



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Macroom
Name of provider:	Carechoice (Macroom) Limited
Address of centre:	Gurteenroe, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	19 July 2022
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0037317

About the designated centre

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

Carechoice Macroon is set in the heart of Macroon and was established as a residential centre in 2013. The centre provides long term care and respite care to older people. It is registered to provide nursing care to a maximum of 62 residents whose care dependency level range from supporting independent living to high dependency care. The premises has four floors, three of which are occupied by residents. Each floor is named after a location in the Macroon area. There are 42 single bedrooms and 10 twin bedrooms, the majority of which have en suite facilities. The centre has an elevator in the centre of the building. There are three dining rooms, three sitting rooms, an activities room and external courtyards off some of the communal spaces. CareChoice Macroon provides care primarily for dependent older persons, male and female, aged 65 years or over. The centre also provides care for dependent residents, male and female, under 65 years and over 18 years, this includes convalescent, dementia, palliative, and respite care. Care is provided by a team of nursing and care staff covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 19 July 2022	08:30hrs to 18:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, residents who spoke with the inspectors provided positive feedback about the care they received in Carechoice Macroom and spoke about the kindness and commitment of staff. There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and their individual choices around what items of clothing they wished to wear and when to get up in the morning. There was a nice homely atmosphere in the centre on the day of this inspection.

The inspectors arrived unannounced to the centre for one day. Necessary infection prevention and control precautions, such as recording body temperature, were completed on arrival. After an opening meeting with the person in charge the inspectors were accompanied on a tour of the premises. Carechoice Macroom is a designated centre for older people registered to provide care for 62 residents. There were 54 residents living in the centre on the day of this inspection. The centre is laid out over four floors, three of which are allocated to residents, and the basement houses the laundry facilities and additional storage. The centre is divided into four named wings, Bealick (ground floor), Gearagh North and South (first floor) and Mount Massey (second floor), the names which depict local places around the Macroom countryside. Bedroom accommodation consists of 42 single and 10 twin bedrooms. All rooms had full en suite facilities, except five bedrooms on Gearagh North. Some bedrooms in this wing, although they met the requirements of the regulations, pertaining to size, may not provide sufficient room if a resident required specialised equipment. The person in charge assured inspectors that rooms were allocated to residents that were independently mobile. The inspectors observed that some residents bedrooms were very personalised, and they had brought in memorabilia, blankets and pictures from home.

Communal space within the centre consists of sufficient sitting rooms and dining rooms on the ground and first floor. These rooms were observed by inspectors to be nicely decorated and homely. Mount Massey which was situated on the top floor of the premises had one small communal room with a television, where three residents could be accommodated comfortably. The majority of residents residing on this floor spent their day in the centres sitting rooms on Gearagh South, or some chose to remain in their bedroom.

The weekly activity programme was displayed on a notice board and had a varied list of activities. Sixteen residents attended a bingo game on the afternoon of the inspection. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate in the game. There were nice interactions between staff and residents and residents reported they really enjoyed this. The inspectors saw that before lunch there were limited activities for residents. Mass was scheduled for the morning as the activity. Residents were brought to the sitting room from 10am,

where an altar was set up, however, mass did not commence until nearly 11:30 am.

The inspectors observed that the centre was exceptionally clean and well maintained. Since the previous inspection some rooms and hallways had been painted and there had been upgrades to the garden, with the addition of a sensory shed, raised planters and a chicken coop. Residents could now access this space independently as the provider had installed a new electronic door system. There were two secure outdoor areas in the centre, off the first floor. Although these areas were nicely decorated and well maintained, outdoor space was limited, when considering an occupancy of 62 residents.

Staff spoken with told the inspectors they enjoyed working in the centre. Many staff spoken with had been recently recruited and were adapting to their new roles. Staff were observed to be respectful and kind to residents in all interactions.

The inspectors observed a pleasant, relaxed atmosphere throughout the day and saw many examples of kind person-centered interactions between staff and residents. The inspectors spoke with a number of residents during the inspection who said that they were happy living in the centre and that the staff were always nice in their approach. Residents indicated that they felt safe and that they could raise concerns, if they felt the need to do so to the person in charge. However, a resident told inspectors that they did not always feel supported with regards to being assisted out of bed, to use facilities, which is detailed under regulation 9.

Residents were very complimentary of the food and told inspectors there was plenty of choice. The inspectors observed a relaxed and positive dining experience, in each of the three dining rooms, where residents were seen enjoying their meals and being assisted and supervised discreetly by staff. The inspectors saw that tables were nicely set with coloured table cloths, place mats and nice plates and cutlery. Menus were displayed in each dining room and it was evident that residents had sufficient choice. Residents told the inspector that if they didn't like something they would be provided with an alternative.

The inspectors saw that there were arrangements in place for residents to safely meet their visitors in private and visitors were seen to come and go on the day of this inspection. However, the times for visiting were found to be limited, which is detailed under regulation 11. Visitors spoken with told the inspectors they were happy with the care their family member received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced 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, and to follow up on the findings of the previous inspection of September 2021. Overall, findings of this inspection were that the monitoring of the service, assessment & care planning and healthcare practices within the centre, required to be addressed by the provider, to ensure the safety of residents.

Carechoice Macroom is a designated centre for older people registered and operated by Carechoice (Macroom) Limited. There is a clearly defined management structure in place, with clear lines of authority and accountability. The organisational structure, within the centre had changed significantly since the previous inspection, and there was a new management team in place. A new person in charge had been appointed in October 2021 and there were two new clinical nurse managers. On the day of inspection there was a gap in the management structure, as the assistant director of nursing had recently resigned. The inspector was informed that the provider was actively recruiting for this position. At operational level, support was provided by the Chief Executive Officer, an Operations Manager, and a human resource department. There was evidence that regular management meetings took place, where topics such as staffing, human resources, COVID-19, complaints and incidents were discussed.

The number and skill mix of staff on the day of this inspection was appropriate to meet the care needs of the residents living in the centre. The provider had ongoing recruitment efforts in place, to maintain safe and consistent staffing levels. The inspector noted that there had been a significant turnover of staff in the centre over the past year and this impacted on the standard of care as detailed under regulation 4 and 5.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. Training was being well monitored within the centre, with the support of human resource personnel, who attended the centre weekly. Staff had good access to training and staff were up to date in their mandatory training requirements. There were effective procedures in place for the recruitment, selection and appropriate vetting of all staff prior to commencing working in the centre. However, the inspectors were not assured with regards to a satisfactory induction process for newly recruited staff, which is detailed under Regulation 16.

The provider had a comprehensive audit schedule in place to monitor the quality of the service, however, there were some gaps evident in this process, as detailed under regulation 23. An annual review of the quality and safety of care delivered to residents had been completed for 2021.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. The inspector reviewed complaints received since the previous inspection and saw that adequate records were maintained of the investigation which included the satisfaction or otherwise of the complainant. There were systems in place to manage critical incidents and risk in the centre. Accidents

and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All incidents had been notified to the Chief Inspector, as per requirements of the legislation.

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 were articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staffing levels for the size and layout of the centre to meet the assessed care need of residents living in the centre. For example, there were four registered nurses and eight healthcare assistants rostered on the day of this inspection, to care for 54 residents. Although there were two activities staff rostered, one of these was allocated to visiting which required to be reviewed and is actioned under Regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

There was not always documentary evidence that staff had a comprehensive induction and supervision in line with the centres policy. This was required to ensure all staff were familiar with practices within the centre. This was also a finding on the previous inspection.

Judgment: Substantially compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to very well

maintained electronically and contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure, management systems required review and action. This is supported by the findings that:

- the monitoring and oversight of care plans and nursing practices within the centre required to be addressed, as detailed under Regulation 4 and 5.
- audits were not always carried out as per the centres schedule and there was not always evidence that actions identified for improvement had been implemented.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

Regulation 34: Complaints procedure

On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. The complainants were informed of the outcome of their complaint, and records evidenced whether or not they were satisfied with the outcome, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were generally satisfied with the quality of the service they received. Residents told inspector that they felt safe and supported living in the centre. Nonetheless, improvements were required in relation to residents' assessments, care planning, healthcare and residents rights.

The inspectors found that the residents had good access to medical assessments and treatment by their general practitioners (GP). Residents also had access to a range of allied health care professionals such as a physiotherapist, dietitian, speech and language therapy, palliative care and a tissue viability nurse. However, there was not always evidence that nursing practices within the centre were in accordance with evidenced based nursing care, as detailed under regulation 6. The inspectors reviewed a sample of care plans and noted that each resident had a care plan in place. However, some care plans were not sufficiently reviewed and updated and did not always provide information about the current needs of the residents. As a result, the care plans did not always serve as a guidance document for staff to provide the most appropriate care for the residents. This is further detailed under regulation 4.

Improvements were noted in the monitoring and assessment of restraint since the previous inspection. Restrictive practices were robustly monitored and reviewed on a regular basis. The number of restrictive practices had reduced, with seven residents using bedrails at the time of inspection. Where bed rails were in use there was evidence of assessments and consent and alternative interventions had been trailed. Staff had attended training in the care of residents with dementia and in responsive behaviour. However, as found on the previous inspection the assessment of residents prior to administration of psychotropic medications was not as per the centres policy, which is detailed under regulation 7.

There was a positive focus on fire safety within the centre. The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. Adequate arrangements had been made for maintaining and servicing of all fire equipment, including the centre's fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily and quarterly servicing records were complete up to date.

The premises was well maintained and the provider was committed to ongoing upgrades and improvements. The centre was cleaned to a very high standard and improvements in the oversight of the cleaning of equipment and clinical rooms was noted since the previous inspection. Personal protective equipment was readily available to staff, and was used in line with national guidance. Infection prevention and control practices within the centre were observed to be good and there was evidence of good oversight of cleaning. However, there were not sufficient staff facilities for hand hygiene, which is detailed under regulation 27.

There was evidence of consultation with residents through residents' meetings and evidence that residents suggestions had been implemented, such as enhanced meal choices and additional storage options for their bedrooms. Residents had access to

television, daily newspapers and were facilitated to practice their religion.

Regulation 11: Visits

Visiting was scheduled between 10:30 and 16:00 hrs and there was not routinely evening visits. This was found to be restrictive and the provider was asked to review and implement current national guidelines.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements were noted to the premises since the previous inspection of this centre. The premises and layout of the designated centre was appropriate to the number and needs of the residents and conformed with all matters as outlined in Schedule 6.

Judgment: Compliant

Regulation 27: Infection control

There were not enough clinical hand wash basins available to facilitate staff with safe hand washing in the centre. The provider acknowledged this finding and informed the inspectors that all hand washing facilities were being reviewed at present and a plan would be implemented following assessment of the premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were noted in fire safety since the previous inspection of this centre. Certification was evidenced regarding fire safety equipment, and daily and weekly fire safety checks were comprehensive. Floor plans identifying zones and compartments were displayed for use, in the event of a fire. Fire safety training was up to date for all staff. Training records evidenced that fire drills were completed, cognisant of night time staff levels. Due to the amount of newly recruited staff the management team had increased the amount of drills carried out to ensure all staff were confident and knowledgeable, with regards to the evacuation strategy and fire

policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

This inspection found that there was a deficit of knowledge with regards to care plans and further training would be required, evidenced by:

- one resident did not have a comprehensive assessment completed within 48 hours, as required by the regulations.
- a resident with an indwelling urinary catheter did not have this reflected in their elimination care plan, therefore, it was difficult to guide care requirements and supports.
- two residents that required support with their mobility, did not have the recommendations of the physiotherapist reflected in their care plan. Therefore the level of assistance required was not clearly outlined.
- a wound care plan had information which was outdated, and did not reflect the residents current care requirements.
- some care plans were generic and did not reflect information given to the inspector about a residents behaviours.

Judgment: Not compliant

Regulation 6: Health care

This inspection found that on review of residents' records a high standard of evidence-based nursing care was not consistently provided to the residents, evidenced by:

- inspectors found that a residents continence was not assessed or managed appropriately, to support the residents independence and to prevent potential complications such as skin breakdown.
- inspectors found that some residents at high risk of pressure ulcer development were not transferred from transit wheelchairs during the day to more appropriate seating.
- a resident who fell in the centre did not have a post fall review completed in a timely manner.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents were not always assessed appropriately prior to the administration psychotropic, PRN (as required) medication, to identify triggers and develop strategies to de-escalate and prevent further recurrence. Assessments to be used before administration of psychotropic medications were detailed in the centres policy on restraint, however, these were not always found to be used in practice. This was also found on the inspection of September 2021.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The following required action to ensure the rights of residents were fully met :

- the allocation of activities staff to visiting impacted the availability of staff to provide social stimulation for residents on the day of this inspection.
- ensuring the civil rights of each resident is respected, the inspectors saw that resident's rights and independence were not always promoted with continence needs and there was an over reliance on incontinence wear rather than toileting practices.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Macroom OSV-0000209

Inspection ID: MON-0037317

Date of inspection: 19/07/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • A review of the staff files demonstrates that all staff have a completed induction on their file for the role that they are employed for. • Inductions for staff will continue as per company policy and be assessed on an individual basis to meet the staff members requirements. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The home has a robust system for monitoring quality and safety in the centre and will continue to complete audits relevant to the identified needs of the home. The schedule may change from time to time depending on the activity in the home, the weekly KPI’s and the residents’ clinical needs. • The quality department will continue support the clinical management team in the home as part of monitoring clinical quality and safety to include oversight of careplans and nursing practices. • Monitoring of residents’ assessments and careplans continue to be completed by the internal clinical management team. 	

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • The home has reviewed its process for visiting in line with national guidance and removed any restrictions or booking system. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • There are 7 clinical hand wash basins available to staff in the home. As part of ongoing IPC support to the home, the provider had scheduled an audit of the handwash sinks. This was completed on 20-08-22 by an external hygiene company and any recommendations from this audit will be considered and completed in Q1 2023. • A risk assessment is in place with internal controls to ensure hand hygiene practices are maintained in line with IPC guidance. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A review of residents' assessments and careplan has been completed and additional training provided to the nursing team. There is a process in place for the allocation of residents' assessments and careplan to the nursing team and these are audited on an ongoing basis with feedback provided to the individual nurse. • Each nurse has received a toolkit on how to complete assessments and care plans to ensure that the resident care plan is individual to the resident and reflects their current needs and preferences. • There is a monthly schedule in place for completing care plan audits to ensure that the residents' preferences and updates of any changes related to the residents care is 	

documented. Changes in residents care needs are discussed at daily handover, this ensures that all staff are aware of the residents' care needs.

- Residents' assessments and careplan will be checked by a member of the clinical management team to ensure it meets the regulations with a comprehensive assessment completed within 48 hours.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The home will continue to review the residents' healthcare needs with regard to continence care and communicate these needs to the staff in order to support the residents' independence.
- There are weekly checks in place for wound management. The staff report any changes to the resident skin at handover to the nursing team and this is recorded in their notes. Weekly KPI's on wounds is reviewed by the clinical management team.
- The clinical management team have communicated to care staff the purpose of transit wheelchairs. The clinical management team will continue to observe practices and ensure that residents are transferred from a wheelchair to regular and suitable seating where reasonably practical taking into consideration the residents preference. Where a resident has a specific wheelchair of request and/or need, a pressure relieving cushion is in place to prevent pressure ulcer.
- Communication has been circulated to the nursing team on completing post fall review as part of the falls management pathway. Completion of relevant assessment will be monitored as part of the weekly KPI incident reviews.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- The restrictive practice policy includes assessment of resident behaviour to identify triggers and develop strategies to de-escalate and prevent further recurrence prior to administering any prescribed PRN psychotropic medication.
- A review of the residents file who is prescribed PRN psychotropic medication has been

completed and all nursing staff reminded regarding the policy of completing relevant assessments and efforts made to de-escalate the behaviour prior to administering of PRN psychotropic medication.

- The home will continue to follow policy in completing relevant assessments on managing behavior that is challenging. Ongoing training will be provided to staff on this topic.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The home has reviewed the visiting booking system and this has been removed, therefore the allocation of activities staff is available for residents throughout the day.
- The residents' healthcare needs have been reviewed and their individual needs with respect to continence care recorded in their careplans and communicate to the staff in order to support the residents' independence.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	25/07/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/10/2022
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	01/09/2022

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	01/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/10/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan	Substantially Compliant	Yellow	01/10/2022

	prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	01/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/09/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	01/09/2022

