registered provider. The company comprises of two directors, who are both involved in the operation of five other designated centres in the country. One of these directors is the named provider representative and there was evidence that they were actively engaged in the day to day operation of the centre. The provider employed an operations manager and a quality and safety manager and they were both named persons participating in management, on the centres registration.

Within the centre there was an established management team with clear roles and responsibilities. The person in charge was appropriately qualified and experienced and they demonstrated a clear understanding of their role and responsibility. They were supported in their role by a full time Assistant Director of Nursing, who deputised in their absence and a team of four clinical nurse managers, registered nurses, healthcare assistants, catering, domestic, administrative, activities and maintenance staff. The centre also employed a full time facilities manager who was a visible presence in the centre. Human resource support was also available on site.

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends, to ensure governance and oversight of the service, over seven days. However, considering the dependency level of residents residing in the centre inspectors found that the registered nursing compliment at night required review to ensure that there were an appropriate number allocated to ensure clinical supervision of residents. This is further outlined under Regulation 15; staffing.

There was evidence that staff received training appropriate to their roles and the majority of mandatory training for staff was up to date, with some further training booked a few days following the inspection. There was good oversight and monitoring of training by the management team. Supervision arrangements were in place for new and existing staff and there was a comprehensive induction programme.

There was a good system of oversight of the quality and safety of care delivered to residents through a programme of audits, which had been enhanced since the previous inspection. There was clear evidence of learning and improvements being made in response to these reports and other feedback. The person in charge held

regular meetings with the clinical management team, clinical staff and with ancillary staff. Minutes of these meetings included discussions on all operational issues in the centre, roles and responsibilities, and disseminating information about audit findings. Compliments and any learning from complaints were also discussed.

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation. Incidents were recorded and had been reported to the Chief Inspector, as required by the regulations.

Regulation 14: Persons in charge

There had been a change in person in charge since the previous inspection. At the time of inspection they had been in post for seven weeks. They worked full-time in the centre and had the relevant skills, qualifications and experience to undertake the role, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were two registered nurses working in the centre at night, one on each floor, with responsibility for the clinical care and oversight of 73 residents. On review of the dependency levels of residents and considering the size and layout of the centre the inspectors were not assured that this staffing compliment could provide adequate clinical supervision. For example; this left one nurse on their own to administer night time medications to 42 residents upstairs and observe and supervise the care delivered to all residents. This was discussed with the management team on the day of the inspection and they informed inspectors that they had identified this and had plans in place to increase resources at night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Four staff were due training in safeguarding and manual handling, however,

this was scheduled to take place the week of this inspection. There was a comprehensive induction programme completed for newly recruited staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of accountability and authority. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner. The provider ensured that an annual review of the quality and safety of care provided to residents in 2023 was completed, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed and found that the terms relating to the admission of a resident to the centre, including terms relating to the bedroom to be provided and the number of occupants of that bedroom were clearly described, as well as the fees to be charged, as required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were noted regarding the notification of incidents since the previous inspection. Incidents occurring in the centre were well recorded and informed quality improvement. All required notifications had been submitted to the Chief Inspector, in line with the requirements of the regulation. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and evidenced that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of a good quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Some actions were required pertaining to care planning, infection control and residents rights, which are detailed under the relevant regulations.

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site three days a week to provide assessments and treatment to residents. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Residents were weighed monthly and any weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Where weight loss was identified, the nursing staff informed the general practitioner and referred the resident to a dietitian and speech and language therapy (SALT). Files reviewed by the inspectors confirmed that their advice was followed. On review of the documentation used, when a resident is temporarily transferred to the hospital the inspectors found that the correspondence was comprehensive and it contained all relevant information about the residents clinical care requirements and personalised care preferences.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. A sample of assessments and care plans were reviewed and found that, while each resident had a care plan in place, care plans were not always reviewed following a change in the residents' condition. Consequently, care plans were not always reflective of the residents care needs. These and other findings are further detailed under regulation 5. The centre had reduced the use of restrictive practices over the past few months and maintained a comprehensive register of any practice that was or may be restrictive. All restrictive practices were risk assessed and consent was obtained from the resident.

Inspectors identified some examples of good practice in the prevention and control of infection. Infection prevention and control information and reminders were displayed on designated notice boards within the nursing offices and there was good monitoring of residents with infections. There were four cleaning staff on duty daily, one of these being the household supervisor. These staff members were knowledgeable about cleaning practices, processes and chemical use. As found on the previous inspection there were not sufficient clinical hand wash sinks in the centre to promote and ensure good hand hygiene amongst staff, which is actioned under regulation 27.

Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme and menu choices. Advocacy services were available in the centre.

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents personal possessions. Each resident had sufficient space for storing personal possessions including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer. There were effective systems in place for the return of residents clothing following laundering, which had recently been enhanced following feedback from residents. Personal laundry and bed linen were being laundered by an external company.

Judgment: Compliant

Regulation 17: Premises

The following required action to conform to Schedule 6:

- The inspectors saw that there was not access to call bells in one sitting room on the first floor, where residents spent the day. Therefore, they could not call for assistance if staff were not in attendance
- Some paint was observed to be worn and chipped in the upstairs dining facilities.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly and monthly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents. A varied menu was available daily, providing a choices to all residents including those on a modified consistency diet. The dining experience for residents on both floor had been enhanced and improved since the previous inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Procedures had been established to ensure that the transfer of residents from the designated centre occurred in line with the requirements of the regulations. This included consultation with residents and their representatives regarding transfers and discharges, and arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility. This is a completed action from the previous inspection.

Judgment: Compliant

Regulation 27: Infection control

As found on the previous inspection there was a limited number of hand wash sinks available in the centre and the clinical hand wash sinks in the centre did not comply with current recommended specifications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some action was required in individual assessment and care planning to ensure that residents' documentation reflected their care requirements and could direct care delivery. For example:

- Some care plans contained generic information which was not pertinent to the individual care requirements of the residents
Care plans were not always updated to reflect changes in care needs such as recommendations by a dietitian and palliative care services
- A comprehensive assessment and a skin assessment for a resident was not completed in full, therefore, it could not inform care delivery
- A residents assessments reviewed did not accurately reflect their risk of malnutrition as it was completed incorrectly, therefore, it could not inform care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Records reviewed showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents' clinical care by management. Residents had timely access to a General Practitioner, who was in attendance on the day of inspection and there was evidence of regular reviews. Residents were also supported with referral pathways an access to allied health and social care professionals such as a dietitian, speech and language therapist and chiropodist as required. A physiotherapist attended the centre three days per week and an occupational therapist attended monthly. There was a low incidence of pressure ulcer development in the centre and wound care practices were seen to be in line with evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of bedrails and sensor equipment in use since the previous inspection and were focusing on moving towards a restraint free environment. Where restraint was used the inspectors found residents were assessed appropriately and it was used in line with national policy. Staff were up-to-date with training in responsive behaviours. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or

express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed to achieve full compliance with residents' rights:

- Facilities for residents' occupation and recreation and opportunities to participate in activities for residents who chose not to partake in group activities was limited.
- Residents residing in bedrooms with balconies did not have opportunities or choice to use them. Individual risk assessments had not been completed to ensure residents' independence was promoted and they had access to this external space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Willow Brooke Care Centre OSV-0007842

Inspection ID: MON-0044916

Date of inspection: 14/10/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • A review of staffing levels was completed on 20/10/2024 to ensure appropriate clinical supervision is maintained at night (Completed). • Effective 01/11/2024, an additional registered nurse is rostered at night to address the clinical needs of residents and ensure adequate supervision (Completed). • A staffing review will be conducted monthly to ensure the skill mix, and number of staff continue to meet the changing needs of residents. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Call bell was installed in the first-floor sitting room to ensure residents can request assistance when required (Completed). • Risk assessments for residents unable to use call bells were completed on 15/11/2024, and alternative ways of communication have been provided to ensure their needs are met (Completed). • Monthly walkabouts by the maintenance team and PIC commenced on 01/11/2024 to proactively identify and address areas requiring maintenance, such as worn or chipped paint. • A rolling maintenance schedule was implemented on 01/11/2024 to prioritize and action maintenance needs promptly. • A maintenance request log was introduced on 01/11/2024 for staff to report issues, and it is reviewed monthly by the maintenance manager to ensure timely responses. • Maintenance updates and findings from walkabouts will be discussed in monthly management meetings to monitor progress and ensure continuous oversight. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Clinical handwashing sinks have been ordered and will be installed in all required areas to meet recommended specifications for infection prevention and control (by 30/05/2025). • An independent Infection Prevention and Control (IPC) consultant will conduct a consultation in January 2025 to assess the centre and provide recommendations on the optimal locations for the clinical sinks (by 31/01/2025). • The Maintenance Manager will oversee the installation process to ensure that the sinks are installed correctly and are fully operational following the IPC consultant's recommendations (by 30/05/2025). 	
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"> • All care plans are being reviewed to ensure they contain individualized and pertinent information reflecting the specific care requirements of each resident. (by 31/12/2024) • Comprehensive assessments, including skin assessments and nutritional risk assessments, will be conducted for all residents. Any gaps identified during the review will be addressed to ensure documentation is complete and accurate (by 31/12/2024). • Staff have received refresher training on care planning, with a focus on incorporating recommendations from allied health professionals, such as dietitians and palliative care services, into care plans in a timely manner (Completed). • Quarterly audits of care plans are being conducted to monitor accuracy, completeness, and relevance. These audits are overseen by the Assistant Director of Nursing (ADON) and Person in Charge (PIC) to ensure comprehensive oversight and accountability. • All care plan updates will be discussed with residents and, where appropriate, their families, and this consultation will be documented in the electronic care planning system. 	
Regulation 9: Residents' rights	Substantially Compliant

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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A review of the activities program was completed on 15/11/2024 to ensure it meets the diverse interests and preferences of residents. This included introducing a wider variety of activities to cater to both group and individual preferences (Completed).
- One-to-one activity schedules are being developed for residents who prefer not to participate in group activities, with individual plans in place for all relevant residents (by 31/12/2024).
- Monthly resident feedback sessions have been established to gather input on activities and social engagement opportunities, with adjustments made based on their suggestions.
- Additional training for activities coordinators is scheduled to enhance their ability to deliver person-centered and inclusive activities (by 31/12/2024).
- Individual risk assessments are being conducted for residents with access to balconies to ensure their safety while maintaining their independence. These assessments will be completed for all relevant residents (by 31/12/2024).
- Following the risk assessments, keys to balcony doors will be made available to residents, ensuring they have access while maintaining appropriate safeguards (by 31/12/2024).
- Regular checks of balcony safety and accessibility will be included in the centre's ongoing premises audits to ensure continued compliance and safety.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	04/12/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/05/2025

	control of healthcare associated infections published by the Authority are implemented by staff.			
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	31/12/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2024