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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 February 2024
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0037641

## About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 34 registered beds. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
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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 23 February 2024	08:30hrs to 18:00hrs	Margo O'Neill	Lead

## What residents told us and what inspectors observed

Residents reported positively regarding the service and standard of care received in the centre and that they were satisfied living there. Feedback from residents who the inspector spoke with, was that the staff were great and that there was always 'plenty of them' to provide support when needed.

Dalkey Community Unit for Older Persons is located in the heart of Dalkey town. The centre is laid out over two floors with all resident accommodation located on the first floor. Many bedrooms had nice views of the local town and nearby historic castle. The centre has 34 registered beds across two units, Castle view and Hill view units. The registered provider was nearing the end of an extensive renovation of multi-occupancy bedrooms on Castle view unit which at the time of the inspection had resulted in all but two of the twin occupancy bedrooms being converted to single occupancy bedrooms. On Hill view unit the two four-bedded bedrooms had been reduced to triple occupancy bedrooms to make more space available to residents accommodated in these bedrooms and in order to better support residents' rights to privacy and dignity. Once the project is completed the registered provider plans to have ten single bedrooms on the Castle view unit and on Hill view unit there would be 12 single bedrooms, three twin bedrooms and two triple bedrooms.

Bedrooms observed were clean and comfortable and most bedrooms had been fitted with ceiling-tracking hoists. Residents could personalise their bedrooms with furniture, photos, soft-furnishings and other personal items according to their preferences. Residents were positive regarding their bedrooms and regarding the centre as a whole. Communal bathrooms and en-suite facilities observed by the inspector had sufficient space to allow residents to undertake their personal care activities independently, or comfortably with assistance. In a number of communal bathrooms however, the inspector observed that there was inappropriate storage of equipment.

There was a lockable space available to all residents and there was adequate storage for residents to store their personal belongings in all bedrooms with the exception of the triple bedrooms where the wardrobe space was limited for all residents. In these bedrooms residents were provided with only a small single wardrobe and drawers each.

Overall the premises was found to be maintained to a good standard internally and externally. There were two outdoor patio areas available to residents. These areas were well maintained and contained safe paving and seating areas with chairs for residents to use when spending time outside. In one area however the location of a bench close to a wall, which had a significant drop on the other side, posed a potential risk; management confirmed that this would be addressed by relocating the bench.

Residents could attend the centre's bright and comfortable central dining room or

have their meals in their bedroom if they preferred. A menu was displayed on the dining tables. The inspector saw that food was well presented and smelt appetising. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind, discreet and respectful. Overall residents were satisfied with the food on offer however one resident said they would like to see bacon and cabbage on the menu while another was unaware that there was fresh baked goods made daily in the centre.

At the time of inspection one activity staff member worked part time in the centre. The inspector observed that there were a number of individual and small group activities held by the activity co-ordinator throughout the day. The activity person also supported residents on outings to the local shops and one resident informed the inspector of their plan to set up a knitting club for residents with the support of the activity staff member. A therapy dog attended the centre weekly to visit the residents and the centre also had a number of pet cats who lived outside and residents fed daily.

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

## Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. During the inspection the inspector found that there were actions detailed in the compliance plan following the last inspection, which had not yet been taken to address areas of non-compliance. Management systems did not ensure actions were completed. For example; actions to address non-compliance with Regulation 21, Records, had not been completed and the inspector found that staff files did not contain the required information as outlined by Schedule 2 of the regulations.

The person in charge had commenced their role at the end of January 2024 and was responsible for the day to day operations in the centre. The inspector observed that the person in charge was known to residents during the inspection and that they possessed the necessary clinical and management experience and qualifications to meet the requirements of Regulation 14, Person in Charge. Locally a hospital manager and three clinical nurse managers were in place to provide support for the person in charge to fulfil their role. At senior management level, a manager for older persons services in the community health organisation area was also available to provide support to the person in charge. The inspector identified that since starting their role in the centre that the person in charge had identified a number of areas for improvement and had organised reviews and audits of these areas. For example, the person in charge identified that infection prevention and control (IPC) practices

required review and had taken steps to organise additional training for staff and to have two audits completed in the centre, one by a IPC specialist nurse and the other by the household manager to complete an environmental review. The person in charge was working on reviewing and updating all schedule 5 policies and procedures at the time of the inspection and had also taken steps to address the outstanding action from the compliance plan from the last inspection in 2022 related to staff files.

On the day of inspection, the inspector provided a list of documents for review and requested a sample of staff files. Of the sample of staff files provided to the inspector, none contained records of Garda Vetting Disclosures. The person in charge, who had recently taken up her role, was unable to provide any records of staff Garda Vetting therefore the inspector was not assured that there was appropriate safeguarding procedures and safe recruitment practices in place. Staff files did not contain the required information as detailed under Schedule 2 of the regulations. The person in charge confirmed to the inspector that all other staff files were maintained in a similar manner. This was highlighted as a finding on two previous inspections but no action had been taken to address this non-compliance. Of the list of documents requested by the inspector at the start of the inspection, a significant number were not provided. The person in charge detailed that they had not yet been provided with access to the shared electronic folder, almost four weeks after commencing their role, where much of this information was retained. As a result an urgent compliance plan was requested from the registered provider following the inspection for Regulation 8, Protection and Regulation 21, Records. Assurances were received from the registered provider that all staff had valid Garda Vetting Disclosures in place and action was taken to address the outlined concerns regarding documentation held in the centre.

The inspector found that there was sufficient staffing levels in the centre to meet residents' individual and collective needs of the 32 residents living in the centre. Up to six nurses were available daily 07:45hrs to 20:30hrs and eight health carers were available 07:45hrs to 20:30hrs Monday to Sunday to provide support to residents and two nurses and four health care assistants worked at night. Sufficient catering, household and maintenance staff were available to provide the service as detailed in the statement of purpose. Residents also had access to a full time physiotherapist and part time occupational therapist.

There was a programme of mandatory training available for staff to complete to ensure staff had the necessary skills and knowledge to meet residents' needs and ensure residents' safety. A staff training record was maintained and monitored and regular training was scheduled to ensure that staff could refresh their skills and knowledge as required.

## Regulation 14: Persons in charge

The person appointed to fill the role of person in charge of the Dalkey Community

Unit for Older Persons met the requirements of the regulations. The person in charge was taking proactive measures to address areas requiring quality improvement and was known to the residents living in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 32 residents living in Dalkey Community Unit for Older Persons at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. A training record of staffing training completed was maintained and monitored to ensure that staff refreshed their mandatory training as required.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were reviewed and found to be unorganised and did not contain records of information as outlined in Schedule 2 of the regulations. This area had the same not compliant finding on two previous inspections and for this reason an urgent compliance plan was issued to the registered provider following the inspection.

A list of documents was presented at the start of the inspection to be made available for review. The person in charge, who had been appointed to the role four weeks earlier, was unable to provide the inspector with all requested documents as they had not yet been granted access to all files.

Judgment: Not compliant



## Regulation 23: Governance and management

Management systems in place had failed to ensure completion of outstanding actions to address staff files, from the compliance plan from the last two inspections in 2022 and as a result Regulation 21: Records was found not compliant for a third time. An urgent compliance plan addressing this matter was requested following the inspection.

Oversight systems for the oversight of restrictive practices used in the centre required strengthening. There was a high level of use of restrictive practice and the inspector was not assured that physical restraints were used in accordance with national policy. This is detailed further under Regulation 7, Managing behaviour that is challenging.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

A review to update all Schedule 5 policies and procedures was nearing completion at the time of the inspection.

Judgment: Compliant

## Quality and safety

Residents living in the centre were supported to live a good quality of life and residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, improvements were required around the use of restrictive practices and ensuring that all necessary documentation was maintained in residents' care records.

Residents' clothes were laundered and labelled on-site. Residents clothes looked well cared for and residents reported positively regarding this aspect of the service, with one resident stating that 'staff always came and put their clothes away' for them. Two triple bedrooms had recently been renovated and reduced from four-bedded bedrooms to triple occupancy bedrooms. One of the bed spaces in each of these two bedrooms had been designated for independent to low dependency residents due to the limited space available. Overall these rooms had been upgraded to a good standard. The inspector found however that the storage available for all three residents who would occupy the rooms was limited.

The registered provider had arrangements to ensure that residents had appropriate and timely access to medical and other health care professionals. Residents had access to a general practitioner who attended the nursing home on a daily basis. A clinical nurse practitioner who worked in the centre had completed extensive training in tissue viability care. A full time physiotherapist and part time occupational therapist worked on-site to assess residents and implement therapy treatment plans. A range of other specialists such as speech and language therapy were also available on a referral basis.

Residents with additional communication needs had clear assessments and care plans in place. These were reviewed and updated to reflect residents' changing communication needs. The inspector found that copies of relevant transfer and discharge letters, for residents who had been temporarily transferred from Dalkey Community Unit for Older Persons, were not maintained in resident care records.

There was a programme of activities provided in the centre to meet residents' occupational and recreational needs. A dedicated activity co-ordinator, who worked part time was observed engaging with residents throughout the day. Assessments and activity care plans had been developed and implemented by the activity coordinator since the last inspection in October 2022. The inspector was informed that a local priest attended the centre every Sunday to celebrate Mass with the residents in the centre's Oratory. Resident's rights overall were supported in the centre and there had been a move to positive risk taking in order to support residents' right to leave the centre to engage in their chosen recreational activities. For example, the activities co-ordinator supported residents with outings to local shops and other residents frequented local businesses in the evening independently having been assessed as being safe to do so. However residents' right to privacy was not being fully supported. This is detailed under regulation 9, Residents' rights.

There was a high level of use of physical restraints, used in the designated centre, which was not in line with the national policy, 'Towards a Restraint Free Environment in Nursing Homes'. This is detailed under Regulation 7, Managing behaviour that is challenging.

The centre generally provided a homely environment for residents and overall the environment and residents' bedrooms and communal areas inspected appeared visibly clean and well maintained. The registered provider had undertaken significant works to address the issues of insufficient space within the centre's multi-occupancy bedrooms and as a result had reduced the occupancy of all but two of the twin bedrooms to single occupancy on the Castle view unit and the two four-bedded bedrooms to triple bedrooms on the Hill view unit at the time of the inspection. The inspector noted that there was inappropriate storage of equipment such as full body hoists being stored in a number of communal bathrooms throughout the centre.

There was a local safeguarding policy and procedure in place to inform and direct staff and management when dealing with concerns, allegations or suspicions of abuse. Safeguarding training was available to staff and records provided to the inspector indicated that the majority of staff were up-to-date with their training. However at the time of the inspection, as no records of staff Garda Vetting

Disclosures were available, the inspector was not assured that there was appropriate safeguarding procedures and safe recruitment practices in place. An urgent compliance plan was requested from the registered provider following the inspection for Regulation 8, Protection and Regulation 21, Records as detailed earlier in the report. Assurances were received from the registered provider that all staff had valid Garda Vetting Disclosures in place.

### Regulation 10: Communication difficulties

Residents with additional communication needs were supported to communicate freely. A sample of care plans reviewed were found to reflect residents' individual communication needs and detailed support required. Residents had access to speech and language services, audiology and ophthalmology as required.

Judgment: Compliant

### Regulation 11: Visits

There were visitors observed coming and going to the centre on the day of inspection. Residents were able to meet with their visitors in their bedrooms, in the communal spaces or the designated family room on the ground floor.

Judgment: Compliant

### Regulation 12: Personal possessions

In the two newly renovated triple bedrooms the inspector found that the storage space available to residents to store their possessions was inadequate with only a small single wardrobe space and some drawers being allocated to each resident.

Judgment: Substantially compliant

### Regulation 17: Premises

The inspector observed the following issues that required attention:

- There was inappropriate storage practices observed, for example; a number of items of equipment such as full body hoist were being stored in communal

bathrooms although most bedrooms had ceiling mounted tracking hoists.

- Some items of equipment was found to have rust such as the legs of two shower seats in a bathroom and a raised toilet seat in one residents' en suite which was also missing a furrell.
- The smoking room contained armchairs with wooden components and one chair had cracked laminate; this posed a potential fire safety risk.
- In one outdoor area a seating bench required relocation as it was positioned beside a wall that had a significant drop in height on the other side. Should a resident access the wall, there was a risk of significant injury from a fall.
- Adhesive tape was observed to be used throughout the centre to stick signs and information to walls, this did not support effective cleaning.
- In one unit the clinical room hand wash sink was inadequate to support effective hand hygiene due to the following; the tap had a swan neck design which meant it could not fully empty, the outlet was located directly under the tap which may cause contaminated splashback to staff hands and there was no integrated backsplash, this did not support effective cleaning.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

On review of a sample of residents' records, the inspector found that these did not contain copies of relevant transfer letters and all discharge letters for residents who had been temporarily transferred from Dalkey Community Unit for Older Persons. The inspector was not assured therefore that all relevant information required about residents being transferred was being provided to and being obtained from the receiving hospital or service on their return.

Judgment: Not compliant

### Regulation 6: Health care

There were appropriate measures in place for the monitoring of residents healthcare needs and timely access to medical and other healthcare professionals as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector was not assured that physical restraints were used in accordance with

national policy. In one unit in the designated centre over 50 percent of the residents had two bed rails in place. Assessment and care plans were in place however on review the inspector found that there was no record to indicate that less restrictive interventions had been trialled for all residents prior to implementation. Consent forms had not been signed nor discussions with residents or their families recorded to inform the clinical decision. Multi-disciplinary reviews were not regularly occurring to review the restrictive practice in place to ensure it's ongoing necessity and benefit to the resident.

Judgment: Not compliant

### Regulation 8: Protection

No records of Garda Vetting Disclosures for staff working in the designated centre were available at the time of the inspection. Concern was raised regarding safe recruitment practices and safeguarding measures. An urgent compliance plan was requested under Regulation 8, Protection. Assurances were received after the inspection that all staff had valid Garda Vetting Disclosures in place and that appropriate documentation was maintained at the centre.

Judgment: Not compliant

### Regulation 9: Residents' rights

The inspector identified that residents' privacy was not being fully supported in the centre. Three small glass panels were present on all bedroom doors. Some of the panels had an opaque film applied to the glass panels to provide privacy, however, not all glass panels had this measure in place and so the inspector could see into residents' bedrooms.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0037641

Date of inspection: 23/02/2024

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• A plan was developed and implemented to enhance the current storage practice of staff records retained in the Unit for the required period of time as stipulated by the Regulations. Records of Staff are now electronically accessible and available locally in accordance with Regulation 21 and as set out in Schedule 2.</li> <li>• The IT Desk via IVANTI delayed the PIC's access to all files, this has been resolved and the hard copies of current Garda Vetting certificates of all Staff working in Dalkey Community Unit are kept securely within the Centre. There is a robust policy in place to ensure renewals/reviews of Garda Vetting documentation</li> </ul>	
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"> <li>• The Unit evaluates its compliance with relevant standards and regulations and implements a structured quality improvement programme to address any deficiencies. There is appropriate management strictures (clinical and non-clinical) in place to ensure that services are provided in a safe appropriate, consistent manner, which is monitored regularly and audited. Quality improvement plans taken account of necessary improvements arising through Inspections and both internal and external service audits/reviews.</li> <li>• 5 Nursing staff have completed Restrictive Practice Training on 21/03/24. Further training is planned for more staff. The ward managers in collaboration with physio and OT are working together to reduce the use of bed rails which is mostly the type of</li> </ul>	



restraint used in the unit.

- The use of Restraint is going to be a key focus of the monthly MDT meeting to ensure that action plans are consistently developed. The care plans of all Residents where appropriate validated restraints are in place will be reviewed to ensure alternatives to same are recorded.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- In as much as it is reasonably practical, the Residents occupying the 3 bedded rooms will be provided with extra storage for their personal belongings. The space by the right hand side at the entrance to the room has been designated to provide extra lockable storage for this purpose.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Enhancement of management oversight to ensure that the Unit is Safe, appropriate, consistent and effectively maintained particularly in relation to storage.

- The PIC and General Manager did a walk around the Unit to review and enhance resident's safety and compliance to regulations.
- Storage and charging points are provided for all full body hoists and standing hoists at designated locations.
- Shower facilities were reviewed with sanitary ware upgraded where necessary.
- HSE Estates have been engaged to scope the possibility of providing a dedicated smoking shelter in the Hill view courtyard where Residents can easily access and Staff can supervise without the risk of secondary smoking.
- All chairs in the new smoking shelter will be fire retarded, smoking aprons will be provided and there will be call bells and fire extinguisher in the Shed.
- The seating bench in the Castle View courtyard has been repositioned away from the fence and it is planned that the height of the fence will be raised to avoid the possible hazard of climbing and falling.
- All signs and information posted on the wall are placed with Blue tack and Adhesive tapes have been removed for effective cleaning and IPC Complaint.
- The Clinical hand washing sink HBN-00-10 will replace the Swan neck design to avoid contaminated Splash backs and in complaint with IPC recommendation.
- Removal of inappropriate and unsafe storage of equipment e.g. Hoists and Commodes from communal areas and bathrooms has been actioned to restore accessibility.

- There is ongoing engagement with the Maintenance services to ensure all areas of the premises are maintained with focus on wear and tear and effective cleaning.

Regulation 25: Temporary absence or discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

- The Unit has adopted the National Transfer Letter for every transfers to Acute hospitals and re-admission process back to the Unit.

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:

- 5 Nursing staff have completed Restrictive Practice Training on 21/03/24. Further training is planned for more staff. The ward managers in collaboration with physio and OT are working together to reduce the use of bed rails which is mostly the type of restraint used in the unit.
- The use of Restraint is going to be a key focus of the monthly MDT meeting to ensure that action plans are consistently developed. The care plans of all Residents where appropriate validated restraints are in place will be reviewed to ensure alternatives to same are recorded.
- Less restrictive interventions are in place for Residents with responsive behaviour's eg ABC Charts and Therapeutic recreational activities with the Activity Coordinator

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- All staff's hard copies of their Gardai Vetting certificates were in place on the date of Inspection but were inaccessible to the PIC on that date. These records are now maintained under the direct control/supervision of the PIC within the Centre.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none"><li>• The small glass panels on the wooden doors are now covered with Opaque adhesive cover thereby creating Residents with dignity and privacy during care.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Not Compliant	Red	20/03/2024

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	22/03/2024
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent	Not Compliant	Orange	22/03/2024

	shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.			
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 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	04/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2024