



**Health  
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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:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Announced
Date of inspection:	27 February 2024
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0033685

## About the designated centre

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

Dungloe Community Hospital is one of 11 community hospitals in Donegal. It is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a one-storey building where a range of community services that include a day hospital, mental health services and out-patient clinics are located. Accommodation is provided for 34 residents. There are 17 places allocated for long-term care and the remaining places are allocated to residents who have rehabilitation, convalescence, respite or palliative care needs.

**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
Tuesday 27 February 2024	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

Overall, the residents were well-supported in receiving person-centred care based on their needs and abilities and were supported to be active participants in the running of the centre.

The inspector spoke with several residents during this inspection, and their feedback was highly positive about the care and service they receive in this centre. Some of the residents' comments were that "this is an excellent place", "I am getting a five-star treatment here", "the food is excellent and I get plenty of food", "the staff are kind and they will do whatever I ask", "they are a great team" and "I love the live music sessions".

Dungloe community hospital is located in Dungloe town and is close to local amenities. The designated centre is in a two-storey building, with residents accommodated on the ground floor. The centre has sufficient car parking space for residents' visitors. An enclosed outdoor garden faced the entrance and the car park, so that the residents could enjoy the view from this garden if they chose to sit outside.

Following an introductory meeting with the person in charge, the inspector went for a walk around the centre. The atmosphere in the designated centre was relaxed and welcoming. The centre has two day-rooms and these rooms were well laid out and provided a safe and homely communal space for the residents. The centre's premises was refurbished recently and was kept clean and well maintained.

The corridors leading to the residents' accommodated areas were well-maintained and free of obstacles. Handrails were available on both sides to support residents' independent movement around the centre. Equipment storage was significantly improved, which facilitated residents' mobility needs.

The inspector went to some of the residents' bedrooms and found that some rooms were personalised with their personal items of significance. Wardrobes were available for residents to store their clothes and were well maintained. Residents who spoke with the inspector said they could access their clothes and were comfortable in these rooms. However, some rooms were not suitably laid out to meet the residents' needs, which is further discussed in the later sections of this report.

A schedule of activities was available for residents' information and was located at appropriate locations. Two dedicated activity staff were allocated to provide activities, and residents were well supported to take part in meaningful activities throughout the day, such as interactive sessions using light games, exercise sessions and music. A live music session was scheduled for the day, and it was performed by one of the activity staff. Many residents expressed their appreciation for this live music performance by the staff and said the live music programme is

arranged regularly in this centre. The inspector observed that the interactive atmosphere created by the sessions brought energy into the centre.

Daily routines were flexible, and the residents spent their day as they wanted and participated in activities as they wished. Call bells were answered without delay, and staff attended to the care needs of residents with respect. The communal rooms were well-staffed throughout the day, which was an improvement from the previous inspection. The inspector observed the care practices during this inspection and found that the staff respected the privacy and dignity of residents while assisting with their needs. Staff demonstrated appropriate patient moving and handling practices. Staff interactions with residents were observed to be respectful and friendly. Several residents informed the inspector that they felt safe in the centre.

Refreshments, such as snacks and drinks, were served to residents regularly. A menu choice was available for residents, and staff assisted them in selecting their choices. Sufficient staff were available to assist residents during their meal times, and meals were not rushed and were a social occasion for the residents.

Residents were able to access the outdoor gardens independently, which were well maintained. Some residents who spoke with the inspector said that they enjoyed the outdoor activities, especially the recent social outings to a local hotel. Some residents said they enjoyed the visits from local schoolchildren, as they could interact with the kids.

The provider had arrangements in place for residents to receive visitors, and residents were observed receiving visitors throughout the day. Visiting was unrestricted.

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

## Capacity and capability

Overall, this is a well-run centre with clear management systems in place to ensure that the service provided is safe, consistent and appropriate to residents' needs. However, the governance and management of the centre required improvement actions to ensure that the service provided in the centre was in line with the centre's statement of purpose. Furthermore, the provider's complaint procedure required revision to ensure compliance with the regulatory requirements.

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support

from centralised departments such as human resources, accounts, and information technology.

There was a clearly defined management structure with a well-established management team. The management staff in the centre were actively involved in the management of the centre, and a clinical nurse manager worked on weekends to ensure that management support was available in the centre seven days a week. Staff were clear about their roles and the standards that are expected of them in their work.

Comprehensive quality assurance systems, such as audit programmes and incident management systems were in place. All accidents and incidents occurring in the centre were reported through an incident management system. Learning and action plans were developed following the accidents and incidents and communicated to the relevant staff. Additionally, the staff worked well together to meet the needs of residents and to ensure that the care and services provided were safe and appropriate.

A centre-specific risk management policy and procedures were in place, which included hazard identification and assessment of risks throughout the designated centre, as well as measures in place to control the risks identified. The person in charge maintained a risk register in the centre, and this was available for the inspector to review. The inspector observed that appropriate control measures were put in place to address the various risks that had been identified in this centre. This included the risk that was identified from daily walkarounds, incidents, audits, and the outcome of residents' feedback questionnaires. The records indicated that the person in charge promptly escalated issues of concern to the provider, such as staffing shortages. The provider had clear communication channels and contingency plans in place to ensure that they responded quickly and provided continuity of care and support to residents in the event of a shortfall of staff.

The person in charge had access to specialist infection prevention and control advice. For example, the inspector observed that the person in charge was able to access information regarding the local outbreak status from a community infection prevention control specialist, and their advice had been sought in devising appropriate infection prevention and control strategies to protect the residents.

The inspector observed that the layout of some rooms in the centre remained not suitable for some specific residents' needs and profiles. This was due to the lack of space around some of the beds in the multi-occupancy rooms. This had been identified in the previous inspections, and the provider had submitted satisfactory compliance plans clearly stipulating the admission criteria they had in place for residents accommodated in these rooms.

However, this inspection found that the criteria were not being consistently implemented. This was a particular concern in relation to admissions. The inspector was informed that it was difficult to relocate residents in accordance with the room's specific admission criteria following their admission, as the person's dependency levels (level of autonomy and support required to carry out activities of daily living)

may change following their admission to a specific bedroom. There was no evidence that the provider had reviewed their current admission criteria in order to ensure that only residents who did not have any mobility needs were accommodated in these beds. As a result, a number of high-dependency residents with significant mobility needs were accommodated in these multi-occupancy bedrooms.

On the day of inspection, there were enough staff members on duty in the centre with an appropriate skill mix. The person in charge reported two vacancies for healthcare assistants, and these unplanned staff vacancies were filled using agency staff. The inspector was informed that these staff vacancies were brought to the attention of the health service executive to ensure they were filled promptly.

The inspector reviewed a sample of staff files and found that the staff were only employed when they had appropriate Garda (police) vetting. An induction and regular appraisal programme were in place to ensure the staff were sufficiently supported in their roles. Records were generally well-maintained and accessible. A training matrix (an overview of staff members' completed training and remaining training requirements) was in place, and all staff attended mandatory training requirements. Resident and staff records were stored securely in this centre.

The provider had policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and the inspector reviewed a sample of these policies. The policies were reviewed and updated at regular intervals to ensure the information within these policies remained current and in line with national policies and were available to staff. However, some additional improvements were required in the implementation of the provider's policy on managing restraints, and this is further discussed in the quality and safety section of this report.

The provider had a complaint policy and a procedure in place that was accessible to the residents. Records of complaints and compliments received from residents and families were kept in the centre. However, the centre's complaint procedure had not been updated in line with the changes in the legislation that came into effect in March 2023. These findings are further discussed under Regulation 34.

### Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents. The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses, care staff and activities staff on duty.

Judgment: Compliant



## Regulation 16: Training and staff development

Staff had access to regular training and refresher training to ensure their mandatory training was up to date. All staff were up to date with their fire safety, moving and handling, safeguarding and infection prevention and control trainings.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection.

Judgment: Compliant

## Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had not ensured that the care and services was delivered to residents in accordance with the statement of purpose and in line with the compliance plan submitted to the Chief Inspector following the previous inspections.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Records showed that where a notifiable incident occurred these were notified to the Chief Inspector within the required time frames. All quarterly reports were submitted within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider's complaint procedure that was available to residents was not sufficiently detailed and did not provide the information required by the regulations. For example:

- The time frame required to investigate and conclude the complaints had not been included in the complaints procedure.
- The provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, and any improvements recommended had not been included in the complaints procedure.
- The time frame required to conduct and conclude the review of the complaints had not been included in the complaints procedure.
- The provision of a written response informing the complainant regarding the outcome of the review had not been included in the complaints procedure.

Judgment: Substantially compliant

### Quality and safety

Residents' well-being and welfare were maintained by a good standard of evidence-based care and support. However, the layout of the centre's multioccupancy rooms required additional improvements to ensure that these bedrooms met the needs of residents.

The residents were accommodated in the centre in a mix of single, twin, three and four bedded rooms. The inspector observed that if the dependency of a resident accommodated in a bed space of the twin room and three bedded rooms progresses, such as requiring larger assistive comfort chairs, the layout of these bed spaces would potentially become unsuitable to meet their needs and would impact on the privacy and well being of other residents in these rooms. The inspector was also not assured that the layout of bedrooms with four beds supported the needs of the residents, and this is further detailed under Regulation 17.

Television, radio and newspapers were available for residents. Residents had access to current affairs and telephones for private use and were supported in keeping in touch with their families and friends.

The inspector reviewed a sample of care files and found that the daily progress notes summarised each resident's daily status. Residents had a comprehensive assessment completed upon admission into the centre. Validated assessment tools such as malnutrition universal screening tools and mini-mental status examinations (MMSE) were used as part of residents' comprehensive assessments. Residents had a care plan in place, and the care plans were developed based on the views and wishes of the residents.

There was a low incidence of responsive behaviours in this centre, and individualised care plans were developed for these residents. Care was person-centred, and staff knew each resident well and were familiar with the antecedents that may trigger episodes of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The interventions that would work well for these residents were clearly documented in their care plans.

The residents had access to a range of activities, including activities for those with higher cognitive and mobility needs. Personal assistance hours were provided for residents who required assistance, and the residents were found to be well-supported in taking part in meaningful activities in this centre.

The provider maintained a restraint register, and the restrictive practices that were in place, including the risk assessments were clearly documented in this register; however, the use of restrictive practices such as lap belts was not in accordance with national policy, Towards a Restraint Free Environment in Nursing Homes 2011.

Residents were involved in the organisation of the centre, and their involvement was encouraged through day-to-day discussions with staff and managers and through resident meetings. A clear record of the residents' meeting minutes was kept in the centre, which indicated their suggestions and feedback were acted on and considered.

## Regulation 10: Communication difficulties

Residents who were assessed having difficulty in communication had an appropriate care plan developed to guide staff to support their communication needs.

Judgment: Compliant

## Regulation 11: Visits

Residents access to their visitors was not restricted and measures were in place to ensure residents were protected from risk of infection.

Judgment: Compliant

### Regulation 17: Premises

The layout of some of the multi-occupancy bedrooms was not suitable to meet some specific residents' needs and profiles. For example:

- The bed space near the wash-hand basin in two of the four-bedded rooms did not have sufficient space around the bed to enable the residents accommodated in these beds to mobilise safely and access their wardrobe or to use assistive equipment safely without encroaching on the next bed space. This was because the bed was close to the wash-hand basin, and the arrangement of the privacy curtains to allow access for staff to use the wash-hand basin reduced the overall bed space.
- The bed space adjacent to the en-suite in the three bedded rooms did not facilitate the safe use of assistive equipment and was not suitable for higher dependency residents who needed to use equipment such as specialist chairs.
- The inspector observed that where residents accommodated in some of the multi-occupancy rooms and who were using large items of equipment such as a specialist chair or wheelchair kept their specialist chairs beside their bed, the circulating space around the bed was reduced. Furthermore, some of this equipment was found to be encroaching into the neighbouring bed space.

Additionally, the premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example, there were insufficient storage space in the three bedded rooms for residents to store their photo albums and other valuables. As a result some residents' photographs were placed on the wall behind their beds and were out of their view.

Judgment: Not compliant

### Regulation 18: Food and nutrition

All residents had access to fresh and a safe supply of fresh drinking water at all times. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Meals were wholesome and nutritious and meet the dietary needs of residents outlined in residents' individualised nutritional care plan.

Residents' dietary needs were met. There are adequate staff to support and assist people with their meals and refreshments.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The residents had a care plan in place and the care plans were person-centred. The care plans were found to be revised following consultation with the residents concerned and, where appropriate, the residents' families.

Judgment: Compliant

### Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals such as physiotherapy services and specialist medical and nursing services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had not ensured that, where restraints were used, they were used in accordance with national policy. For example, appropriate alternatives had not been trialled for two residents before using lap belts. Furthermore, the care records indicated that these two residents had not been appropriately monitored while lap belts were being used. As a result, the inspector was not assured that the lap belts were being used for the shortest period to ensure the residents' safety, comfort and well-being.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were able to access all resident areas without restrictions, including the outdoor area.

Residents had access to television, radio and newspapers. Internet access was available for residents if they wanted to use it.

The provider's arrangements to ensure residents have access to meaningful activities in the centre were satisfactory. For example, residents were well supported in engaging in meaningful activities in the centre, such as live music sessions and a daily programme of activities. Residents were also supported to go out into the local community through regular social outings.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0033685

Date of inspection: 27/02/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following consultation and agreement with the residents and their families, the long-term residents who were residing in the four-bed ward were shifted to rooms which were identified as rooms suitable for long-term care in the Statement of Purpose and the compliance plan submitted to the Chief Inspector following the previous inspections. The provider will ensure that the four bedded wards are no longer used for Long term residents and will only be used for short stay residents as indicated in the Statement of Purpose.</p> <p>Completed- 03/04/2024</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The center's Complaints procedure has been reviewed and the following details have been added.</p> <ul style="list-style-type: none"> <li>• All complaints are investigated and concluded by the Complaint Officer, as soon as possible and in any case no later than 30 working days after the receipt of the complaint. A written response will be provided for all complaints, informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.</li> <li>• If the complainant is not satisfied with the outcome of the investigation of the</li> </ul>	

complaint, they can contact the Complaints Review Officer.

- The Complaint review officer will then conduct the review of the complaint and conclude as soon as possible, or no later than 20 working days after the receipt of the request to review the complaint. The Complaints Review Officer will provide a written response informing the complainant of the outcome of the review.
- In the event that the timelines set out cannot be complied with, the Complaint Officer or the Complaint Review Officer will provide a written response informing the complainant, when the complainant will receive a written response, as appropriate, and the reason for any delay in complying with the applicable timeline

Completed- 22/04/2024

Regulation 17: Premises

Not Compliant

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

- The PIC has consulted the IPC and Estates, who reviewed the twin bed room, three bedded rooms and four bedded rooms. IPC and Estates are currently in the process of developing a proposal to address the issues regarding space around the beds to enable the residents accommodated in these rooms to mobilise safely and access their wardrobes or to use the assistive equipment safely without encroaching on to the next bed space. The proposal will also include a review of the layout of the twin bedrooms, three bedded and four bedded rooms and the accessories such as curtains to ensure there is enough space for the specialist chair beside their beds and therefore not encroach into the neighboring bed space. The proposal will be submitted before 15/05/2024. In the interim, we have reviewed the admission strategy of the unit and the plan is that only low dependency residents, who doesn't use any specialists chair or large equipment will be admitted to these room. Current residents will stay in these room until they are discharged or deceased in line with their preferences, however, going forward when these bed space becomes available, they will not be used for residents who require to use large assistive chairs or equipment. This is reflected in the statement of Purpose.
- The bed adjacent to the en-suite in the three-bedroom rooms will only be used for mobile short-stay residents.
- After consulting with the residents, small shelves have been installed on the wall appropriately to display their photographs and valuables in all the bedrooms

To Be Completed by 15/05/2024

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• Following consultation with the residents and MDT, the Residents restraint care plans were reviewed and alternative options were tried as appropriate and a care plan has been developed ensuring the restraints are used in accordance with the national policy. The care plan will be reviewed regularly to ensure the safety of the residents.</li> <li>• All the restraints used for the residents are now monitored as per the policy. This is reiterated to the staff at daily handovers and safety pauses. The PIC have allocated time for all the staff to read the HSE restraint policy and ensured that all restraints including lap belts are used for shortest period for the resident`s safety and well-being.</li> </ul> <p>Completed- 28/03/2024</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 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 under Regulation 3.	Not Compliant	Orange	15/05/2024
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	15/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	03/04/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	22/04/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	22/04/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after	Substantially Compliant	Yellow	22/04/2024

	the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	22/04/2024
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.	Substantially Compliant	Yellow	28/03/2024