



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Announced
Date of inspection:	11 November 2024
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0044075

About the designated centre

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

Castletownbere Community Hospital was established as a residential centre in 1932. The building is single-storey and it was originally a former coastguard station. It is managed by the Health Service Executive (HSE) and provides long stay, respite, community support and palliative care for the local community. The centre is registered to accommodate 31 residents, male and female aged 18 to 65. Residents are accommodated in two four-bedded rooms, four three-bedded rooms, three twin rooms, and five single rooms. En-suite toilets and showers are available in all rooms with the exception of one single room. Communal space within the centre consists of two sitting rooms, a dining room, a visitors room and a family room. The external grounds are well maintained with ample car parking facilities. Nursing care is provided on a 24-hour basis supported by a team of health care assistants and allied health professionals including a medical officer.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 November 2024	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Residents spoken with on the day of inspection were happy with the care they received and complimentary of the service provided. The inspector met with many of the residents living in the centre and spoke with eight residents in more detail to gain insight into their lived experience there. Residents spoke very highly of all the staff, the activities and the food served. The inspector spoke with one visitor who reported that they 'would be lost without this service', that staff were 'angels' who provided 'loving care'.

Castletownbere Community Hospital is a residential designated centre which provides care for both male and female adults, with a range of dependencies and needs. It is a single storey building situated on a HSE campus which also accommodates the ambulance bay and primary health care facilities. The main entrance is wheelchair accessible and leads into a reception area where information such as the health and safety statement, nursing home registration and complaints procedure are displayed.

There were 23 residents living in the centre on the day of this inspection and one resident was scheduled for admission the day following the inspection.

The inspector attended the staff handover from night duty to day duty and there was excellent information sharing regarding all aspects of resident care. The inspector noted that residents had their breakfast either in bed or in their bedrooms. Following which, staff provided personal care to residents. The inspector observed that the privacy screens were not fully engaged to ensure the privacy and dignity of some residents in multi-occupancy rooms.

The majority of residents living in the centre resided in shared bedrooms. There were two four bedded rooms, four triple rooms, three twin rooms, and five single bedrooms. All but one bedroom had en-suite facilities; this bedroom had shower and toilet facilities in close proximity directly opposite the bedroom. While some multi-occupancy bedrooms had reduced occupancy, the bedspace had not been re-allocated for the benefit of residents. Some residents had access to double wardrobes as part of their personal storage space, however, other just had a single wardrobe. These single wardrobes had very limited space to hang clothes such as coats, dresses or trousers. Some residents bed spaces were personalised with pictures from home and soft furnishings. Some televisions were in multi-occupancy bedrooms could not be viewed from a bed or a bedside chair as they were mounted so high on the wall.

The centre was clean throughout and well maintained. The chapel was a beautiful peaceful space with stained glass windows and seating for residents. Chairs were stacked on the corridor opposite the chapel and a large statue on a pedestal by the fire exit partially obstructing the evacuation route.

Other communal space available to residents included a large sitting room overlooking the harbour, a dining room and a smaller sitting room/family room. The room alongside the family room was being upgraded at the time of inspection and awaiting a sofa bed to facilitate families to stay when their relative became unwell. There was no directional signage to orientate residents and prevent disorientation and confusion. There was no signage on doors such as the family room to inform residents of space they could access. The physiotherapy room in the centre remained un-available for residents use and was seen to be full of old equipment. On the last inspection in January 2024 the registered provider committed to refurbishment of this room to a hairdressers' salon, however, to date, this had not been actioned.

Corridors were decorated with lovely artwork. A large colourful mural of a West Cork map adorned a full wall near the dining room, and depicted residents' home places in the surrounding areas. Residents had access to the outdoor areas and doors were not locked which enabled residents to access these spaces independently.

Some residents living in the centre remained by their bedside for the day, listening to music, reading or watching television. These residents told the inspector that this was their choice; one resident said they loved to read the newspaper, from cover-to-cover, in the quiet of their bedroom in the mornings and then go up to the day room in the afternoon. Following mass live-streamed on the TV, residents reported that they really enjoyed watching 'Mr Bean' series and staff ensures this was played for residents in the day room. The activities person gently encouraged residents to be involved in activities and also visited residents in their bedrooms providing one-to-one interaction. In the afternoon, the local musician who visited on a weekly basis, came and entertained residents for the whole afternoon. Initially, he gave residents a selection of instruments such as castanets and tambourines enabling them to participate in the music. Residents were observed to sing and play along to the music.

The activities programme displayed showed a variety of activities such as Tai Chi, art therapy, arts for health, live music and bingo for example, and people facilitating these were named as part of information sharing with residents.

Residents were observed enjoying a good dining experience in the dining room. When residents came to the dining room for their main meal, tables were then set with cutlery, condiments and drinking glasses; menus were available on tables and residents discussed the choice and reported that food served was really lovely and they were never disappointed. There was age appropriate music playing and sufficient staff available to assist residents who required assistance. Residents dining in their bedrooms were seen to be provided with appropriate assistance and staff actively engaged with residents while assisting them. Mid morning and mid-afternoon refreshments were provided including a choice of beverages, fruit, yogurt and biscuits. Tea time was facilitated in the dining room for those residents choosing to dine there. Following this, residents went to their bedrooms; at 5:30pm there were no residents in the day room, all had returned to their bedrooms. Some were seen to enjoy each others company playing cards and chatting in the bedroom,

others were looking at their television; some residents were in their night clothes in bed.

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 impact the quality and safety of the service being delivered.

Capacity and capability

This one day announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and to follow up on the actions taken by the provider to address issues of non-compliance identified during the previous inspection in January 2024. The findings of this inspection were that staff training had improved with full compliance with mandatory training demonstrated. The findings of this inspection evidenced that actions were required regarding residents' rights and choice, personal possessions storage space for residents, complaints procedure displayed, wound care records and the use of restraint [the latter two were repeat findings]. These are further detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). There are clear lines of accountability and the management team operating the day-to-day running of the centre comprise the person in charge and clinical nurse manager (CNM), supported by a team of nurses, multi-task attendants, activities, catering, and administrative staff. Maintenance is provided from the HSE campus in Bantry. At a more senior level, governance is provided by a general manager for older persons services, who represents the registered provider. The centre also has support from centralised departments, such as finance, human resources, fire and estates, and practice development.

The centre has capacity to and is registered to accommodate 31 residents - there were seven beds unoccupied in the centre on the day of the inspection. Unoccupied beds was a recurring finding over several inspections in Castletownbere Community Hospital.

The inspector found that there were good systems of communication via daily shift handovers, safety pauses, regular staff meetings and monthly quality and patient safety meetings. Records viewed by the inspector demonstrated that a weekly analysis of key clinical performance indicators was completed. There was an audit schedule in place to support the management team to measure the quality of care provided to residents and findings were disseminated to staff.

The levels and skill mix of staff working on the day of the inspection were sufficient to meet the needs of residents living in the centre. The staff duty roster evidenced

that staff were allocated for the provision of a social activity programme on a daily basis.

The two directories of residents were updated on inspection to ensure regulatory compliance. The complaints procedure displayed did not reflect the requirements of the regulation, and was not in an accessible format for residents. Schedule 5 policies and procedures required review to ensure they complied with specified regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a nurse that worked full time and had the necessary experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster, and speaking with staff and residents, it was evident that the staff compliment and skill-mix was adequate to meet the care needs of the 23 residents living in the centre on the day of inspection. There were two registered nurses on duty, day and night, along with the person in charge and CNM on day duty. The six rostered multi-task attendants had responsibility for cleaning the centre and in the provision of care to residents. This was being monitored by the management team to ensure it was implemented appropriately regarding infection prevention and control. The chef and kitchen assistant had responsibility for the kitchen and catering.

Judgment: Compliant

Regulation 16: Training and staff development

Improvement was noted in staff training with mandatory training up to date for all staff relating to fire safety, managing behaviours that challenge, safeguarding and manual handling. Further training was scheduled for later in November to ensure training remained current.

Judgment: Compliant

Regulation 19: Directory of residents

There were two directories of residents, one for long-stay and a second for short-stay residents. Both were updated on inspection to include specified requirements to ensure regulatory compliance.

Judgment: Compliant

Regulation 23: Governance and management

Some areas were identified with the governance and management of the service that required to be addressed. In particular:

- oversight of restraint use and residents' rights which are further detailed under Regulation 7: Managing behaviour that is challenging, and Regulation 9: Residents' rights.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While a complaints procedure was displayed, it was not in compliance with the updated legislation of 2022 and was not in an accessible format for residents as the only option available to make a complaint was to write to the person in charge. Two of the residents surveys reported that access to the complaints procedure could be better.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure policies and procedures as per Schedule 5 were available and implemented into practice, as follows:

- the policy relating to food and nutrition available was that of a different centre
- a policy relating to fire safety was not in place
- the policy relating to the temporary transfer of a resident to another health care facility required action as it did not ensure that information such as a

resident's resuscitation preferences and end of life care wishes were included in the transfer documents

- the wound management policy had not been implemented in practice to enable best outcomes for the resident (as detailed under Regulation 6: Health care).

Judgment: Substantially compliant

Quality and safety

Residents spoke positively about the care and support they received and the kindness of staff. Some actions were required with regards to the implementation of national policy relating to use of restrictive practices such as bedrails, wound care management, protection, residents' rights and the premises. These will be detailed under the relevant regulations.

Residents were provided with unrestricted access to a general practitioner (GP), as required or requested; and the GP was on site during the inspection. Residents were also formally reviewed three monthly via a team approach which consisted of the clinical nurse manager, GP and pharmacist. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place and a review of the residents' care records showed that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care. This included occupational therapy (OT), which was an improvement following the findings of the previous inspection as all residents identified had been referred to OT and recommendations made were actioned; this included new seating for example for some residents. As identified on the previous inspection, wound care management did not demonstrate a high standard of evidence based nursing care; this is further discussed under Regulation 6: Health care.

Residents' care requirements were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and where appropriate, their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans reviewed detailed the interventions in place to manage identified risks such as those associated with risk of malnutrition and falls for example. Residents had been afforded the opportunity to outline their wishes in relation to care at the end of their lives, via the care plan process.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. A sample of medication administration charts

were examined and seen to be completed in line with professional guidelines. Controlled drugs were seen to be maintained in line with professional guidelines.

Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed, continuously reviewed and documented in the resident's care plan with supports put in place to address identified needs. While restrictive practices were being monitored, the number of bedrails in use continued to be very high as over half of residents (14) had bedrails in situ on the day of inspection. This and other restrictive practices are further detailed under Regulation 7.

Residents had access to an independent advocacy service and information regarding advocacy was displayed. Mass was facilitated in the centre on a weekly basis and live-streamed on a daily basis in accordance with residents' wishes and preferences. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held three monthly and resident satisfaction surveys were carried out. Eight residents had completed surveys to inform this announced inspection. Feedback was mostly very positive regarding the care and attention they received and the kindness of staff; other feedback included two residents reported that they did not know who they could make a complaint to; two other residents raised concerns regarding sharing a bedroom; three reported that access and maintaining relationships with the community could be better and one said that access to the outdoors could be better. This information was provided by the inspector to management at the feedback meeting.

While improvements were noted with regards to facilities for residents' occupation and recreation, other issues were identified regarding residents rights to choice throughout the day. This is further discussed under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

The assessment and care plan of a resident requiring additional supports to communicate were seen to be excellent. It demonstrated thorough insight into the supports the resident needed and explained the communication tools and their use to enable the resident to communicate freely and without barriers; this was observed on inspection.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen coming and going in the centre throughout the day. Staff welcomed them, actively engaged with visitors and provided updates on their relative.

Judgment: Compliant

Regulation 12: Personal possessions

While some residents had access to double wardrobes as part of their personal storage space, other just had a single wardrobe. These single wardrobes had very limited space to hang clothes such as coats, dresses or trousers.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not operating in accordance with the centres statement of purpose. This particularly related to the physiotherapy room in the centre. This inspection found that this room was not available for residents use as it was being used to store old equipment, despite a commitment given following the inspection in January 2024 that this would be addressed.

While the bed occupancy had been reduced in some multi-occupancy bedrooms, the bed space had not been re-allocated for the benefit of residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were observed enjoying a good dining experience in the dining room. When residents came to the dining room for their main meal, tables were then set with cutlery, condiments and drinking glasses; menus were available on tables and residents discussed the choice and reported that food served was really lovely and they were never disappointed. There were sufficient staff available to assist residents who required assistance. Residents dining in their bedrooms were seen to be provided with appropriate assistance and staff actively engaged with residents while assisting them. Mid morning and mid-afternoon refreshments were provided including a choice of beverages, fruit, yogurt and biscuits. Tea time was facilitated in the dining room for those residents choosing to dine there.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

On review of the documentation used for a resident which was temporarily transferred to the hospital, the inspector found that the correspondence sent contained all relevant information about the resident to ensure a comprehensive handover to enable the resident to be cared for in accordance with their current assessed needs. Upon transfer back to the centre, staff ensured that discharge information including updated prescriptions were available to enable best outcomes for the resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication reviews and pharmacy audits took place on a regular basis. A sample of medication administration charts and controlled drugs records were reviewed and seen to be maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

As sample of care documentation was reviewed. Validated assessment tools were used to risk assess residents to ensure appropriate supports for their care needs. Generally, assessments and associated care plans provided a holistic appraisal to inform individualised care and were updated updated four monthly, as per regulatory requirements.

In the sample viewed, residents signed consent for interventions and care assessments, in accordance with a rights-based approach to care delivery.

Additional information formed part of the care documentation included an antibiotic log and blood glucose monitoring for example. A daily flow chart was maintained to record care given throughout the day and night.

Judgment: Compliant

Regulation 6: Health care

The following required to be addressed to come into compliance with this regulation:

- while there was a legend to indicate that controlled drug patches were checked on a daily basis, records demonstrated that these were not routinely checked by staff to ensure the patch remained in place and that residents were receiving their pain medication, in line with a high standard of evidence based nursing care,
- a resident with a wound did not have a wound progress chart or wound care documentation opened to enable monitoring and assessment of their wound, so it could not be determined whether the wound was improving, the current status of the wound or the care requirements such as specialist dressings for example; this was a repeat finding.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure that restraint was only used in accordance with the Department of Health national policy:

- bedrails in use on the day of inspection was found to be high at over 50%, this continued to be a repeat inspection finding over several inspections of this centre. It was not always evident from restrictive practice assessment documentation that alternatives had been trialled and the least restrictive option was always used,
- alarm mats were in place, however, these were not included in the quarterly notifications as a restrictive practice.

Judgment: Not compliant

Regulation 9: Residents' rights

Action was necessary to ensure the rights and choice of residents were protected.

Residents were not afforded choice in aspects of daily life and some institutional practices were seen on inspection:

- the inspector observed that residents had their breakfast either in bed or in their bedrooms and residents were not offered choice to attend the dining room for breakfast
- the inspector observed at 5:30pm, there were no residents in the day room and the day room was in darkness. The staff had returned all residents to their bedrooms, even though some residents were seen to play cards by their bedside and others watched television. It was explained to the inspector that it was the evening routine that staff returned all residents to their bedrooms following tea time. This practice did not facilitate residents to socialise in the day room, watch TV or listen to music with their friends or receive visitors and then retire to their bedrooms at a later more normal time,
- the inspector observed that some privacy bed screens in multi-occupancy bedrooms were not being fully engaged to ensure the privacy and dignity of residents while receiving personal care
- TVs were mounted very high on the wall in some multi-occupancy bedrooms, this made it difficult for residents to view the TV from a bed or a bedside chair
- there was no directional signage to orientate residents and prevent disorientation and confusion. There was no signage on doors such as the family room to inform residents of space they could access.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0044075

Date of inspection: 11/11/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To Comply with Regulation 23: The Management team will Implement an education program (Achieved 29th November 2024) to support residents that have requested bed rails (90%). We want to ensure all residents understand they are safe without the bed rails being in place. This education program will be documented and the resulting outcome will be placed in residents care plan. Alarm Mats will be included in the quarterly notification. (Achieved by 20th November 2024)</p> <p>The Management will order low-Low beds to support resident’s safe environment by 27th of December 2024.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>To Comply with regulation 34.</p> <p>The Management Team have displayed the Complaints Procedure in line with the legislation (Achieved 12th November 2024)</p> <p>The management team will offer or arrange for such practical assistance to a complainant as is necessary for the complaint to understand complaints process (Achieved 29th November 2024)</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>To Comply with Regulation 4: The Management Team have ensured the Policies for Castletownbere Community Hospital in relation to the Food and Nutrition policy and The Local Fire Safety Policy are centre specific are available in Schedule 5 Folder. (Achieved 20th November 2024)</p> <p>The Policy in relation to the temporary transfer of a resident to another health care facility is currently being updated (Expected date of Completion Feb 2025)</p> <p>The Wound Management policy concern identified is addressed under Regulation 6 and documentation audits have been completed to ensure compliance. (Achieved 25th November 2024)</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To Comply with regulation 12 The Management Team have assessed shared rooms for larger wardrobes to be ordered (Achieved November 29th 2024)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To comply with Regulation 17; The Management team will ensure the Physiotherapy room will be converted to a hair salon and beauty room. Management are currently liaising with the Estates department to schedule works. Work to commence January 6th 2025</p> <p>To Comply with regulation 17: The Management team have consulted with all residents in multi occupancy rooms to offer an alternative spacious room.</p>	

All residents in multi occupancy rooms have expressed a wish to stay in their present rooms as they are very happy. In order to improve comfort and enjoyment we have assessed shared rooms for larger wardrobes (Achieved November 29th 2024)

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 To Comply with Regulation 6: The Management team will ensure controlled Drug patches memo will be placed in the pharmacy to remind staff to check on a daily basis. The records are updated to confirm that controlled drug patches checked have remained in place in line with a high standard of evidence based nursing care. Prescription charts are audited monthly and must reflect adherence to this regulation (Achieved 26th November 2024)

To comply with Regulation 6: The management team will ensure, staff are reminded daily within the patient safety pause presented at handover that a resident with a wound must have a updated wound progress chart and wound care documentation opened to enable monitoring and assessment of their wound, to determine whether the wound was improving, the current status of the wound and the care requirements. Documentation audit carried out monthly will ensure ensure compliance. (Achieved 25th November 2024)

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:
 To Comply with Regulation 7: The Management team will Implement an education program for all nursing staff to ensure that all nursing staff understand and implement the Department of Health National Policy. This education program will be documented and the resulting outcome will be placed in the training matrix. This has already led to several restraints being removed (The training program Achieved 29th November 2024) Alarm Mats will be included in the quarterly notification (Achieved 20th November 2024)

The Management will order low- low beds to support resident's safe environment. Costing have been received 09/12/2024 and sent to General Manager for approval 12/12/2024.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>To Comply with regulation 9: The Management Team have spoken to all staff and implemented a performance measure to ensure the paperwork providing resident's choice of where they eat their meals is completed and actioned. (Achieved 21st November 2024)</p> <p>To Comply with regulation 9: The Management Team have ensured residents who wish to remain in the day room in the evening have been facilitated. Residents wishes will also will be documented in their activity plan. (Achieved 27th November 2024).</p> <p>To Comply with regulation 9: The Management Team have ensured staff are informed daily of the importance to ensure screens and doors are closed during residents receiving personal care to maintain privacy and dignity. This reminder has been added to the daily Safety Pause. A weekly assessment and review of practice will ensure all residents privacy and dignity during personal care is maintained at all times. (Implemented 27th November and will be monitored going forward)</p> <p>To Comply with regulation 9: The Management Team are liaising with the contractor to ensure TVs are mounted nearer to the residents to ensure they can view the TV from their bed or bedside chair. Proposed date to commence work January 13th 2025.</p> <p>To Comply with Regulation 9: The Management Team will ensure directional signage in the centre is improved in order to orientate residents and promote greater awareness of the communal spaces available for their use. The Management team have met and agreed the signage plan with the contractor to schedule works. Proposed date to commence work January 6th 2025.</p> <p>To Comply with regulation 9: The management team in consultation with the residents will ensure beds spaces will be reallocated to benefit the resident and the residents choice. The management team will ensure residents will have access to double wardrobes as part of their personal storage. Wardrobes ordered November 29th 2024. Proposed date for Achievement is January 17th 2025</p>	

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 12(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	29/11/2024
Regulation 17(1)	The registered provider shall 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	Substantially Compliant	Yellow	06/01/2025

	under Regulation 3.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/12/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	12/11/2024
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Substantially Compliant	Yellow	29/11/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	20/11/2024

	the matters set out in Schedule 5.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	26/11/2024
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	27/12/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	21/11/2024

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	21/11/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	21/11/2024