



**Health  
Information  
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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:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Leigh Road, Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0042029

## About the designated centre

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

The Community Hospital of the Assumption is a modern facility located on the outskirts of Thurles town. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 60 residents. The service provides continuing care for people over 18 years of age across a range of abilities from low to maximum needs. The service also has facilities to provide respite, palliative and rehabilitative care. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. The service provides on-site pharmacy services and a medical officer is in regular attendance. Regular arrangements are in place to provide residents with an activation programme and a number of communal areas are provided throughout the centre for use by residents and visitors. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

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

Number of residents on the date of inspection:	49
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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
Thursday 23 May 2024	10:00hrs to 18:45hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Through conversations with residents and their families, and the observations of the inspector, it was clear that residents were enjoying a good quality of life in Community Hospital of the Assumption. The inspector found a high standard of care being delivered by a dedicated management and staff team, who were knowledgeable about the needs of the residents.

The inspector arrived for a one-day, announced inspection. Following an opening meeting with the management team, the inspector completed a tour of the premises, visiting all three units. There was 49 residents living in the centre, which is registered for 60 beds. The inspector greeted and chatted with many residents on the day and spoke in more detail to six residents about their experiences of living in the centre. The inspector also met with some relatives visiting loved ones during the day. The feedback from residents and relatives was very positive, confirming that the centre was a good place to live and to receive kind, considerate and respectful care.

Residents stated they felt happy and felt safe in the centre. They described staff as "very helpful and kind" informing the inspector that the staff "go over and above" to help them. Relatives said they felt lucky that their loved ones were being cared for in the centre and complimented the "patient and professional" staff. Due to their clinical diagnosis, some residents could not speak with the inspector or give their views and feedback on the service. However, these residents were observed to be content and comfortable in their surroundings.

Overall, residents appeared relaxed and well cared for in the centre. Most residents were up and dressed in their preferred clothing on the morning of the inspection. Some residents gathered in the small sitting rooms on each unit, some sat on casual seating in the corridors and others chose to stay in their rooms. Residents were observed having a leisurely morning, watching TV and reading the papers and chatting together. Mass was celebrated in the oratory mid-morning and this was well-attended by residents from each unit. One resident said the Mass was always lovely and the oratory was a beautiful place. Meals were served in a number of areas; on the small dining areas on each unit, in the main dining room, known as "the servery" and in residents' rooms. Meals in the communal areas were, in particular in the servery, a social occasion, and residents appeared in good spirits, enjoying their meals. The residents were all complimentary of the food on offer and said that it was very tasty. For residents who required assistance with their meals, there was sufficient staff to assist with serving the meals from the kitchenettes on each unit, and to assist and supervise residents in their rooms where appropriate.

The centre had freely accessible Internet services for resident use and the sitting rooms were each equipped with smart TV's which enabled streaming services. Residents were able to watch GAA games on these TV's and residents spoke about the recent match held in nearby Semple Stadium and how much they had enjoyed

going out into the grounds of the centre and watching the crowds of supporters gather for the match. In the afternoon, the chef and activities coordinator had organised for an afternoon tea party. The inspector observed residents from each unit gathering together and really enjoying this activity, which provided a sense of occasion for all residents involved. An array of fresh sandwiches and cakes were served on beautiful china crockery. Residents told the inspector "they love to spoil us here". There was plenty of light-hearted chatter and joking observed amongst residents.

The centre was clean and pleasantly decorated throughout. There was clear signage for residents within the centre, directing them to communal areas and toilets. These displayed the name of the area and a visual prompt to assist residents with cognitive difficulties to orientate themselves to their surroundings. Bedrooms seen by the inspector were nicely personalised with residents' photographs, paintings and other possessions from home. These bedrooms had sufficient storage for residents' possessions, including locked storage. Curtains within shared bedrooms provided privacy and dignity. Call bells beside each bed allowed residents to seek care and attention when needed. Residents told the inspector that they never needed to wait for long if they rang the call bell, but that sometimes they did not know the person who answered the bell, as there was "a lot of new faces" amongst the staff.

The next two sections of this report will present findings concerning governance and management in the centre and how this impacts the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that the governance and management arrangements in the centre were effective and ensured that residents received a good level of care and support. Some action was required to improve continuity of staff, due to a high use of agency staffing.

This was a one day, announced inspection of Community Hospital of the Assumption. The purpose of the inspection was to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The Health Service Executive (HSE) is the registered provider. The inspector found that there was a clear management structure in place, and staff who spoke with the inspector were clear regarding their roles and responsibilities. The person in charge was well-established in the service and was supported in the day-to-day operations of the centre by the ADON and a number of clinical nurse managers (CNM's), who are based on each of the units. A team of nurses, healthcare assistants, activity staff, catering, cleaning, maintenance and administrative staff contribute the effective delivery of safe quality care for residents. There is also an overarching management structure within the community healthcare organisation (CHO) area, that provides support and oversight of the

operation of the centre. Staff members spoken with told the inspector that the person in charge and assistant director of nursing were supportive and had a visible presence within the centre daily. The inspector found that the management team were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

There were management systems in place to monitor the quality and safety of the service through a schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, premises and facilities, and staffing requirements. These were discussed at regular clinical governance and staff meetings, and where required, documented quality improvement plans were outlined, with assigned timelines for completion by specific individuals. An annual review of the quality and safety of care delivered to residents in 2023 had been completed and was made available to the inspection. The report contained an overview of key areas of the service and outlined quality improvement plans that were to be completed in 2024.

There were CNM's or senior staff nurses on duty in each unit to oversee the delivery of care on a daily basis and staff confirmed that the ADON, person in charge, or both, visited each unit each day to engage with staff and residents and to monitor the provision of care and support. There were adequate staff on duty in each of the units, and residents were seen to be receiving support in a timely way, such as providing assistance to eat when meals were served and responding to requests for support. A review was required of staffing levels in the context of the high use of agency staff to back fill the number of vacant posts across various grades of staff, to ensure residents were supported by staff familiar to them.

Records in respect of staff members, outlined in Schedule 2 of the regulations, were stored securely in the centre and made available for the inspector to review. Documentary evidence confirmed that An Garda Síochána (police) vetting disclosures were obtained for all staff, prior to commencing their employment in the centre. Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided. Residents' contracts of care were made available for review. These clearly outlined the requirements relating to residency in the centre. These were signed by the resident, or their nominated person.

A review of the centre's complaints records showed that overall, there was a low level of documented complaints. The registered provider had taken the necessary steps to update the centre's complaints policy and procedures, in line with the regulations, for example; a complaints officer and a review officer had been nominated, and the timelines for investigation, conclusion, and review of complaints had been updated.

## Regulation 15: Staffing

Based on a review of the staff rosters and the size and layout of the centre, the inspector found that there was an adequate number and skill mix of staff available to meet the assessed needs of the residents on the day of inspection.

The oversight of the staffing concerns in the centre are addressed under Regulation 23: Governance and management.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files were reviewed, which met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to the inspector for review. This was renewed annually and was up-to-date.

Judgment: Compliant

### Regulation 23: Governance and management

Action was required to strengthen the current systems in place to ensure that the centre was adequately staffed. The inspector was informed that there was a large number of vacant posts which were being back-filled by agency staff. For example, on average, each week the following agency cover was required:

- Nursing staff - 6 WTE
- Healthcare assistants - 8.5 WTE

Staff reported that at times, agency shifts were unreliable as staff would cancel at short notice, leaving the unit short-staffed. While some of the agency staff were familiar with the centre, new staff who were unfamiliar with the service regularly attended for shifts. Staff reported that this placed some pressure on the centre to maintain a person-centred model of care.



There had been vacant beds in the centre for an extended period of time and the management team outlined that the current staffing model could not sustain a centre at full occupancy.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of three residents' contracts of care were reviewed. All contained details of the services to be provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which was displayed in prominent areas for residents' and relatives' information. This procedure specified the nominated people designated to deal with complaints. The inspector reviewed the centre's complaints log and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

## Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of high quality nursing and medical care. Residents' rights were upheld by a supportive management and staff team. There were some improvements required in relation to documentation of clinical and nursing care, specifically in relation to the assessment and care planning process, the management of restrictive practices and transfer documentation.

The premises was tastefully decorated and well-maintained, with an ongoing schedule of maintenance and decorative upgrades. Efforts had been made to personalise individual bed spaces in the majority of rooms, and there was evidence that residents were supported to achieve this by decorating with photographs, mementos and pictures. All three units contained access to outdoor areas. The inspector saw evidence in photographs on display that these were often used during nice weather. The centre contained adequate communal and private areas for residents to enjoy or to receive visitors.

The inspector reviewed a sample of residents' assessment and care planning documentation across all units. Good practice was seen in the majority of records viewed, with evidence that the centre was adopting a person-centred approach to care planning. A number of assessment tools were used to monitor for risk of malnutrition, pressure-related skin damage, falls and wandering. The results of these assessments were used to determine the individual plan of care. An exception to this method of care planning was seen on Unit A. This is a rehabilitation unit and to that effect, some residents do not reside there for extended periods of time. The method of assessment and care planning was not standardised across all units, with Unit A operating a more clinical-focused assessment and care planning approach. The inspector was informed that this had been identified by management, and a project was underway to incorporate a person-centred approach to care planning in this Unit. Nonetheless, as outlined under Regulation 5: Individual assessment and care plan, records viewed by the inspector identified missed opportunities to use the results of risk assessments to develop personalised care plans.

Residents had good access to medical and other health and social care professionals. Resident's medical needs were maintained by a general practitioner (GP) and records evidenced these reviews in each resident's file. Residents' mobility and safety needs were reviewed appropriately by a physiotherapist. Speech and language therapy, dietetics, consultant psychiatry and geriatricians were referred to appropriately for clinical expertise, and there was evidence that the actions following these reviews were completed. On Units B and C, when residents were transferred to hospital or another facility, comprehensive transfer letters were seen to be completed. This was not evidenced on Unit A, as discussed under Regulation 25: Temporary absence and discharge of residents.

Social assessments were completed for the majority of residents in Units B and C, and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over

seven days. This was a marked improvement since the previous inspection. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents interests' and capabilities, and included dementia- specific therapies and interactions. Local outings had taken place in small groups. While there were good practices seen, it was noted that residents on Unit A did not generally have a thorough assessment of their social and activation needs completed.

There was generally good oversight of restraint use within the centre with a commitment to a restraint-free environment. Management and nursing staff were involved in the continuous assessment and review of bed rail usage. Consent was obtained when restraint was in use. Improvement was required to ensure that all residents who had a restrictive device such as a bedrail, were subject to a thorough risk assessment, including the trialling of alternatives to restraints. Records confirmed that there was a system in place to monitor the safety and response of the resident when bedrails were applied. There was a low use of PRN (as required) psychotropic medications as a means of controlling responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were explored before administering these medications.

The inspector saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were handed over to the kitchen to ensure that the appropriate diet was provided. However, the menu order forms from each unit did not clearly identify the option chosen by residents who required diets of a modified consistency. There was evidence that a choice of modified diets was available for residents at each meal, however the system of ordering could be improved to evidence that this choice was offered to residents.

Residents were consulted with about the day-to-day organisation of the centre and there were regular residents' meetings held, providing an opportunity for discussion and feedback on the services provided. The provision of activities in the centre continued to be of a high quality, and residents were actively encouraged to participate in a range of social occasions and activities. Feedback from residents' meetings and satisfaction surveys indicated that residents were happy with the activity programme on offer in the centre.

## Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who

was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

### Regulation 11: Visits

Visits to the centre were occurring, and the current visiting procedures did not pose any unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector, and residents' meeting minutes and satisfaction surveys identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of wholesome and nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

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

A review of residents' records on Unit A, did not provide evidence that comprehensive transfer documentation was provided to the receiving facility. Staff told the inspector that in Unit A, if there was an emergency transfer of a resident to hospital, there may not always be a transfer letter sent with the resident to the receiving hospital.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre's risk management policy contained actions and measures to control a range of specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about ongoing, active risks and detailed the control measures in place to mitigate these risks

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning in Unit A required improvement to ensure that the plan of care was developed and personalised based on the result of individual risk assessments. A review of the residents' assessment and care planning documentation identified that there was insufficient detail in relation to the resident's daily care, routines, preferences and abilities. Care plans were only devised based on the identification of specific clinical problems and therefore were not person-centred.

Care planning in relation to the use of restrictive practices was inconsistent across the units, as discussed further under Regulation 7: Managing behaviour that is challenging.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical care through regular access to a GP in the centre. There was evidence of timely and appropriate referral to, and review by a variety of health and social care professionals such as physiotherapy, optometry, consultant psychiatry and occupational therapy. Residents were provided with good levels of evidence-based nursing care in the centre and there was good overall management of wounds and any other presenting medical or nursing issues.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The risk assessment for the use of restrictive practices, for example, bedrails, was inconsistently used. Action was required to ensure that there was a consistent approach to the assessment of bedrails. The inspector found that there was not always evidence to support the trialling of alternatives to bedrails prior to them being applied.

As a result of the risk assessments being incomplete, the associated care planning did not detail the methods and alternatives to restraint, and were not detailed enough to fully direct care.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0042029

Date of inspection: 23/05/2024

## 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>Actions completed to strengthen staffing of centre:</p> <p>To date, any staffing deficits have been filled by agency workers. We have now received approval to fill a number of nursing posts and Clinical Nurse Manager Night Sister post that will become vacant at the end of this month. Recruitment is currently in progress for all approved staff nurse posts from existing panels and the Clinical Nurse Manager post has been advertised. There is ongoing consultation with Senior Management with regards the remaining vacant posts and a decision for the recruitment of remaining vacant posts is awaited as the registered provider’s recruitment pause was removed on 15th July 2024. Robust Risk Management is in place in the designated centre and agency continues to support the service to ensure safe staffing and skill mix is assured.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>Actions completed :</p> <p>At all times, when a resident/client is transferred to another facility, a comprehensive Nursing transfer document is issued on transfer. We will now ensure, that a copy of any transfer documentation, is held on file within the client’s medical care records.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Actions completed :</p> <p>Over the past 6 months, it has become apparent that the Rehab client profile has changed and their length of hospital stay in our rehab facility has increased significantly. To address this, Clinical Nurse Manager and Clinical Nurse Specialist had already initiated a review of the nurse care plan documentation, currently in use. This has identified a more person centered approach to nurse care planning development was required to address the complex individual biopsychosocial elements of the Rehab clients. Ongoing collaboration with colleagues in Rehab units in our area continues and this will enable and support our development of a new Person Centered Rehab specific nurse care plan process.</p> <p>We are currently participating in a Communication Engagement workshop, with Patient Service User Engagement officer, which has already highlighted the need to address same. "Key Allocated Worker" Quality Improvement Plan is underway, to be led out in Rehab Unit, which will ensure a more person centred care approach towards each individual. Training to support this concept, is currently been sourced for roll out and implementation.</p> <p>Actions to be completed :</p> <p>In consultation with the Centre of Nursing and Midwifery Education, a training programme for all nursing staff in Rehab Unit A, will be delivered in the coming months, to enable staff develop care plans in a more Person Centred Care approach, while continuing their Rehab programme of care</p>	
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:  Actions completed :</p> <p>Following review of practices across the three clinical areas, we are assured that there is consistency with all relevant documentation ensuring that there is evidence to support the trialing of alternatives to bedrails prior to same being applied. This is supported, in each clinical area, with a Restraint Pack, with all the necessary documentation required, for ease of access, in line with policy.</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 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	15/07/2024
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	Substantially Compliant	Yellow	15/07/2024

	designated centre, hospital or place.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	15/07/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/12/2024
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	15/07/2024