



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

Issued by the Chief Inspector

Name of designated centre:	Costern Unlimited Company
Name of provider:	Costern Unlimited Company
Address of centre:	42, North Wood Court, Northwood, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	16 February 2024
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0037644

About the designated centre

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

AnovoCare Nursing Home is a purpose-built facility located in a countryside setting while remaining in close proximity within the local metropolitan community. The centre is registered to provide residential care to 112 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, step down, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents with varying facets of cognitive impairment and dementia; residents with features of physical, neurological and sensory impairments and residents with end-of-life and mental health needs. Residents are accommodated on two floors. There are 71 single and nine twin bedrooms all with their own en-suite bathroom facility. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home. AnovoCare Nursing Home is situated in the North Dublin region close to the vibrant villages of Malahide and Swords. There is close access to hotels, restaurants, pubs, local park lands and shopping centres. There is an established bus service to and from Stockhole Lane.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	106
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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
Friday 16 February 2024	08:30hrs to 17:40hrs	Lisa Walsh	Lead
Friday 16 February 2024	08:30hrs to 17:40hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were content living in Anovocare Nursing Home. The residents spoken with were complimentary of the staff and the care they received, however, some residents referred to waiting long periods of time for assistance. Staff were aware of residents' needs and were striving to provide good quality care. Inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the day by staff and management.

Inspectors arrived at the centre in the morning to conduct an unannounced inspection and were greeted by the person in charge. Following an introductory meeting with the person in charge and the assistant director of nursing, the inspectors were guided on a tour of the premises. During the day, the inspectors spoke with several residents and their visitors to gain insight into their experience in Anovocare Nursing Home. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

Anovocare Nursing Home is a three-storey building located in north county Dublin, close to Dublin airport. The main entrance to the designated centre was accessed through an open porch leading to an open-plan reception area, with an adjacent cafe for residents and visitors. While the porch door to the centre was open the internal door to the reception area was locked. There was signage in the reception area directing staff and visitors to wear surgical face masks throughout the centre, although there was no active infectious disease outbreak. The person in charge informed inspectors that this was a temporary preventative measure to protect residents from Covid-19 as the rate of Covid-19 was high in the surrounding area.

Anovocare Nursing Home is registered to accommodate 112 residents and provides long-term residential care, respite residential care and convalescence care services to adults over 18 years of age. There were 106 residents in the centre on the morning of the inspection, with two residents in hospital and four vacancies. The centre cares for residents diagnosed with dementia, acquired brain injury, physical or sensory impairments.

Residents are accommodated over the three floors, where there are 94 single and nine twin bedrooms all with their own en-suite bathroom facilities. There is bedroom accommodation for 37 residents on the ground floor, 52 residents on the first floor and 23 residents on the second floor. The first and second floors have passenger lift access. The majority of bedroom accommodation was spacious, homely, comfortable, personalised with photographs, pictures, art and items of significance belonging to the residents. Each bedroom had a bedside locker, locked storage, a wardrobe, seating, call bell and television facilities. Inspectors found some resident accommodation in need of maintenance and this is discussed under Regulation 17: Premises.

The centre's design and layout supported residents' free movement and comfort, with wide corridors, sufficient handrails, and armchair seating within communal areas. Communal space consisted of a ground floor open plan reception area with a comfortable and pleasantly decorated sitting room to the right of the entrance and cafe area to the rear. From the cafe there was access to the centre's internal landscaped courtyard gardens. The garden was well-maintained with pathways clear from debris, trees and shrubs. However, there was no call bell available in the garden. There was ground floor lounge/day room and adjoining a dining room. These rooms opened out onto a large open garden area with a smoking shelter. The garden also had raised flower beds and a polytunnel which residents used during the summer months, however, there was no seating available for residents to enjoy this space. There was an activity room on the ground floor and a prayer room offering residents space for quiet reflection. There was also a ground floor hair salon available for residents, with a hairdresser/beautician who visited twice a week. On the first floor, communal space consisted of a day room, an activity room, a dining room, a visitors room and an external balcony area overlooking the garden below. The external balcony was locked and residents needed the assistance of staff to access this area. Inspectors observed that the first floor activity room was operating as a second dining room, contrary to the centre's statement of purpose and floor plans. On the second floor, communal space consisted of a dining room, sitting room and a number of seated alcoves with pleasant views overlooking the surrounding area.

While the premises were pleasantly decorated and comfortable, inspectors also found a number of areas were visibly dirty, with overall cleaning in the centre requiring enhanced oversight. Inspectors noted the dining areas on one floor to be particularly dirty, with tables, cupboards, sideboards, food tray trolleys and floors needing attention. Inspectors brought these matters to the immediate attention of the person in charge who directed housekeeping staff to clean the areas. Inspectors were informed by management that there had been recent deficits in cleaning staffing which impacted the cleanliness of the centre. Some of these posts had been filled already and staff were being inducted for the remaining posts.

Residents were up and dressed in their preferred attire. Some residents were engaging in activities which were taking place on the ground floor. The centre was registered to have 2.6 whole-time equivalent activity coordinators in place covering seven days of the week. Inspectors were informed one coordinator had recently ceased their employment and had not been replaced yet. The centre had one activities coordinator on duty on the day of inspection. Inspectors observed residents watching television with a concert playing in the morning. During this time, there was also one to one nail care taking place for some residents. In the early afternoon, there was a physiotherapy-led chair-based exercise activity on the ground floor. At the same time, a small number of residents engaged with a dementia led balloon activity taking place in the activity room on the ground floor.

While there was an activities schedule displayed on all floors indicating the relevant activities available, there were no activities taking place on the first or second floors. Some residents were observed in their bedrooms, reading, watching television or using tablets and laptops. Some residents and visitors spoke positively about the

activities in the centre, while others outlined that the activities were not tailored to their interests and that they were sometimes bored and found the activities "childish". While the centre accommodated six residents under the age of 65 years, there was no evidence of activities geared towards the interests and capabilities of these younger adults.

Inspectors observed mealtimes in the dining rooms as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Overall, residents were complimentary of the quality and quantity food on offer. However, some residents spoken with said there was a lack of variety of food options available to them. There were refreshments available for residents throughout the day. Some residents were facilitated to eat in their bedrooms, aligned with their preferences. While staff explained to the inspectors how choice was offered in terms of meals provided, some residents spoken with stated they had not been offered a choice.

At times residents were observed to be waiting for prolonged periods of time assistance. Some residents spoken with said that staff would respond to their call bell promptly and cancel the notification on the system. However, the care would not be delivered at that time and they could be waiting for prolonged periods after the call bell was reset. For example, a resident reported waiting up to an hour on the day of inspection for toileting assistance because two staff were required. However, staff were not available to assist as it was lunchtime and staff were assisting residents with meals. Two other residents reported waiting a hour and two hours respectively for assistance during the night. Inspectors observed a resident waiting over five minutes for staff to respond to their call bell. Inspectors also observed a resident who required assistance of staff to change their clothing, which had become dirty during their breakfast, wait for over two hours for staff to assist. The resident also had no access to a call bell as it was out of their reach and missing batteries.

Visitors were observed coming and going throughout the day. Residents and their visitors confirmed there were no restrictions on visiting. Visitors were observed engaging in the activities alongside their loved ones and also enjoying the cafe area on the ground floor. Overall, visitors were complementary of the staff and happy with the care provided with one saying they "couldn't be happier" with the centre. However, some visitors said that the activities in the centre could improved. Some visitors also reported that staffing issues had at times impacted the care provided to residents.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While there were established management structures in the designated centre, the management and oversight systems were not sufficiently robust to ensure that the service provided to residents was safe, appropriate, consistent, and effectively monitored. In particular, the monitoring and oversight systems in place with regard to governance and management, assessments and care planning, managing behaviour that is challenging, residents rights, infection control and premises needed to be significantly enhanced. Further action was also required for staffing, notification of incidents, complaints procedure and information for residents.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection. With respect to the compliance plan following the last inspection in February 2023, this inspection found repeated lack of regulatory compliance with Regulation 9: Resident's rights, Regulation 27: Infection control and Regulation 17: Premises. The inspectors also followed up on unsolicited information that had been submitted to the Office of the Chief Inspector since the previous inspection. This unsolicited information was related to individual assessment and care planning, healthcare, infection control, staffing and residents' rights.

Costern Unlimited Company is the registered provider for Anovocare Nursing Home. The senior management structure was clear with a management team comprising of the chief executive officer, a human resources director, clinical operations manager and the person in charge. There is a governance structure in place which identified clear lines of accountability and responsibility. The person in charge worked full-time in the centre and was supported in their management role by an assistant director of nursing and two clinical nurse managers. Other staff members included nurses, healthcare assistants, a physiotherapist, activity coordinators, chefs, catering, housekeeping, maintenance and administration staff.

From observations on the day of the inspection, inspectors found that a review was required to ensure that there was a sufficient number and skill mix of staff to meet the assessed needs of residents. Feedback from residents and information submitted to the Officer of the Chief Inspector found that some residents were waiting prolonged periods for care and attention. Inspectors observed that there was one activity coordinator on the day of inspection for 106 residents. Some residents and visitors spoken with also reported a lack of activities aligned with their interests and capabilities. There had been recent vacancies in cleaning staff which impacted the oversight and supervision of cleaning practices. This is further discussed under Regulation 15: Staffing.

Systems of communication were in place between the person in charge and senior management. The person in charge submitted a weekly report to the clinical operations manager outlining key issues within the centre, such as occupancy, temporary discharge, antibiotic usage, risk management, wound care, restraint usage, accidents, compliments, complaints and maintenance matters. Within the

centre there were fortnightly management meetings involving the person in charge, assistant director of nursing, the clinical operations manager and group human resources director which reviewed similar matters. There was also head of department meetings in the centre, chaired by the person in charge and held monthly. These meetings discussed aspects of quality service delivery, including clinical care, human resources, staff training, activities, catering, maintenance and housekeeping. Despite these management communication systems being in operation they were not sufficiently robust to ensure that the service provided to residents was appropriate, consistent and effectively monitored, which will be outlined under Regulation 5: Individual assessment and care plan, Regulation 9: Resident's rights, Regulation 27: Infection control and Regulation 17: Premises.

There were systems in place to monitor the quality and safety of care delivered to residents through an audit schedule covering areas such as, falls, pressure ulcer prevention and call bell response times. There was good practice noted with regard to pressure ulcer prevention and management with detailed, time-bound action plans designed to increase the identification of pressure ulcers and reduce risk through multiple strategies including ensuring the correct usage of validated risk assessments, improving clinical recording, enhanced communication, specialist training and accessing external specialists. Similarly, work was commencing in respect to falls prevention and management. Notwithstanding this good practice, some areas of auditing needed to be more effective in identifying deficits and risks in the service. There were disparities between the prompt response times reported in the call bell audits and what residents were communicating to inspectors and from information received by the Chief Inspector. The call bell audits reviewed had taken place during the day, whereas many reported delays in responses were occurring at night. Additionally, a high quality outcome had not been clearly defined. For example, residents reported that staff would respond to their call bell promptly and cancel the notification on the system, leading to a prompt recorded response time in the audits. However, the care sought by the resident would not be delivered at that time and they could be waiting for prolonged periods after the call bell was reset.

The annual review of the quality and safety of care delivered to residents for 2023 was not given to inspectors to review. Inspectors were informed this report was not fully completed on inspection day. Inspectors were provided with the 2022 report which was a comprehensive overview of key areas such as staff levels, staff training, auditing and complaints management.

The complaints procedure was displayed in the reception upon entry to the centre and was documented in the residents' guide. Residents spoken with in the course of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they could recognise a complaint and would report it to management. Inspectors reviewed a sample of complaints received and found that they were investigated promptly, with feedback given at appropriate stages of the process by the complaints officer. The centre's complaints policy required

amendment to clearly reflect the newly established role of review officer, which will be discussed under Regulation 34: Complaints procedure.

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

Management systems failed to ensure the service provided was appropriate, consistent and effectively monitored. Inspectors identified the following concerns:

- Staff supervision and oversight systems were not sufficiently robust to support staff in appropriately assessing and responding to residents' needs, promoting residents' rights, and maintaining a clean and safe environment for the benefit of residents, for example:
 - The process for assessing, managing, and reviewing residents' care needs required further oversight. Inspectors found that validated assessment tools, such as the dependency assessment tool, did not correctly reflect resident needs.
 - There was a lack of evidence-based assessment and care planning for residents with responsive behaviours. Furthermore, where restraint was in place, inspectors were not assured that it was being used in accordance with national policy.
 - Inspectors observed that some staff practices impacted some resident's rights, privacy and dignity.
 - The oversight of cleaning and maintenance was not sufficiently robust to ensure that the environment was adequately maintained to comply with the National Standards for Infection Prevention and Control in Community Services (2018) and Schedule 6 of the Health Act (care and Welfare of Residents in Designated Centre for Older People) regulations 2013 (as amended).
- Auditing processes needed to be more robust in identifying risk and driving quality improvement, particularly concerning assessment and care planning discussed above. There were also discrepancies between the prompt response times reported in the centre's call bell audits when compared with residents' feedback and inspectors' observations.
- A statutory notification of suspected abuse of a resident had not been reported to the Office of the Chief Inspector within the prescribed timeframes.

- The annual review of the quality and safety of care for 2023 was not given to inspectors to review. The 2022 report did not adequately assess whether the care delivered was in accordance with relevant standards.
- Inspectors observed a number of rooms operating contrary to the centre's statement of purpose and floor plans as detailed under Regulation 17: Premises.

The registered provider failed to ensure the centre had sufficient resources to deliver quality care effectively. Staffing levels were found to be insufficient, as detailed under Regulation 15: Staffing.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of eight residents' files and found that there was a contract of care in place for each resident setting out their allocated room number, the occupancy of the room, and the fee they would pay for the service they received. Additional fees were also clearly described.

Judgment: Compliant

Regulation 31: Notification of incidents

A statutory notification of suspected abuse of a resident had not been reported to the Office of the Chief Inspector within the prescribed timeframes.

Judgment: Not compliant

Regulation 34: Complaints procedure

An action was required to ensure compliance with the regulation:

- The centre's complaints policy required amendment to accurately and clearly reflect the newly established role of the review officer. Within the centre's policy the review officer's role and the previous appeal officer's role are referred to interchangeably which is not accurate.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated on in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that the provider had the required numbers of staff available with the required skill mix having regard to the statement of purpose and the size and layout of the centre and the assessed needs of the resident's. This was evidenced by:

- From inspectors observations and feedback from residents, some residents were waiting prolonged periods for care and attention. Inspectors were also informed that there was not adequate staffing resources available to assist a resident to change their clothing. This is detailed under Regulation 5: assessments and care plans. From residents feedback, there were disparities between the prompt response times reported in the call bell audits and what residents were communicating to inspectors. For example, residents reported that staff would respond to their call bell promptly and cancel the notification on the system. However, the care would not be delivered at that time and they could be waiting for prolonged periods after the call bell was reset. Inspectors also observed a resident waiting for over five minutes for assistance after using the call bell.
- One resident was observed to have stained and dirty clothing. Inspectors were told this was from the resident's breakfast, which they had had at least two hours before this. Inspectors were further informed that there was not adequate staffing resources available at this time to assist this resident to change their clothing. A resident reported waiting up to an hour on the day of inspection for toileting assistance because two staff were required. However, staff were not available to assist as it was lunchtime and staff were assisting residents with meals. Two other residents reported waiting a hour and two hours respectively for assistance during the night.
- The provision of activities was not managed to meet the assessed needs of residents. This is further discussed under Regulation 9: Residents Rights.
- There had been recent vacancies in cleaning staff which impacted the oversight and supervision of cleaning practices. Inspectors were informed that the centre had six cleaning staff vacancies for the previous month, four new cleaning staff had just started and two further posts were currently being inducted. The impact of this is reported under Regulation 27: Infection control.

Judgment: Not compliant

Quality and safety

Overall, the inspectors were not assured that the systems in place for overseeing the quality and safety of aspects of resident's care, ensured that all residents living in the centre were protected by safe practices, which promoted a good quality of life. Some routines and practices used by staff in the centre did not reflect best-evidence practices. Additional details of issues identified are set out under the regulations for individual assessment and care plan, managing behaviour that is challenging, residents' rights, infection control, premises and information for residents.

Inspectors reviewed assessments and care plans for residents and found that some residents did not have an assessment of their needs and as a result, appropriate interventions were not always carried out. Improvements were also required to ensure that care plans reflected the care needs of the resident following assessment. Action was also required to ensure care was delivered in line with each resident's care plan, as outlined further under Regulation 5: Individual assessment and care plan.

Restrictive practices required action as they were not always managed in accordance with the national restraint policy and guidelines. Some residents did not have behaviour care plans in place to guide staff practice and some behaviour care plans in place were not adequate to guide staff practice. This is discussed in the report under Regulation 7: Managing behaviour that is challenging.

Inspectors observed practices that were not person-centred and which did not ensure that residents' rights, dignity and privacy were promoted at all times in the centre. While there was an activities programme in place, there were no activities taking place on the first or second floors. Some residents were observed to enjoy some of the activities available, however, inspectors observed that there was insufficient opportunities for meaningful activation for some residents at the time of inspection, as detailed under Regulation 9: Residents rights.

There was a residents' guide in place. However, it did not contain all the required information, as detailed in Regulation 20: Information for residents.

Inspectors reviewed care plans for residents with communication needs and found that these care plans were descriptive and provided structural guidance to the staff members. However, a resident's feedback was that some staff do not take the time needed when they are communicating with the resident.

While the design and layout of the centre was appropriate to the number and needs of the residents accommodated within the centre, inspectors observed significant wear and tear throughout the centre. Furthermore, a room on the first floor was not

being operated in accordance with the statement of purpose. This will be discussed further under Regulation 17: Premises.

Inspectors were informed that the centre had six cleaning staff vacancies for the previous month, four new cleaning staff had just started and two further posts were being inducted. This had impacted on the oversight and cleanliness of the designated centre which is detailed in Regulation 27: Infection control.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had these recorded in their care plan. These plans were sufficiently detailed to guide staff practice and allow for the residents to communicate freely. Notwithstanding this good practice in relation to communication care plans, a resident with specialist communication requirements informed the inspector that some staff took the time to understand their communication needs, but other staff did not, and this directly impacted their ability to communicate freely.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, multiple areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- There was significant wear and tear in multiple areas, including resident bedrooms, with some walls visibly scuffed, marked and damaged, leaving exposed plaster. Similarly on corridors there was also damage to the walls, with holes and exposed plaster where hand gel dispensers had previously been attached. The dirty linen storage room also had multiple holes in the walls.
- The bracket for holding a fire extinguisher and fire blanket in situ were removed from a store room wall and the fire extinguisher was found unsecured behind the door while the fire blanket was situated on the light switch casing.
- A sink was loose from the wall in a storeroom posing a safety risk.
- In a dining room on the first floor, the curtains were insecurely fitted to the curtain pole. In another dining room on the first floor, there were kitchen drawers which were damaged.
- A residents accessible toilet was found to have the flush panel and handrail missing.

- There was no call bell available in the garden for residents.

Inspectors observed that the first floor activity room was operating as a second dining room, contrary to the centre's statement of purpose and floor plans. Similarly some store rooms were operating contrary to the statement of purpose and floor plans, for example the ground floor wheelchair and hoist store was being used for kitchen storage while the ground floor linen store was being used to store food.

Judgment: Substantially compliant

Regulation 20: Information for residents

While the centre had an information guide for residents, it required updating to reflect the current complaints procedure and current management personnel. Additionally it did not contain all of the requirements outlined in Regulation 20(2), for example, the terms and conditions relating to a residence in the centre.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

Judgment: Compliant

Regulation 27: Infection control

Multiple areas required attention to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The oversight of cleaning was insufficient for example:

- Trolleys containing food trays for residents meals were visibly dirty. The person in charge undertook to rectify the matter immediately.
- Inspectors observed a plastic urine bottle in use which was badly stained, however, there was no bedpan washer available in the centre to ensure

effective cleaning of the urinal. Furthermore, inspectors observed that the urine bottle containing waste material was stored inappropriately.

- The tables, storage cupboards and area around the fridges within the first floor dining areas were visibly dirty with loose food and dried-in liquid stains. There was also a kitchen area in the dining room with a kitchen sink and come cupboards. The seal around the kitchen sink area and the worktop were stained.
- In a second dining room on the first floor, broken equipment was left on window sills with a used towel. There was also a long strip of carpet on laminate flooring which had black stains on it and black marks surrounding where the carpet joined the laminate floor.
- Fabric sofas, chairs and cushions for residents and visitors in communal areas were stained, while tables in communal area had loose food particles.
- Trolleys used to transport clean linen which were stored in the clinical treatment room had brown staining.
- Examination plinths located in the ground floor treatment room were visibly dirty.
- Multiple rooms, including a residents bedroom, had dirty or damaged flooring which included brown staining and particles of plaster which had fallen from the wall. For example, several cleaners store room floors were also heavily stained with orange marks and the first floor day room had black marks scratched into the flooring.
- A bedpan was left in a bathtub with a used tissue.
- Multiple residents accessible toilets had staining on the toilet seat.
- Store rooms throughout the centre had objects and boxes stored on the floor, this would impact the ability to effectively clean the area.

Several storage practices posed a risk of cross-contamination for example:

- Store rooms throughout the centre contained clinical equipment used by residents, including wheelchairs, chair scales, hoists and slings. It was unclear if the equipment was clean or dirty, as the centre had no identifiable mechanism to determine this. The centre requires a system to distinguish between clean and dirty equipment to ensure that residents are given equipment that is clean.
- Resident activity equipment that would be handled by residents was observed to be stored directly on the floor.
- The clean linen store room also had dirty equipment stored in it. For example, a visibly dirty carpet cleaning machine, hoover and foldout bed were stored next to the clean linen.

An open clinical sharps bins with contents were observed on an unsupervised medication trolley on a corridor. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Gaps and discrepancies were observed in assessments and care plans and action was required to ensure that residents care needs were met. For example:

- There was no evidence that appropriate health and social care professionals, such as psychiatry of old age or gerontology, were involved in a resident's assessment to ensure that the resident was availing of appropriate care with suitable measure in place to guide staff practice.
- Some residents care plans did not accurately reflect the assessed needs of the resident. For example, a resident was assessed as a low risk for falls, however, their mobility care plan stated that they were a high risk of falls.
- Inspectors identified that for one resident who smoked there was no care plan to instruct staff regarding the measures in place to keep the resident safe when smoking.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Care plans were not always in place to guide staff when supporting residents who displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). For example, a resident had a behaviour observation chart, such as, Antecedent, Behaviour, Consequence chart, in place. This detailed a number of incidents that had taken place, however, the resident had no care plan in place to support them.

Furthermore, some care plans did not reflect an appropriate, detailed, individualised management plan to guide staff practice and ensure the residents safety. Inspectors were also not assured where restraint was in place that it was used in accordance with the national policy. For example, a residents care plan for responsive behaviours said they needed assistance of two to three and at times assistance of four to five. The care plan did not detail a stepped approach to ensure that the least restrictive response was used when supporting the resident. Inspectors were not assured that safe practice was in place for up to five staff at one time when assisting the resident.

Judgment: Not compliant

Regulation 9: Residents' rights

On the day of inspection there was a vacant activity staff post leaving one activity staff to provide meaningful activation across all floors for 106 residents. There was an activity programme in place for the ground floor of the centre and residents were brought down from the other floors by staff. There were no activities were taking place on the other floors in the centre on the day of inspection and the activity room on the first floor was being used as a dining room. Inspectors observed that there was insufficient opportunities for meaningful activation for some residents at the time of inspection. Some residents were observed in their bedrooms throughout the day, reading, watching television or using tablets and laptops. Some residents and visitors told inspectors that they were not interested in the activities being offered, with some residents saying that they were sometimes bored.

For residents, under 65 there were limited opportunities to participate in activities in accordance with their interests and capacities. This was also reflected in residents meetings. Inspectors looked at a sample of activity records and found that for some residents under 65 there was insufficient opportunities for recreational and occupation provided. For example, records indicated that some residents had prolonged periods of time with no activities recorded and for one resident 'a delivery of a parcel' was recorded as an activity.

Inspectors observed that residents rights, privacy and dignity was impacted by some staff practice which was not person-centred. For example:

- Staff did not always support residents right to privacy and dignity when entering their room. Residents informed inspectors that some staff walked into their bedroom without making their presence known and requesting their consent to enter their private space.
- Inspectors observed staff walk into a residents room without knocking first.
- Inspectors observed that there was alternative arrangements in place for a resident to assist with toileting that impacted their dignity and privacy.

The ability of some residents was not taken into consideration which impacted on their rights. For example:

- Some residents were found not to be wearing their hearing aids or have call bell access.
- A residents wireless call bell was found out of the residents reach and not operational as it did not contain batteries.
- A residents bedroom was observed not to have curtains and instead to have a white sheet tied to a curtain pole, which did not fully cover the window.
- The light in a residents bathroom was flickering constantly when turned on.
- The floor of the residents bedroom was heavily stained from their dinner the previous evening and their bedroom was not homely.

Inspectors also observed that a communal space available for residents on the ground floor was closed between 1pm and 2.30pm. Inspectors were informed by management that this was to facilitate bringing residents to the toilet.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 15: Staffing	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Costern Unlimited Company OSV-0005191

Inspection ID: MON-0037644

Date of inspection: 16/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The current dependency level of the residents has been reviewed and will be updated and re-evaluated if required. The PIC and ADON will oversee the same and generate a report every two weeks for one month and will be maintained monthly. • The PIC, ADON, and CNMs will allocate staff daily to ensure staff are appropriately deployed and allocated appropriate duties commensurate with their skills, qualifications, and abilities. They will continue to monitor staffing within the NH to ensure suitably qualified staff are available to meet each resident’s assessed care needs. • The Daily Cleaning Auditing Schedule has been revised and implemented to cover all areas. The Housekeeping Manager will liaise with the PIC and ADON daily (Monday to Friday). A senior member of the Housekeeping (HK) Department will report to the CNM on duty on weekends. A daily walk around will be conducted to ensure compliance. • The House Keeping manager is now supernumerary and will oversee the housekeeping and staff performance regarding their duties and responsibilities in their assigned area of the nursing home. • Cleanpass Training has been booked for May 2024 to ensure HK staff are trained appropriately and according to standards. • The centre has an unannounced call bell response audit in place, which is now conducted day and night weekly. The nurse call system records the time taken to answer call bells and when reviewed indicated call bells were being responded to in a timely manner, following the inspection the ADON met with the residents who had activated call bells individually to ascertain their satisfaction and reassure any residents who require assistance that their needs will be met promptly. All nurses and HCAs have been reminded of the importance of a prompt response to residents' call bells and highlighted the importance of responding to the residents’ needs promptly and seeking assistance from colleagues if necessary to ensure that residents' needs are attended to. This is reiterated at handover and mid shift huddles. • The call bell audit tool has been revised and will now include the residents' feedback on the staff's response. 	

- The PIC, ADON and CNM performed 19 unannounced regular call bell audits after the HIQA inspection: 16-day shifts and three (3) night shifts. The 11 regular call bell response times were between 08 and 58 seconds. While the other eight (8) call bell response times were between 01 minutes 2 seconds and 02 minutes 41 seconds, and that included the three (3) night shift audits. Overall, the residents were happy with the staff's response time and satisfied with the assistance provided. The family members and visitors also found the response times reassuring as they witnessed the conduct of the audits.
- The staff break times have been reviewed to ensure that staff are always available to assist colleagues.
- In conjunction with the GP, pharmacist and nurses, the medication administration timings will be reviewed with a view to changing medication dispensing to three times daily. This change would give more time for SNs to assist on the floor and ensure that personal care is carried out effectively.
- The PIC, ADON, and CNM will provide clinical oversight to facilitate the review of all residents' assessments and care plans by all named nurses.
- The PIC and ADON will re-audit all care plans, and the CNMs will guide the allocated SN in carrying out actions based on the audit findings. These care plans will be re-evaluated every four months or whenever necessary.
- The PIC submitted an NF06 retrospectively for the suspected financial abuse of a resident which was raised as a possibility by the SAGE advocate.
- The PIC will ensure all notifiable incidents are lodged within the standard timeframe.
- The PIC will notify the regulating body of any case handled by advocacy services regarding any query related to a resident.
- The annual review for 2023 will be made available on 12 April 2024. It will include feedback from residents and their families based on surveys conducted within the NH. The progress was presented during the inspection, including residents and family surveys completed last year. The PIC will complete the annual review for the succeeding years on or before end of February of the following year.
- The residents and family members have be informed of the draft annual review. The family members can access the draft annual review 2023 in the reception area/Altra app.
- The floor plan will be updated to reflect the FF Dining Room | Activity Room and an application to vary will be submitted if required. The Statement of Purpose and Residents Guide will also be amended accordingly.
- The storage room in GF reverted to its original purpose on the day of the inspection.

Regulation 31: Notification of incidents	Not Compliant
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- Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
- The PIC has submitted an NF06 retrospectively for the suspected abuse of a resident which the resident advocate raised as a possible concern.
 - The PIC will ensure all notifiable incidents are lodged within the standard timeframe.

- The PIC will notify the regulating body of any case handled by advocacy services regarding any query related to a resident.

Regulation 34: Complaints procedure

Substantially Compliant

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

- The PIC reviewed and updated the Complaints Policy to reflect the newly established role of the review officer of the NH.

Regulation 15: Staffing

Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:

- On the day of inspection, the centre was fully staffed in line with the SOP. The PIC, ADON and CNMs will ensure that staff are appropriately deployed and allocated duties commensurate with their skills, qualifications, and abilities. They will continue to monitor staffing within the NH to ensure suitably qualified staff are available to meet each resident's assessed care needs.
- The centre carries out unannounced weekly call bell response audits for day and night. A HCA meeting was held which highlighted the importance of answering call bells promptly and seeking assistance from colleagues if necessary, to ensure that residents' needs are attended. This is reiterated at handover and mid shift huddles.
- The call bell audit tool has been revised and will now include the residents' feedback on the staff's response.
- The staff break times have been reviewed to ensure that staff are always available to assist colleague for residents who require assistance of more than one person.
- One part-time activity coordinator commenced post on 27 March.
- An external Activity Specialist has attended the Nursing Home and carried out an audit of activity provisions in the Nursing Home, reviewed the activities provided to residents under 65, recommended suggestions, and changes are being implemented, which will highlight the necessity for all staff to be involved in the provision of activities with residents.
- There were no HK vacancies on the day of the inspection. The HK Manager is now supernumerary and will supervise the HK staff and responsibilities in their assigned area of the NH.
- Cleanpass Training has been booked for May 2024 for HK staff to ensure they are trained appropriately and according to standards.
- Every effort is made to cover any short notice absence with the centres own staff or agency staff if required, and there is a robust recruitment system to ensure the Nursing

Home has adequate staff in line with the Statement of Purpose, the size and layout of the building and residents' needs.

Regulation 10: Communication difficulties	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

- A senior staff member familiar with the residents will be allocated to both shifts so that residents with communication difficulties can engage effectively.
- Alternative communication tools, such as a communication board or computer, will be made available to residents with communication difficulties. The staff have been advised to give sufficient time for residents to articulate their needs so that they are correctly understood, and their needs are met adequately and to report any communication concerns to the PIC.
- The visually impaired residents were referred to allied healthcare professionals.
- The residents with communication difficulties will have access to specialist speech and language services.
- Additionally, staff will be trained in effective communication relating to residents with communication difficulties.
- The PIC will outsource training for residents with communication difficulties and visual impairment.

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

- The floor plan will be updated to reflect the FF Dining Room | Activity Room and an application to vary submitted if required+. The Statement of Purpose and Residents Guide will also be amended.
- The storage room in GF reverted to its original purpose on the day of the inspection.
- A full review of the Ground-Floor (GF) and First Floor (FF) bedrooms, together with the Head of Facilities, will be undertaken to address significant wear and tear.
Timeframe: 30/04/2024
- The Floor Plan is to be updated to reflect the use of the First Floor Dining Room/Activity Room. The SOP will be revised to reflect this.
Timeframe: 30/04/2024
- A full review of the storage throughout the NH has been conducted, and any inappropriate items removed.
Timeframe: 30/03/2024

- The FF dining area will be reviewed, curtains secured, kitchen drawers fixed, and cleaning reinforced.
Timeframe: 30/04/2024
- The damaged walls in the FF South will be repaired, fire extinguishers have been secured in the cleaning storage area, and the loose sink removed in the FFN storage room.
Timeframe: 30/04/2024
- There is a scheduled maintenance plan to replace the missing flush panel and handrails in residents' accessible toilets.
Timeframe: 30/03/2024
- Call bell units will be installed in the garden, including in the two courtyard breakout areas.
Timeframe: 30/04/2024
- Additional chairs will be installed in the back garden area for the residents.
Timeframe: 31/05/2024
- Stained toilet seats on all communal accessible toilets will be replaced.
Timeframe: 31/05/2024

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

- The PIC revised the Resident's Guide to reflect the current complaints procedure, management staff and terms and conditions relating to a residence in the NH.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The HK staff steam-cleaned the sofas, chairs, and cushions on the day of inspection. The tables were also cleaned.
- Those badly stained sofas, chairs and cushions was steamed cleaned.
- The broken equipment and used towel were removed on the day of the inspection.
- The Facilities Team will review the laminate flooring with the long strip of carpet. The strip will be removed if it cannot be maintained in line with IPC.
- The trolleys used to transport clean linen were immediately cleaned during the inspection.
- Examination tables was disposed of and there has been a general clean done in the GF

Treatment Room.

- A full review of the Ground-Floor (GF) and First Floor (FF) bedrooms, together with the Head of Facilities, was carried out to address wear and tear and a schedule of works has been implemented.
- The PIC, maintenance staff and housekeeping manager reevaluated all rooms in GF and First Floor that need immediate attention and devised a plan.
- The cleaners' storeroom was cleaned on the day of inspection.
- The Facilities Team reviewed the orange and black marks. If required, the wallpaper or flooring will be changed accordingly.
- The bedpan / urinal was disposed of on the day of the inspection.
- The toilet seats stained from the use of products will be replaced.
- The items found on the floor of storerooms have been placed on shelves.
- The PIC implemented a tagging mechanism to identify clean or unclean clinical equipment. The clinical equipment that was inappropriately stored were removed at the time of the inspection.
- The resident activity equipment is all kept in appropriate storage. The cabinets for storing activity equipment were delivered on the day of the inspection.
- The sharps bins have been stored in the Nurses' Station.
- The PIC will introduce an IPC Focus Group Meeting monthly to discuss and review infection prevention and control measures and practices.
- The IPC Link will continue to hold IPC sessions to reinforce effective IPC measures and practices within the Nursing Home.
- The IPC Link will conduct monthly audits, and the PIC will review the findings and develop an action plan for areas that need improvement.
- The Daily Cleaning Auditing Schedule has been revised and implemented to cover all areas. The Housekeeping Manager will liaise with the PIC and ADON daily (Monday to Friday). A senior member of the Housekeeping (HK) Department will report to the CNM on duty on weekends. A daily walk-around will be conducted to ensure compliance.
- The PIC and ADON revised the cleaning schedules to cover the key areas of the Nursing Home to ensure consistency with the cleaning regimen and staff adherence to the same.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The PIC, ADON, and CNM will provide clinical oversight to facilitate the review of all residents' assessments and care plans by all named nurses. They will ensure that the assessments inform the plan of care and that it is individualised and person-centred, considering the current medical, health and lifestyle status of residents. The input of MDT members and allied health professionals will also be reflected in their respective care plans.
- The PIC ensured the resident's care plan was activated on the day of the inspection.

- In consultation with the residents, The PIC and ADON will re-audit all care plans, and the CNMs will guide the allocated SN in carrying out actions based on the audit findings.
- The PIC will discuss the findings and recommended improvements at the staff nurses' meetings, daily handovers, and monthly management team meetings.
- Any changes or developments in the resident's condition or plan of care will be updated as they occur.
- The PIC, ADON, CNM and named nurse will ensure all personal care needs are recorded, including the level of assistance and intervention required with activities of daily living such as washing, dressing, mobilising, eating, or drinking, accessing toilet facilities and continence care.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- The PIC and ADON will re-audit the care plans of those residents with challenging behaviour as a priority. The CNMs will assist the allocated SN in completing the same to ensure ABC charts are utilised appropriately, and a step-by-step approach is reflected on the resident's care plan if one needs assistance from more than one staff member.
- The PIC will ensure all staff have access to training and mentorship for professional development on managing behaviour that challenge.
- The staff will undergo training on managing behaviour that challenge. The training sessions are booked throughout the whole year.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- An external Activity Specialist performed audits to improve activity provision in the NH. The program will cover the following areas:
 - meaningful activities to residents dining experience
 - Staff communication
 - Provision of appropriate activities for younger adults
 - Activity programme re-evaluation
 - Correct documentation
 - Chairing of resident's meetings
- The call bell audit tool was revised and now includes the resident's feedback on staff behaviour when entering the room.
- The signages were removed on the day of the inspection and explained the rationale to

the inspectors.

- An active list of residents with hearing aids will be maintained in each unit.
- The maintenance staff replaced the malfunctioning call bell on the day of the inspection. It was also placed within the resident's reach.
- The curtains of the resident's room were replaced, and the HK Manager will maintain daily checks to ensure they are all in order and will be replaced if needed.
- The flickering light in the resident's bathroom was replaced and repaired on the day of the inspection.
- The HK staff cleaned the resident's room on the day of the inspection.
- The PIC removed the signages on the day of the inspection and explained the rationale to the inspectors.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	30/04/2024
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.	Not Compliant	Orange	30/04/2024
Regulation 17(1)	The registered provider shall	Substantially Compliant	Yellow	31/05/2024

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/05/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	30/04/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	30/04/2024

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2024
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	30/04/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(f)	The registered provider shall ensure that a copy	Not Compliant	Yellow	30/04/2024

	of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/04/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	14/03/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	30/04/2024
Regulation 5(1)	The registered provider shall, in	Substantially Compliant	Yellow	30/06/2024

	so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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.	Not Compliant	Orange	31/03/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2024
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	Substantially Compliant	Yellow	30/04/2024

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/04/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/04/2024
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	30/04/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Not Compliant	Orange	30/04/2024

	personal activities in private.			
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