



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

## Issued by the Chief Inspector

Name of designated centre:	Riverstick Care Centre
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Unannounced
Date of inspection:	18 July 2024
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0044343

## About the designated centre

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

Riverstick Nursing Home was built in the 2020 and is set in the rural village of Riverstick, 17km from Cork city centre and 10.5km from Kinsale. Riverstick Nursing Home offer an extensive range of short stay, long stay, rehabilitation, convalescence and focused care options. The centre is registered to accommodate 95 residents. Accommodation is configured to address the needs of residents and includes single and twin accommodation with large en-suites. The home is divided into four units one of which, Carrigdhoun accommodates transitional care beds in partnership with the South South West Hospital Group. The other units, Muskerry, Seandun and Carbery accommodate long term and respite care beds. Set in landscaped gardens, there are outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space. The centre provides 24 hour nursing care.

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

Number of residents on the date of inspection:

92

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 18 July 2024	10:10hrs to 18:10hrs	Ella Ferriter	Lead
Thursday 18 July 2024	10:10hrs to 18:10hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Overall, residents gave positive feedback with regard to the care they received in Riverstick Care Centre. During this inspection the inspectors observed that residents were supported to enjoy a good quality of life, by staff who were attentive and caring. The inspectors met and greeted the majority of residents living in the centre and spoke in detail 25 residents about their experience of living in the centre. Residents stated that they were happy and felt safe living in the centre. One resident described their care as excellent and told inspectors that staff go "above and beyond for them".

Riverstick Care Centre provides long term, respite and transitional care for both male and female adults, with a range of dependencies and needs. The centre is a purpose-built two storey facility, which has been operating for over two years in the village of Riverstick, Cork. The centre is registered to accommodate 95 residents and there were 92 residents living in the centre on the day of this inspection. With the exception of two twin bedrooms, all bedrooms are single occupancy (91) with en-suite facilities. Bedroom accommodation met residents' needs with regards to their comfort and privacy and were seen to be nicely decorated and maintained. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Many residents spoke of the comfort of their bedrooms and some of the lovely views they enjoyed to the back of the centre.

The centre is divided into four named units all named after local areas in the Riverstick vicinity. Carbery and Carrigdhoun on the first floor and Seandun and Muskerry on the ground floor. The inspectors noted that a proportion of residents living on the first floor of the centre were there for transitional care. The care planned for these residents was a short stay of two to six weeks and they had been admitted to the centre from the local Cork hospitals. All residents living on the ground floor (44), and 14 residents on the first floor, were admitted for long term care.

The inspectors observed that there was a variety of communal spaces available to residents on both floors. These areas were tastefully decorated with comfortable furnishings. Some residents were observed reading in these rooms and enjoying television in these areas, while others were taking part in activities with staff. The inspectors saw five resident enjoying a game of cards in the coffee dock in the afternoon and over 15 residents enjoying a quiz in one of the sitting rooms in the morning. Residents told the inspectors they enjoyed their days in the centre and there was always something to do. One resident told the inspectors that staff always gave them time and checked on them if they chose to stay in their room. Residents who communicated with the inspectors were positive with regard to the control they had in their daily routine and the choices that they could make, stating that these were always respected.

The centre was observed to be cleaned to a very high standard and there were ample staff employed in the centre allocated to cleaning. Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared well maintained and clean. However, there was minimal decor on the corridors of the first floor and it lacked a homely feeling, which is actioned under regulation 17. The inspectors saw that the ground floor, which was home to 44 residents had additional decor added since the previous inspection, which made it more homely.

This inspection took place over a bright sunny day in July. Residents told the inspectors they enjoyed sitting outside and making the most of the gardens available to them. During the course of the day inspectors observed some residents chose to sit outside the front of the centre. They told inspectors they enjoyed watching the visitors coming and going and the people driving into Riverstick. A couple of residents gave feedback to the inspectors with regards to the temperature in the centre, describing it as very warm and uncomfortable, especially during the summer. Discussions with the team working in the centre confirmed this was often an issue and although there were methods to monitor temperatures in individual bedrooms these were not available in communal areas. This finding is actioned under regulation 17.

There were numerous visitors attending the centre throughout the day and were seen to join residents for refreshments and snacks. Visitors complimented the quality of care provided to their relative by staff, who they described as approachable, attentive and respectful. Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them.

The inspectors spent time on both floors observing meal times throughout the day, including lunch and the tea time meal. Residents who attended the dining rooms had a very social dining experience where many were seen to chat to each other and spend unhurried meal times. Menus were displayed on each table and there was an open dining service area where meals and drinks were provided to the residents. The inspectors saw that residents who required assistance were assisted by staff in a professional and person centred manner and there was good interactions seen between residents and staff. Although there was generally a choice for residents at meal times, some residents told inspectors they would like further choices made available as the menus could be repetitive. Other residents told inspectors that the tea/supper meal was often served too early at 16.30hrs or before. Inspectors observed that residents were seen to start going to the dining room at 16.00hrs. A number of residents said this was very early for their evening meal as although they got a cup of tea and a biscuit around 19.00hrs it was a long time until breakfast time. These findings are actioned under regulation 18.

Throughout the day staff were observed engaging with residents in a respectful and friendly manner and being kind and courteous to residents at all times. It was evident that staff knew residents well and all interactions were seen to be respectful. Some residents were living with dementia and were unable to detail their experience of the service, however, they were observed by the inspectors to be

content and relaxed in their environment and in the company of other residents and staff. Communal areas were seen to be supervised at all times and call bells were answered promptly. The daily and weekly activity schedule was displayed in resident's bedrooms and in communal areas. Residents confirmed that there was a wide range of interesting activities taking place, seven days a week.

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

## Capacity and capability

This was an unannounced one day inspection, by two inspectors to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of November 2023. The inspectors found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. Some actions were required to come into full compliance with the regulations, which are detailed under the relevant regulations.

The registered provider of Riverstick Care Centre is Sunacrest Limited. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. There is a clearly defined overarching management structure in place with identified lines of authority and accountability. The centre is being managed by an appropriately qualified person in charge who reports to the Chief Operations Officer of the company. There is also support from a Director of Clinical Governance & Quality, a finance department and a human resource department. There was evidence of good oversight and established communication systems at each level.

Within the centre the person in charge is supported in their role by two assistant directors of nursing, three clinical nurse managers and a team of nurses, health care assistants, maintenance, domestic, activity, catering, administration staff and a resident advocate. Inspectors found that the provider had ensured that there were adequate staff resources available and staffing levels and skill-mix of staff was found to be sufficient to meet the assessed dependency needs of the residents, as described in the centre's statement of purpose. The person in charge and the nurse managers supervised care delivery and were supernumerary when on duty. It was evident that the management team held regular formal management meetings and minutes reviewed by the inspectors indicated that key issues relevant to the running of the centre were discussed and actioned such as resources, resident profiles, incidents and complaints. Regular team meeting were also scheduled and documented across all internal departments.

A range of environmental and clinical audits were carried out by nursing management to ensure there was adequate oversight of the quality and safety of

care delivered to residents. Issues that were audited on a regular basis included infection prevention and control, care planning, medication management and incidents. There was an action plan associated with each area audited which identified the areas to be addressed. Clinical data was collected which was reviewed monthly in areas such restrictive practices, infections, the use of psychotropic medications, responsive behaviours, pressure-related skin issues and weight loss.

A record of accidents and incidents was maintained in the centre and overseen by the person in charge. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. Inspectors found that one incident had not been reported to the Chief Inspector, as required by the regulations, which is actioned under regulation 31. The complaints procedure was on display in the centre and a review of complaints submitted evidenced that they had been investigated as per the centres complaints policy and the regulation.

The policies and procedures, as required by Schedule 5 of the regulations, were available and reviewed by the inspectors. The policies were in date and were made available to staff. The directory of residents was appropriately maintained and contained the information required by the regulations. All volunteers working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place. They also had a memorandum of understanding which outlined their roles and responsibilities.

#### Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and their regulatory remit. The inspectors observed that the person in charge was well known to the residents, relatives and staff.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of the staff roster, and the observations of the inspectors evidenced that there were adequate numbers and skill-mix of staff to meet the care needs of residents on the day of this inspection. Findings of the previous inspection pertaining to staffing deficits at night had been addressed, with the allocation of an additional healthcare attendant on the ground floor in the late evening, to assist residents going to bed.



Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre electronically. It was reviewed by inspectors and it was found to contain all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. An annual review had been carried out for 2023, as per regulatory requirements.

Judgment: Compliant

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

A sample of contracts of care were reviewed and were found to comply with regulatory requirements. Each included the services to be provided, terms and conditions of which residents will reside in the centre, fees to be charged, bedroom number and occupancy of the room.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre and it contained information as set out in Schedule 1. This was available to residents and visitors.

Judgment: Compliant

### Regulation 30: Volunteers

The centre had robust systems in place for the management of volunteers. The inspectors saw that each volunteer had a vetting disclosure in accordance with the national vetting bureau and their roles and responsibilities were set out in writing.

Judgment: Compliant

### Regulation 31: Notification of incidents

One incident as set out in paragraph 7(1)(a) of Schedule 4 was not notified to the Chief Inspector, within three days of its occurrence as required by the regulations. This was in relation to an allegation of professional misconduct by a staff and was required to be submitted as an NF07.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint in the centre. The centre's complaint's procedure was displayed in the centre and included the name of the nominated complaints officer. The inspectors reviewed a sample of complaints and saw that they were being managed in accordance with the centre's policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as listed under Schedule 5 of the regulations were available on request and were reviewed in a timely manner.

Judgment: Compliant

## Quality and safety

Overall, findings of this inspection were that residents were supported and encouraged to have a good quality of life in Riverstick Care Centre. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services, a comfortable living environment and opportunities for social engagement. Some actions were required in the areas of food and nutrition, reducing the use of bedrails and the premises which will be detailed under the relevant regulation.

Residents nursing and care needs were comprehensively assessed and were met to a good standard. There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure any deterioration in residents' health or wellbeing was identified without delay. Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. Where appropriate, records evidenced that families were also consulted with. Resident's care plans were updated four monthly, as per regulatory requirements.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration and weights were closely monitored. There were sufficient staff available in the dining room and to assist residents as required with their meals. However, as discussed earlier in this report the time that some meals were served was found to be early and residents had expressed they would like more choices of food available, which is further detailed under regulation 18.

Measures were in place to protect residents from being harmed or suffering abuse. Staff working in the centre all completed training in adult protection. The inspectors reviewed investigation records of allegations of abuse. It was evident that appropriate measures were taken by management to protect the resident as soon as they became aware of any allegation. Allegations of potential abuse had been notified to the Chief Inspector as per the requirements of the regulations.

Staff were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviours. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed. While the centre had evidenced a reduction in the number of bedrails in use and had implemented a quality improvement plan in this area further improvements were required, as detailed under regulation 7.

Management and staff promoted and respected the rights and choices of residents in the centre. Residents were consulted with about their individual care needs and attended residents meetings and focus groups with the aim of improving their quality of life in the centre. They also had access to internal advocacy services in the centre and could also avail of external services.

### Regulation 12: Personal possessions

Residents had sufficient space to retain their personal belongings including locked storage in their bedrooms. One resident was seen to have a second double wardrobe in their room with additional chest of drawers. Many bedrooms were seen to be very personalised with furniture and furnishings from home and some residents described their room as a "home from home".

Judgment: Compliant

### Regulation 17: Premises

The inspectors found that some action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example: ?

- the corridors on the first floor were not suitably decorated. Inspectors observed that there was limited decor on the Carbery and Carrigdhoun units, which made these areas appear clinical and not homely.
- on the day of the inspection some areas of the centres were very warm, specifically communal rooms and corridors. It was evident that there was not a system in place to ensure that temperature is maintained at recommended guidelines as although there were thermostats in bedrooms these were not on corridors. Feedback from residents was that they were uncomfortable with the temperatures on some days.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Inspectors found that although there were continuous improvements in dining and food for residents since previous inspections some further actions were required to address the following:

- the supper/tea time meal was served too early. The inspectors found that residents were served this meal at 16:30 hrs and were requested to start

attending the dining room from 16:00hrs. There was not evidence that residents had chosen to eat this early and residents reported to inspectors that they found that this was too close to their lunch, which may not be finished until 2pm and they were often not hungry at this time.

- some residents informed inspectors that they would like additional choices available to them at meal times.

Judgment: Substantially compliant

### Regulation 27: Infection control

Appropriate infection control procedures were in place. The inspectors observed numerous examples of good practice throughout the centre and appropriate systems were in place to ensure and promote safe practices in infection prevention and control. There was sufficient cleaning hours allocated and the centre was cleaned to a high standard. Cleaning checklists and daily and weekly cleaning schedules were in place. Housekeeping staff spoken with were very knowledgeable about best practice procedures for cleaning and disinfection. The provider was in the process of installing an additional eight clinical hand washing sinks on the corridors. There were two infection control link practitioners named in the centre, with protected time to monitor and evaluate practices and train staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were in place for all residents. These included a range of evidence based assessments for residents in relation to their risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence. Care plans were sufficiently detailed to guide care delivery and were updated four monthly or if the needs of the residents changed, as per regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to general practitioner services, physiotherapy, speech and language therapy, dietetic services, occupational therapy services and a tissue viability nurse. The inspectors saw the physiotherapy assistant walking residents

throughout the inspection and implementing individual exercise plans, which were available in residents rooms. Active daily exercise groups took place and residents said they found these very beneficial for their continued movement. Residents were reviewed regularly and as required by general practitioners.

Wound care was seen to be well managed in the centre with evidence of comprehensive scientific assessments and photographs to show improvement or deterioration of the wound. Wound care plans were seen to be sufficiently detailed to guide practice.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a high incidence of bed rail usage in the centre at nearly 25%. Although inspectors acknowledge that this had recently reduced and the management team had implemented a quality improvement plan, further action was required to ensure that restraints are not used as a result of culture, family wishes and requests. This will ensure that restraints are only in place due a residents request or post a completed clinical assessment of need.

Judgment: Substantially compliant

### Regulation 8: Protection

Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspectors that they would have no difficulty talking to staff should they have any concerns. The person in charge ensured that any allegation of abuse was investigated in line with the centre's policy.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that residents' rights and choices were promoted and respected in the centre. Residents had opportunities to participate in social activities in line with their interests and capabilities. There were two activities coordinators employed as well as external facilitators such as musicians. Residents were

supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents suggestions were acted on; for example residents had requested a sandwich toaster and sharper knives for meat and the person in charge informed inspectors that these had been ordered and were awaiting delivery.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	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 Riverstick Care Centre OSV-0008228

Inspection ID: MON-0044343

Date of inspection: 18/07/2024

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To ensure compliance the PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• Each Notification to the regulator will be submitted within 3 working days, the RPR Clinical support team will review all incidents daily to ensure compliance.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The corridors on the first floor will be suitably decorated thus ensuring a homely feel to the units.</li> <li>• To ensure the temperature of the communal spaces are optimal for residents the following will be put in place : Staff will open windows to naturally ventilate any areas which are found to be getting too warm during hot summer days. Portable fans can be deployed to resident rooms should they request one. Alternatively, temperature can be increased via underfloor heating during cooler periods.</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>To ensure compliance the PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The Meal times have been reviewed by the PIC and changes implemented as per residents request.</li> <li>• The menu is currently under review and is discussed with residents at their resident committee meetings. Currently 2 choices offered at each meal and numerous choices during the snack time offerings.</li> </ul>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• To reduce the high incidence of bed rail usage in the centre at nearly 25% the PIC and RPR team have completed a full and comprehensive review of all residents use of restraint. Restrictive practice measures will if used include a detailed risk assessment, discussion and care plan. This will be audited by the PIC and RPR team to ensure compliance.</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/09/2024
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/09/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Substantially Compliant	Yellow	02/09/2024

	the incident within 3 working days of its occurrence.			
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	31/10/2024