



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Unannounced
Date of inspection:	09 January 2024
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0042491

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 9 January 2024	10:00hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection was conducted over one day by an inspector of social services and was unannounced. The residents living in Castletownbere Community Hospital gave positive feedback about the care and their life in the centre. Residents spoke positively about the kindness of staff and told the inspector that staff always gave them time and they enjoyed their company.

The inspector was met by the clinical nurse manager on arrival to the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre and met with residents and staff. There were 20 residents living in the centre on the day of this inspection and one resident was admitted to the centre in the afternoon. The inspector met with the majority of the residents and spoke with six residents in detail, about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre and the inspector observed that those residents appeared comfortable, relaxed and content in their environment and in the company of staff and other residents.

Castletownbere Community Hospital is a single storey designated centre for older people which provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural location in West Cork, in the coastal fishing town of Castletownbere. The centre has capacity to and is registered to accommodate 31 residents, therefore, there were ten beds unoccupied in the centre on the day of the inspection. The inspector was informed that the centre was not admitting more than 24 residents and had not done so since 2021. The reason given for this was that there were not an appropriate amount of staff employed in the centre. However, this was not a finding on this inspection.

On the walk around the inspector saw staff attending to residents requests for assistance with their morning care needs. Some residents were observed to be finishing their breakfast. The inspector spoke with a number of residents in their bedrooms and in communal areas. Resident's feedback provided an insight into their lived experiences in the centre and residents were happy to share their experience. Residents reported that recently their was improved activities in the centre. They told the inspector that they now enjoyed their days more as there was something to do and staff had more time for them. The inspector saw that a member of staff was allocated to do activities with residents for the day. Residents were seen to be enjoying arts & crafts, crossword puzzles, drawing and one to one activities. One resident told the inspector that their opinions were always listened to and they could ask staff for anything. A review of residents meeting records found that residents had requested that they have live music weekly and that the hairdresser come more frequently. Both these suggestions had been acted on.

The centre was observed to be clean throughout and well maintained. The communal space available to residents included a large sitting room overlooking the harbour, a smaller sitting room in the centre of the building a family room and a

dining room. The inspector saw that the smaller sitting room had been redecorated since the previous inspection with comfortable arm chairs, pictures and a flat screen television. Although the inspector did not see any residents using this area during the inspection staff told the inspector that it was often used for residents and their families to meet. The physiotherapy room in the centre was observed not to be available for residents use and was seen to be full of old equipment, this is actioned under regulation 17.

The majority of residents living in the centre resided in shared bedrooms. There were two four bedded rooms, four triple rooms, three twin rooms, and five single bedrooms. All but one bedroom had en-suite facilities. The inspector saw that there was adequate storage facilities for each resident in their bedroom. Some residents bed spaces were personalised with pictures from home and soft furnishings.

The inspector saw other additions to the decor in the premises since the previous inspection. A large colourful mural of a West Cork map occupied a full wall in the centre and depicted the local areas that residents were from. There were new pictures hanging on the corridors and furniture had been purchased for the outdoor balcony off the sitting room, which overlooked the sea. Residents had access to the outdoor areas and doors were not locked, which was a noted improvement since the previous inspection.

About half of the residents living in the centre remained by their bedside for the day on an arm chair, reading or watching television. These residents told the inspector that this was their choice and on this particular day they did not feel like going to the sitting room. Staff assured the inspector that residents are always facilitated to use the communal rooms and encouraged to. Residents were observed enjoying a nice dining experience in the centres dining room. Tables were observed to be nicely set and menus were available on tables. There was nice music playing and sufficient staff available to assist residents who required assistance.

The inspector had the opportunity to meet with two visitors, who expressed their satisfaction with the quality of care provided to their relatives living in the centre. The visitors knew the staff team and described the positive interactions that they had experienced with the staff. Through observations on the day it was evident to the inspector that residents were familiar with the staff that provided them with care. As many of the staff working in the centre were from the local area they chatted with residents about their families and local news. The inspector observed respectful interactions and a good, personal rapport between staff and residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This one day unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and to follow up on the actions taken by the provider to address issues of non-compliance identified during the previous inspection in June 2023. The findings of this inspection were that the governance and management of the centre had improved and this was reflected in the overall compliance of the centre through the regulations reviewed. Some actions were required in staff training, records and reducing the use of restraint. These will be detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). The management team operating the day to day running of the centre consists of a person in charge and a clinical nurse manager. They are supported by a team of multi-task attendants, activities, catering, administrative and maintenance staff. 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. At a more senior level there is also governance provided by a general manager for older persons, who represented the provider. The centre also has support from centralised departments, such as finance, human resources, fire and estates and practice development. An application to renew the registration of this centre had been submitted to the Chief Inspector and this inspection would also inform part of the decision making process.

The inspector found that there were good systems of communication via daily shift handovers, safety pauses, regular staff meetings and monthly quality and patient safety meetings. Records viewed by inspectors demonstrated that a weekly analysis of key clinical performance indicators was completed. There was an audit schedule in place to support the management team to measure the quality of care provided to residents and findings were disseminated to staff. Action was required with regards staff training as there was a large proportion of staff whose mandatory training had expired, which is further detailed under regulation 16.

The levels and skill mix of staff working on the day of the inspection were sufficient to meet the needs of residents living in the centre. Following the findings of the previous inspection the provider had allocated permanent resources to the provision of a social programme for residents, which impacted positively on residents quality of life. However, there were not adequate occupational therapy resources available to residents, resulting in a delay in assessments. This finding is actioned under regulation 23 and 6.

Residents' records were reviewed by the inspector who found that they for the most part complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, on review of nursing daily notes it was evident that they were not always maintained in line with professional guidelines, which is actioned under regulation 24. Records requested by the inspector were well maintained and it was evident that they were stored securely.

The centre had a complaints policy and procedure in place that reflected the

requirements of the regulation, however, this was not on display in the centre, as required by the regulations. All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services. Contracts had been updated following the last inspection to reflect the type of room that each resident occupied.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster, speaking with staff and residents it was evident that the staff compliment and skill-mix was adequate to meet the care needs of the 21 residents living in the centre on the day of inspection. There were two Registered Nurses on duty, day and night. The six rostered multi-task attendants had responsibility for cleaning the centre and in the provision of care to residents. This was being monitored by the management team and the inspector was informed that there were plans to segregate these roles in the future.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed on the day of the inspection did not provide evidence that all staff had received mandatory training. In particular;

- the management of responsive behavior training was due for 57% of staff.
- safeguarding training was due for 42% of staff.
- manual handling training was due for 23% of staff.
- fire training was due for 7% of staff.

Judgment: Not compliant

Regulation 21: Records

This inspection found that on review of two residents nursing records there there was not always a nursing record completed on a daily basis. This is required by the regulations and is best practice, in accordance with nursing professional guidelines.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

- the provision of an occupational therapy resources was not provided in the centre for over two years. Although this risk remained identified on the risk register, this had not been actioned by the provider. Therefore, six residents who required seating assessments had not been provided with them.
- the systems in place to monitor and implement staff training were not adequate to ensure that staff were trained as per the centres training policy.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care had been reviewed since the previous inspection to clearly outline the room the resident occupied. All residents living in the centre had a written contract and statement of terms and conditions agreed with the registered provider of the centre, as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider has prepared in writing a statement of purpose relating to the centre and it contained all information as set out in Schedule 1. This had been reviewed at intervals of not less than one year, which is a regulatory requirement.

Judgment: Compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was not displayed in the centre, which is a requirement of the regulations. This is to ensure that residents and visitors are made aware of the procedure for making a complaint and it is easily accessible.

Judgment: Substantially compliant

Quality and safety

Overall, findings of this inspection were that residents were in receipt of a high standard of care in Castletownbere Community Hospital by staff that were responsive to their needs. Residents spoke positively about the care and support they received and told the inspector that their rights were respected and they felt safe in their home. Some actions were required with regards to reducing the use of bedrails, access to occupational therapy resources, transfer documentation and the premises. These will be detailed under the relevant regulations.

Residents were provided with unrestricted access to a general practitioner (GP), as required or requested. Residents were also formally reviewed three monthly via a team approach with consisted of the clinical nurse manager, GP and pharmacist. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place and a review of the residents' care records found that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care. However, there was not access to occupational therapy services in the centre and as a result residents were not afforded seating assessments. Wound care practices also required improvement to ensure that they were assessed in line with evidence based nursing practice. These findings are actioned under regulation 6.

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

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Risk management systems were guided by the

risk management policy. This policy detailed the systems to monitor and respond to risks that may impact on the safety and welfare of residents. This included maintaining a risk register to record all potential risks to the safety and welfare of residents and the controls in place to mitigate the risk of harm to residents.

As mentioned in the first section of this report, the provider had improved the premises with additional furniture in the communal space, decor on the walls and the development of the outdoor balcony. However, the current physiotherapy room was not available for residents use, as per the centres registration. This is actioned under regulation 17.

Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. Restrictive practices were being appropriately monitored. However, as found on the previous three inspections of this centre the number of residents allocated bedrails was high, and there was not always evidence of alternatives trialed, which is further detailed under regulation 7.

The provider had taken action since the previous inspection to ensure residents had access to meaningful activities which impacted positively on residents quality of life. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held three monthly and resident satisfaction surveys were carried out. Minutes of recent resident forum meetings reviewed showed that relevant topics were discussed. Residents had access to an independent advocacy service.

Regulation 13: End of life

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. The centre had access to specialist palliative care services for additional support and guidance, if required.

Judgment: Compliant

Regulation 17: Premises

The premises was not operating in accordance with the centres statement of purpose. This particularly related to the physiotherapy room in the centre. This inspection found that this facility was not available for residents use and the room was being used to store old equipment.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

On review of the documentation used for a resident which was temporarily transferred to the hospital, the inspector found that the correspondence sent did not contain all relevant information about the resident. For example; their known allergies, dietary requirements and the level of assistance they would require with mobility. This information is required to ensure a comprehensive handover and safe discharge of the resident to the treating hospital.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication reviews and pharmacy audits took place on a regular basis. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were noted in individual assessment and care planning since the previous inspection. All residents living in the centre had up-to-date assessments and care plans in place, which were updated four monthly, as per regulatory requirements. These were found to be person-centred and they reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

The following required to be addressed to be in full compliance with this regulation:

- residents did not have access to the services of an occupational therapist for over two years. Six residents living in the centre required seating assessment to ensure that they were allocated appropriate wheelchairs and mobility aids.
- a resident with a wound was not having this measured and photographed, as per wound care best practices. This is required to ensure that deterioration or improvements can be measured and treatment altered if required.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Bedrails in use on the day of inspection was found to be high at over 50%, which is a repeat finding in inspections of this centre. There was not always evidence that alternatives had been trialled and the least restrictive option was always used as per national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were noted with regards to residents rights since the previous inspection. The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially 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	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0042491

Date of inspection: 09/01/2024

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

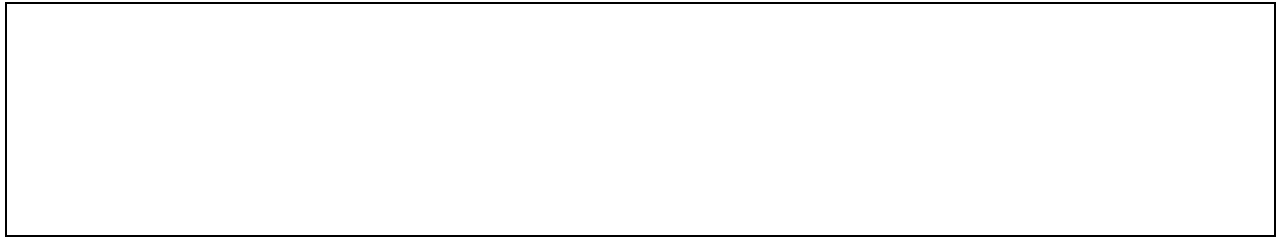
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To Comply with Regulation 16: The Management team has conducted an audit of the Training Matrix and all mandatory training was to be provided:</p> <p>Responsive behavior training is booked & all staff will be up to 16.04.2024</p> <p>Safeguarding training is booked and will be completed by 29.02.2024</p> <p>Manual handling training is booked and will be completed by 16.04.2024</p> <p>Fire Safety Training - all staff will have completed training for 05.04.2024.</p> <p>The Management team will oversee a review of the Training Matrix quarterly so that going forward mandatory training is up to date for all staff. Staff that are rostered for but do not complete the mandatory training on time will be subject to a disciplinary procedure as per the new HSE Mandatory Training Policy</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To comply with Regulation 21: Nursing Management will ensure that the narrative notes will be updated on a daily basis to comply with regulations and best practice in accordance with nursing professional guidelines. Monthly documentation audits will continue to ensure compliance (Achieved by 13.02.2024)</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To comply with Regulation 23(A) Management has escalated the lack of provision of a Occupational Therapy resource to senior management and currently are sourcing a private Occupational Therapist to complete the seating assessments as required. Compliance will be achieved by 29.02.2024</p> <p>To comply with regulation 23 (c) The Management team will oversee a review of the Training Matrix quarterly so that going forward mandatory training is up to date for all staff. Management will provide staff with a training needs analysis highlighting gaps and ensure all gaps with mandatory training are completed. (Achieved 10.01.2024).</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>To comply with regulation 34: Management have ensured the complaints procedure has been displayed in the centre and is easily accessible to residents and visitors so that they are aware of the procedure for making a complaint. (Achieved 12.02.2024)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To comply with regulation 17: Management will engage with estates to explore the options of converting the physiotherapy room to a hairdressing salon and update the SOP to reflect proposed changes on approval.</p> <p>Management have requested costings regarding the change to the centre and await quotations (13.02.2024 and ongoing)</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>To comply with Regulation 25 : Management have ensured all nursing staff received training on completing nursing transfer documentation to ensure all residents are discharged from the Centre in an organized and safe manner. (Achieved 19.01.2024)</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>To comply with regulation 6: Management has escalated the lack of provision of a Occupational Therapy resource to senior management and currently are sourcing a private Occupational Therapist to complete the seating assessments as required and have a plan of care. (To be achieved 29.02.2024)</p> <p>To comply with regulation 6: Management have ensured any resident requiring wound care will have the plan of care correctly documented to include measurements, photographs, current interventions and review dates in accordance with professional guidelines and best practice. (Achieved 10.01.2024)</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:</p> <p>To Comply with Regulation 7: Managing Behaviours that challenge</p> <p>The nursing team have commenced a review of bedrail usage and alternatives within the centre to further reduce the level of bedrails used. This process was undertaken in collaboration and consultation with the residents residing in the centre. Currently there is a reduction from 50% to 48% while maintaining safety for the residents. (Initial review completed by the 30th January and ongoing) The nursing team reviewed the use of security bracelet worn by cognitively impaired residents and the usage of alternatives. The use is reduced from 5.5% to 2.2%</p> <p>Nursing management will continue to strive to reduce bedrail usage/ source alternative solutions in collaboration and consultation with residents.</p> <p>All bedrails in use are risk assessed in accordance with the national restraint 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	16/04/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	13/02/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	13/02/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	29/02/2024
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	10/01/2024
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 designated centre, hospital or place.	Substantially Compliant	Yellow	19/01/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and	Substantially Compliant	Yellow	12/02/2024

	effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	10/01/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	29/02/2024

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	29/02/2024
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