



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

Issued by the Chief Inspector

Name of designated centre:	Leopardstown Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballyogan Road, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	05 February 2025
Centre ID:	OSV-0008692
Fieldwork ID:	MON-0046247

About the designated centre

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

Leopardstown care centre is situated in south county Dublin and is in close distance to a local shopping area. It is a purpose built facility that is currently registered for 101 beds but can accommodate 150 residents in the future. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96
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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 5 February 2025	19:20hrs to 21:40hrs	Karen McMahon	Lead
Thursday 6 February 2025	09:40hrs to 15:55hrs	Karen McMahon	Lead
Thursday 6 February 2025	09:40hrs to 15:55hrs	Helen Lindsey	Support
Wednesday 5 February 2025	19:20hrs to 21:40hrs	Sharon Boyle	Support
Thursday 6 February 2025	09:40hrs to 15:55hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

This was a two days unannounced inspection, commencing with an evening inspection, with two inspectors on the first day and three inspectors returning the following day to complete the inspection. During this inspection, the inspectors spent time observing and speaking to residents, visitors and staff.

Inspectors observed that many improvements had taken place in the centre, to address the findings of the previous inspection. Residents appeared relaxed and those spoken with were content with the care they received living in the centre. Resident and staff interactions were seen to be friendly and respectful, and staff were seen to allow residents to go at their own pace. The general feedback from residents was that staff were kind and caring, with comments including "they are very friendly and full of smiles for us everyday" and "staff couldn't do more for us".

The centre is a purpose-built premises, based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus and Luas routes. The centre is spread out over three floors and is currently registered for 101 residents with bedroom accommodation provided on the ground and first floor only. The resident accommodation and facilities are set out on all of the three floors, with only the ground and 1st floor currently in use. The registered provider had recently submitted an application to vary to open the remaining beds on the second floor, increasing the planned registered occupancy to 150 residents.

On the first evening of the inspection, the inspectors were met by the clinical nurse manager (CNM) on duty that day, who provided the relevant requested information to the inspectors. The evening was spent speaking with residents, staff and visitors and observing the evening time into night time practises. Inspectors observed that most ground-floor residents had retired to their bedrooms and were sleeping, watching television or hosting a visitor. A small number of residents occupied communal spaces on the ground floor at this time. On the first floor, the inspectors initially observed ten residents sitting in the large communal area watching TV while staff members were present in the room to offer support and supervision. Other residents were already in bedrooms or being assisted to bed, by staff.

On arrival to the centre inspectors observed a notice on the reception desk giving visiting times for the centre. It outlined visiting times from 6pm to 8pm in the evening. Inspectors spoke with two visitors who explained they did not visit after 8pm as there had been occasions where they were waiting a significant amount of time to be let in or out of the centre. The inspectors spoke with one visitor in the elevator on their exit from the centre who also said they needed to be out at 8pm or they could be waiting a significant length of time for a member of staff to let them out. On arrival to the reception area with the visitor, the inspector observed the area was in darkness and there was no staff member available to let visitors out or in to the centre. Another resident who returned after 8pm from an outing with family told inspectors they were waiting almost an hour for someone to let them back into the

centre. Inspectors were told by management that there was a phone number that visitors could ring that would go straight to the phone of the night supervisor who would then let them in or out of the building. However, inspectors saw no signage informing visitors or residents of this procedure or the relevant number they required. This is discussed further in Regulation 11: Visiting, under the quality and safety section of this report.

All bedrooms are single rooms with en-suite facilities and are decorated and furnished to a high standard. Inspectors observed that many residents had personalised their rooms with personal possessions and photographs. Residents have access to a range of communal areas including a large open space sitting and dining area, smaller sitting rooms, reflection spaces and two outdoor enclosed garden areas. All communal areas were well-maintained and nicely decorated.

Activities were on offer from Monday to Sunday facilitated by dedicated activity staff. These included hand massage, reflexology, music, art, baking quizzes and religious services. The weekly activity schedule was displayed on large notice boards, in the larger communal area. However, the inspectors observed that while multiple activities were displayed on the notice board, it did not communicate with residents where these activities were taking place. Staff informed inspectors that there were multiple activities displayed for the same time as the board was reflective of all activities taking place in the whole designated centre. This meant that residents could not make an informed choice as to what activity was on at any given time and when and where they could attend if they wished. Inspectors observed a tai-chai session taking place on the morning of the second day of inspection but this was not displayed on that day's activities programme.

Lunchtime in the dining rooms was a relaxed and sociable experience, with residents enjoying each others' company as they ate. Meals were freshly prepared in the centre's on-site kitchen and served by the chef from a bain-marie in the dining room. The meals were plated to residents requests, including portion size and sauces. The menu, with two main courses and dessert options, was displayed on each table. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed mixed satisfaction with the food, with some residents, particularly those who chose to take meals in their rooms, stating the food was cold or "just ok". Inspectors observed that multiple dinners were stacked in an open trolley and brought to rooms, with no keep warm function. Other residents expressed there was a lack of choice for breakfast and evening meals. However, inspectors saw action plans put in place by the registered provider to address the issues at mealtimes and improve the experience for the residents.

There was a complaints procedure in place which also included the appeals procedure and this was displayed in the reception area for residents and family to review. However, a number of residents told the inspectors that they were not aware of the complaints process in the centre, and this is further detailed under

Regulation 34: Complaints. In addition, inspectors observed that there was no information in respect of advocacy services available and displayed in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. Significant improvements had been made to address the findings of the last inspection. However, there were some processes including visiting arrangements and aspects of food and nutrition, that required further oversight and monitoring to ensure compliance with the regulations.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection followed up on the compliance plan from the last inspection in November 2024 and was also carried out to inform a response to an application to vary conditions 1 and 3 of the registration to open up the second floor and increase occupancy to 150.

Mowlam Healthcare Services unlimited company is the registered provider of Leopardstown Care Centre. The daily running of the centre is overseen by the person in charge. The person in charge is a registered nurse who works full-time in post and has the necessary experience and qualifications as required by the regulations. They engaged positively with the inspectors during this inspection. The person in charge was supported in their role by a named member of the registered provider's management team, three assistant directors of nursing and four clinical nurse managers. Other staff members included nurses, health care assistants, activity coordinator, domestic, catering and maintenance staff.

On both days of the inspection there were adequate staffing levels to ensure the effective delivery of care to residents. Management had implemented systems to ensure oversight and monitoring of the service through auditing and quality improvement plans, some of which included falls prevention, catering, medicine management and restrictive practice.

There was evidence of regular management and quality improvement meetings which informed the safe delivery of care. For example, a falls and infection prevention and control oversight committee held monthly meetings. Quality improvement plans were put in place with identified time frames and persons responsible for the action.

The inspectors reviewed the record of complaints and evidence of the investigations and outcome of the complaints. Although they appeared well-managed, the complaints procedure was not clear and not accessible to all residents as further discussed under the relevant regulation.

Systems were in place to supervise and support staff through self-reflective clinical practice meetings and probation appraisals. Staff had access to and had completed training that was appropriate to the service they provide such as training in safeguarding persons at risk, managing behaviour that is challenging and fire safety. There was a Directory of Residents available for the inspectors to review however, the information in the directory did not contain all information outlined in Schedule 3. This is further discussed under Regulation 19: Directory of Residents.

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

An application for the variation of conditions 1 and 3 of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training that was relevant to the needs of the residents. This included Fire safety, safeguarding and managing behaviour that is challenging training. Other training completed by many staff included Infection prevention and control, Human rights, and dementia care.

Systems for monitoring staff training were in place and effective.

Judgment: Compliant

Regulation 19: Directory of residents

While there was a directory of residents available for review the registered provider had not ensured the maintenance of the directory to contain all information specified in Schedule 3, for example;

- Some next of kin addresses and general practitioner (GP) details were missing for some residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

While management had improved the oversight and monitoring systems since the last inspection further action was required to ensure a safe, consistent and effective service was provided at all times for the benefit of the residents. For example;

- Information management systems were not consistent or effectively monitored, for example;
 - Inconsistent messages regarding the visiting arrangements and the access in and out of the building impacted on residents receiving visitors without restrictions. For example the visiting times displayed at reception did not contain the same information as the visiting times displayed on the entrance to the two wings on the 2nd floor, nor was it in line with the centre's visiting policy.
 - Activities displayed in the day rooms did not match the activities provided on the day, which meant that residents were not aware of the programme of activities to support their choices.
 - The directory of residents was in duplicate form and both documents were not maintained and kept up-to-date. Improved oversight of this record was required to ensure it contained all the required information as set out in Schedule 3 of the regulations
 - Inconsistent details in respect of the complaints procedure information were displayed in the centre, and residents were not therefore aware of how and who to make a complaint.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider did not ensure that the complaints procedure was accessible and effective. For example;

- Three residents were not aware of the complaints process or who the complaints officer was.
- The complaints procedure displayed in the reception area did not contain the same information as the complaints procedure displayed at the exit to each wing. For example, one complaints procedure identifies a feedback form which had the title of a 'satisfaction survey' on the front cover and when the inspector asked five staff members for a copy of the feedback form they were unaware of what this was or where to locate one.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of 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. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection.

Residents had access to a general practitioner (GP) who attended the centre regularly. The centre had a referral system in place for health and social care practitioners, such as dietitians, speech and language therapists and tissue viability nurses, for when such services were required. Any medical treatment as recommended by these medical practitioners was seen to be updated into residents' care plans to ensure this treatment was provided.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents had access to advocacy services, however, inspectors observed that there was no information posters or leaflets displayed around the centre to provide details to residents on how they can contact these services.

Residents were seen to be exercising choice about how they spent time in the centre. On arrival, some residents were up having breakfast, and others were still in bed, as their preference. There were a range of communal rooms, and residents were seen moving between the quiet rooms, busier sitting rooms, and the dining rooms. Some residents were leaving the centre to visit local shops, including a local coffee shop.

Care plans in the centre had recently gone through a review process and improvements had been made to ensure they were clear, concise and relevant to the resident's personal care and social needs. Care plans specific to responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) clearly identified triggers for responsive behaviours and methods for de-escalation that had been found to be effective for the resident. However inspectors identified that an appropriate comprehensive assessment tool was not being utilised to effectively inform residents' care plans.

Inspectors observed significant improvements in the responsiveness of staff when responding to incidents of responsive behaviour. They afforded time to the resident to express themselves and did not hurry them. Staff were knowledgeable on responding to incidents of challenging behaviour and told inspectors they had recently undergone training in the centre and had found this to be very informative and useful in practice. However, inspectors found that residents living on the

"Memory care unit" on the 1st floor did not have unrestricted access to an outdoor space and were reliant on staff to escort them outside. Many residents on this unit had cognitive impairment and would not be able to communicate their wish to go outside. Furthermore neither residents or visitors had access to the codes to unlock the doors to the units to enter or leave. Inspectors had to request the codes on the first day of inspection to be able to freely mobilise around the units.

While there were a lot of visitors seen attending the centre during the inspection, inspectors were not assured that visits were not restricted as discussed in the first part of this report and further outlined under Regulation 11: Visits. Residents had access to and control over their personal possessions and finances. Some residents reported that they had had issues in respect of personal clothing going missing and this was evident in a review of the complaints log. Nonetheless, management had identified this as a risk and had put measures in place, including a lost and found folder at reception which contained pictures of personal items belonging to residents, and the implementation of a new labelling and laundry system.

Regulation 11: Visits

Inspectors were not assured that visiting was not unnecessarily restricted. For example;

- Two visitors reported having difficulties trying to gain access to the centre to visit their relatives after 8pm in the evening. Furthermore, these visitors reported having difficulty being left out of the building after this time due to staff participating in the delivery or oversight of care of residents at this time. Thus they told inspectors they tried not to visit at this time or rushed their visits to get out before 8pm.
- One resident reported having to wait a significant length of time to be let back in to the centre one evening after returning after 8pm from a day out with family.
- Inspectors observed the reception area to be in darkness, unattended and uninviting to anyone visiting at 8.10pm on the first evening of inspection.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Management had systems in place to ensure that laundered clothes were returned to the correct residents. Residents had adequate space to store and maintain their clothes and personal possessions.

Judgment: Compliant

Regulation 18: Food and nutrition

The serving of residents' meals required review. While there were options available, some residents felt there was not enough choice, and that meals served to those eating in their bedrooms could be cold. A new menu was due to start in the days following the inspection to address this, and additional heated serving trolleys had been ordered.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy contained details of hazard identification and measures and actions to control risks identified. A risk register was in place and was kept up-to-date with controls, actions and time frames outlined.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments to assess the care needs of residents were not being utilised in the designated centre to fully inform the residents' personal care plan. For example, the current tool in use did not assess the communication ability of residents and did not record if the resident used communication aids such as glasses or hearing aids. This meant that in the absence of an assessment, residents were at risk of not have a corresponding communication care plan in place to guide staff in the management of their needs.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictions posed by keycode locks on the entry doors to the wings on each floor was overly restrictive and did not reflect national policy guidance. Neither residents or visitors spoken with on the days of inspection knew the keycode to unlock the unit doors and were observed waiting for staff to come and open the doors for them. These restrictions did not ensure that residents could mobilise between the floors and access the social activities of their choice that may have been taking place on another floor or area. without having to seek staff assistance to unlock the keycode lock.

Furthermore residents on the 1st floor, known as the "Memory Care Unit" were restricted from freely accessing outdoor spaces. Residents who wished to go outside on this unit had to wait for staff to be available to bring them to the ground floor to access the outside spaces. Inspectors spoke with staff on this unit who said residents could be escorted out if they asked but there were no robust systems in place to ensure that residents were regularly offered an opportunity to access outside spaces.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place that set out how any observed, reported or suspected incident of abuse in the centre should be managed. It included ensuring the resident was safe, and linking with other agencies where appropriate.

Where any incidents had occurred in the centre, records showed it had been managed in line with the policy, and also reported to the Chief Inspector of Social Services. There was oversight of any incidents from the regional team, and support was offered to the staff in the centre where required, in relation to additional training.

Judgment: Compliant

Regulation 9: Residents' rights

While overall residents' rights were being upheld, during the inspection there were two occasions where inspectors observed that residents' privacy was not upheld due

to the view into the windows from surrounding buildings and car park. While lower bedroom windows had a reflective covering for privacy, this was not in place for 1st floor and higher in the building, which meant that if the curtain was not drawn, residents would be visible from the outside. For example, one resident was observed taking part in a private activity when inspectors were returning to their cars on the first evening of inspection.

Furthermore, residents on the first floor were not able to freely exercise their right to access outdoor spaces, in comparison to those residents residing on the ground floor. Residents on the ground floor had unrestricted access from exit doors located in communal areas, while residents on the first floor were reliant on staff being available to escort them to the ground floor, releasing keycoded doors as they go, to gain access outside. There was no evidence available on the days of inspection to show that there was a robust system in place to ensure that first floor residents had free and regular access to outdoor spaces.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	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	Substantially compliant

Compliance Plan for Leopardstown Care Centre OSV-0008692

Inspection ID: MON-0046247

Date of inspection: 06/02/2025

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has updated the Directory of Residents with all information required, including the details of all next of kin addresses and general practitioner (GP) details that were missing for some residents on the day of inspection. • The Night Supervisor will check the Directory of Residents each night to ensure that it is maintained accurately and up to date. 	
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>Visiting Arrangements</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will ensure information displayed in each area of the building is clear, accurate and consistent. • The PIC will ensure that all staff are aware that there is a policy of unrestricted visiting in the centre and that residents may receive unrestricted visits unless there are circumstances that dictate otherwise. There is a restriction applied at mealtimes, where visiting is restricted in the main dining areas to protect resident privacy and dignity; residents can however receive visitors at mealtimes in other areas of the Centre if they wish. 	

- A revision of the signage displayed in the Centre has been completed and all signage has been updated throughout the centre.
- Information displayed in the Centre details the access arrangements in and out of the Centre at times when reception staff are not on duty.
- Lighting remains illuminated in the reception area up to 22:00hrs each night.
- A contact number for the Night Supervisor is included in access signage information, should a visitor require access to the Centre after 22:00 hrs.

Activities

- Details of the activities schedules displayed in the dayrooms will be monitored to ensure that they are consistent with the activities provided on a daily basis.
- A review of the timetable of activities that is available in residents' rooms, has been completed, to ensure that residents have the information they need to be aware of the programme of activities available to them, and to assist them when making their choices.

Directory of Residents Register

- The duplicate register (Register1) has been marked as closed and archived in the Centre.
- Register 2 is in place and will be completed accurately and maintained up to date, ensuring all required information is included as set out in Schedule 3 of the regulations.

Complaints procedure information

- The inconsistencies identified in relation to the information on the Complaints Procedure signage has been amended, and the signage has been updated to display an 'easy read' format of the Complaints Procedure in multiple locations throughout the Centre.
- The Complaints Procedure will be discussed at the residents' meetings to ensure all residents understand how to make a complaint.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The inconsistencies identified in relation to the information included in the Complaints Procedure signage has been reviewed. Signage has been amended and the Complaints Procedure signage is displayed in an 'easy read' format in multiple locations throughout the Centre.
- The Complaints Procedure will be discussed at the residents' meetings to ensure all residents are knowledgeable about the complaints procedure and that they understand how to make a complaint.
- Complaints are discussed by staff at the daily safety pause and shift handover meetings. The Complaints procedure is discussed to ensure that all staff are aware of how to support residents who wish to make a complaint.

Regulation 11: Visits	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 11: Visits:
- A review has been completed in relation to the inconsistencies in the information about visiting arrangements in the Centre. Information displayed throughout the Centre is now consistent, clear and accurate.
 - The policy of unrestricted visiting has been shared with all staff, to ensure that they are aware that residents may receive unrestricted visits unless there are circumstances that dictate otherwise. There is a restriction applied at mealtimes, where visiting is restricted in the main dining areas to protect resident privacy and dignity; residents can however receive visitors at mealtimes in other areas of the Centre if they wish.
 - A revision of the signage displayed in the Centre has been completed and all signage is now updated, clear and accurate.
 - Information displayed in the Centre details the access arrangements in and out of the Centre at times when reception staff are not on duty.
 - Lighting remains illuminated in reception area up to 22:00hrs; at this time it is turned off by the Night Supervisor.
 - A contact number for the Night Supervisor is included in access signage information, should a visitor require access to the Centre after 22:00 hrs.

Regulation 18: Food and nutrition	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • A new outsourced catering service has been introduced to the Centre commencing on 10/02/2025. The service provider has committed to providing a quality service and food with a range of choices to be available for all residents, including those who require modified diets. • A review of the new catering service will be undertaken three months from commencement to allow for implementation of improvements and identification of any concerns. • The service provider will be required to complete self-audits and share the outcomes of these at the monthly Quality & Safety Management Meetings. • Audits including HACCP and Dining Experience will be carried regularly using the Mowlam Audit Management System tools. • Food and Nutrition, including support with choices, will be included in the rolling agenda of residents' meetings to allow any concerns to be highlighted by residents and a QIP will be developed to ensure that any issues are actioned and addressed. 	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The Comprehensive Assessment will be implemented for all current residents and for all new admissions to the Centre. • The Comprehensive Assessment has now been made part of the mandatory suite of assessments to be completed on admission and reviewed four monthly or more frequently as required. 	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p>	

- A review of how residents can freely access the security keycode access points to each wing will be undertaken to ensure measures are in place that reflects national policy guidance.
- Residents and visitors will be advised of the keycode access number to exit the unit on request; this will enable them to unlock the unit doors from inside. The keypad access entrance code is in place for security purposes.
- The PIC will ensure that residents on the upper floors are regularly offered an opportunity to access outside spaces and can avail of external space as they wish

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

- We will assess how to enhance privacy for the residents on the upper floors and will consider the need for window coverings or reflective material on the windows to ensure privacy.
- The PIC will ensure that residents on the upper floors are regularly offered an opportunity to access outside spaces.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	28/02/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/05/2025
Regulation 19(3)	The directory shall include the information specified in	Substantially Compliant	Yellow	06/02/2025

	paragraph (3) of Schedule 3.			
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	28/02/2025
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	30/04/2025
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	30/04/2025
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure	Substantially Compliant	Yellow	31/03/2025

	for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2025

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	31/05/2025
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 such exercise does not interfere with the rights of other residents.	Substantially Compliant	Orange	31/05/2025