Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	24 February 2023
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0038235

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs, overlooking Killybegs Harbour. It is registered to provide 24 hour care for 45 male and female residents over the age of 18 who have a range of care needs including dementia. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident.

The centre is a purpose built bungalow style building. Bedroom accommodation is comprised of nine single rooms, seven double rooms, two three-bedded rooms and four four-bedded rooms. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

How we inspect

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
Friday 24 February 2023	10:40hrs to 16:30hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, many aspects of the care and support provided to the residents in the centre were good at the time of inspection. Several residents who spoke with the inspector were complimentary about the care they receive in the centre, and the provider had a sufficient number of staff on duty on the day of the inspection. While records demonstrated that staff training was good, some improvements are required to ensure that the staff supervision in the centre was improved.

The inspector spoke with five residents during this inspection and reviewed the records of the residents' meeting minutes, and found that the residents' feedback in the minutes and directly to the inspector was positive. While several residents told the inspector that the centre is a lovely place to live, some improvements in staff supervision, premises and fire precautions in this centre were required. A number of residents complimented the meals provided for them in the centre.

On arrival at the centre, the inspector went through the provider's infection prevention and control procedures, which included checking the inspector's temperature and ensuring that a face mask was being worn by the inspector.

The provider had completed a new extension to the centre on the upper floor to a high standard and had submitted an application to vary the centre's conditions of registration to include the new 11-bedded unit and increase the number of beds in the centre to 56. The extension has two twin-bedded rooms and seven single rooms, in addition to the current 45 beds in the centre. The new unit also provided an additional combined lounge and day room, which is nicely laid out with enough seating for residents to relax. Part of the room was laid out with dining tables with good quality seating for residents to use at mealtimes.

An additional storage area is also available beside the day-room to safely store assistive equipment, which will be used by residents accommodated in the new unit. There is a passenger lift available for residents to move between each floor.

During the inspection, the inspector observed that call-bells were functioning and were located at appropriate locations in the centre. The residents who spoke with the inspector said that the staff answered call-bells in a timely manner. This was validated by the inspector's observations on the day, as call-bells were answered promptly throughout the inspection.

The location and number of most windows meant that overall the designated centre was bright and well-ventilated. However, the inspector observed that a bedroom on the ground floor of the existing centre does not have a window, and the only view out of the room for the resident was through a frosted skylight in the ceiling. Therefore, this means that there is no view or visual stimulation for the resident accommodated in this room.

Residents have access to newspapers, television and radio. Residents also have access to snacks and refreshments outside of their scheduled mealtimes, and staff were observed to ask residents for their choices before their meals.

While the inspector did not see or meet any visitors during the inspection, the residents who spoke with the inspector said that their friends and families were able to visit them in the centre.

The centre has a garden on the ground floor of the building for the existing residents. This garden was well maintained, and residents had unrestricted access to this garden. However, the provider had not included additional ground-floor garden space for residents who would be accommodated in the new unit. This was brought to the provider's attention, and they submitted a development plan for an additional sensory garden in the centre following the inspection.

The inspector reviewed the care practices in the centre and observed that the staff demonstrated safe and appropriate care practices, including safe manual handling techniques when they assisted residents. The residents who spoke with the inspector said the staff are always kind in their interactions with them and provided timely assistance should they need it. The inspector observed that staff knocked on bedroom doors to seek residents' consent before entering bedrooms.

The inspector observed that residents who spent their time in one of the day-rooms were well-supported to engage in meaningful activities. Residents were participating in activities such as knitting and drawing, and some residents spent their time chatting with other residents and staff in this day-room. However, the residents who stayed in two other day-rooms were not sufficiently stimulated or supported to engage in purposeful activities. As a result, these residents spent long periods of time with little to do.

In addition, the inspector observed reduced levels of staff supervision of residents in these two day-rooms. Lap belts were in use with a number of for residents while they were sitting in these rooms, which staff told the inspector were applied to prevent residents from falling from their chairs. The records reviewed by the inspector showed that lap belts were not released at appropriate intervals and were not being used for the least amount of time possible. Furthermore, records showed that alternative measures/equipment were not trialled before the lap belts were introduced. This was brought to the attention of the person in charge by the inspector, and the person in charge immediately arranged supervision and support for residents in these day-rooms.

The inspector observed that a choice of nutritious meals was offered at mealtimes, and a daily menu was displayed at an appropriate location in the dining room. A resident who spoke with the inspector said that they were happy with the support they received in the centre to meet their nutritional needs. The inspector observed that modified texture food, such as minced and pureed food (for residents with swallowing and chewing difficulties), was presented attractively. The staff who spoke with the inspector were knowledgeable about residents' dietary needs and nutritional care plans.

The centre was visibly clean on the day of inspection. There were appropriate facilities for housekeeping and facilities for the safe disposal of bodily waste and managing residents' disposable personal care equipment. Hand sanitisers were located at suitable locations throughout the centre. The inspector observed staff performing hand hygiene at appropriate intervals during the inspection. The staff practices and the level of cleanliness seen on the day of inspection meant that the infection prevention and control measures which were in place were helping to protect the residents from the risk of infection.

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

Overall, the inspector found that the centre was generally being well managed, and as a result, the residents were receiving appropriate care and support to meet their needs. However, some improvements were required by the provider in relation to ensuring that the delegation of staff on duty ensured that residents were adequately supervised in line with their needs and capacities.

There is a defined management structure in place in the designated centre with clear lines of authority and accountability. Written policies and procedures are in place as required by the regulations. There were adequate resources and staffing in place at the time of inspection to ensure care and services were delivered in line with the centre's statement of purpose.

This unannounced risk inspection was carried out to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the application to vary the registration of the centre, including the addition of 11 additional beds. The provider of the designated centre is Caring Hands Limited. The registered provider's representative, along with members of the management team, met the inspector on arrival and facilitated access to the various areas of the centre during the walk around. The management team comprises a person in charge, an assistant director of nursing, a representative of the provider and an additional general manager. Records showed that the management team met at regular intervals, and its meeting minutes were available for the inspector to review.

The inspector observed significant improvements in the monitoring and governance of care provided to the residents since the previous inspection held in October 2022. During this inspection, rosters showed that the person in charge and the management staff were provided with the required management hours to fulfil their roles. This was an improvement since the previous inspection in October 2022. As a result, the oversight and management of care and services had improved, which

helped to ensure better outcomes for the residents. For example, the provider had developed a number of management systems, such as audits of care plans. Audit records and the minutes of management meetings showed that where issues related to deficiencies in care planning had been identified, the provider had developed clear action plans to bring about the required improvements in care planning processes and improve compliance with Regulation 5.

There was a new person in charge who is experienced and has the necessary qualifications required under the regulations. At the time of inspection, there were sufficient numbers of staff available in the centre, and the rosters indicated that members of the management team were available to support the delivery of the service. Rosters reviewed indicated that there was a nurse on duty at all times in the centre.

Training records demonstrated that staff are appropriately trained to perform their roles. Staff were up to date with their mandatory training requirements, and staff demonstrated good knowledge about the fire precautions to be followed in the event of a fire emergency and the procedures to be followed when safeguarding concerns arise in the centre.

The inspector observed that the staff presence in two day rooms in the centre was insufficient to meet the needs of the residents. No staff was available in these day rooms, and four residents were left unattended for a significant period of time in these rooms. This was brought to the provider's attention, and they informed the inspector that staff had been allocated to these areas; however, they did not give clear reasons why staff were unavailable in these day rooms.

A statement of purpose (a key document which describes the aims and objectives of the service) was available to the residents and included information about the facilities and services offered to the residents in the centre. The statement of purpose had been updated to include details of facilities provided in the new unit.

A centre-specific complaints procedure is displayed in an appropriate location and is available to the residents. The inspector reviewed a sample of complaints and found that these complaints had been managed in line with the regulations.

Incidents were being notified to the Chief Inspector, in line with the regulatory requirements.

The inspector reviewed a sample of staff personnel files and found that in the sample, the provider had taken appropriate steps to ensure that suitable staff had been recruited to the staff team. All staff in the sample had obtained Garda (police) vetting before they started employment in the centre.

Since the previous inspection, the provider had carried out a number of actions to improving the centre's premises and fire safety in the centre. However, this inspection found that further improvements were required in these areas to bring the designated centre into full compliance with regulations 17 and 28. These findings are discussed in the quality and safety section of the report.

Regulation 15: Staffing

At the time of inspection, the number and skill-mix of staff were appropriate to meet the assessed needs of the residents and for the design and layout of the current centre where residents are accommodated.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements in place to ensure staff were appropriately supervised required improvement. For example, although staff allocations were available for staff to be available in all day rooms, staff were unavailable in some day rooms to assist residents in meeting their needs.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintains a directory of residents in line with the regulation. This was up to date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider met the regulatory requirements in relation to records.

Judgment: Compliant

Regulation 22: Insurance

The provider has a current insurance contract against injury to residents and risks, such as loss or damage to residents' property. This is in line with the regulatory

requirement.

Judgment: Compliant

Regulation 23: Governance and management

Clearly defined roles and responsibilities were set out for the governance and management arrangements of the centre. Management meetings were held to discuss all relevant issues. Records were reviewed, which demonstrated a clear, comprehensive exchange of important information between staff and the management team.

There was a quality assurance programme in place, and this was being used to monitor that care and services were provided for the residents in line with the centre's statement of purpose.

An annual review of the quality and safety of care delivered to residents was carried out in 2022, and this document was available to residents in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose is available to the residents, which contained the facilities and services offered to the residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents involving residents that had occurred in the centre is maintained. Notifications and quarterly reports had been submitted to the Chief Inspector within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy is in place and available to residents. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, had been reviewed by the provider and updated within the previous three years, as required by the regulation.

Judgment: Compliant

Quality and safety

Overall, the general care and support given to residents in the centre was of a high standard and had significantly improved since the last inspection. Residents in the centre were safe from potential harm, and in general, residents' independence, health and well-being were being promoted. However, the use of restraints in the centre was not in line with the regulatory requirements and did not ensure that restraints were managed in line with national guidance. Further actions were also required on behalf of the provider to bring the centre into full compliance with Regulation 28 fire safety. The inspector also found that bedroom 18 did not have a window through which the resident occupying this room could see outside and which provided adequate daylight and ease of ventilation for the resident.

Furthermore, the inspector observed that although privacy curtains were installed in all twin-bedrooms, the arrangement of a privacy curtain in one twin-bedded room located on the ground floor did not give each resident in the room adequate privacy. In this bedroom, only one curtain rail was installed, which meant that a curtain separated the space between each bed but did not fully enclose either bed when required.

Members of staff observed by the inspector were kind and supportive to residents during the inspection, and residents who spoke with the inspector said they liked living in the centre.

A review of the systems in place to manage behaviours that were challenging found that interventions in place were not in line with the national policy-Towards a Restraint Free Environment in Nursing Homes 2011. The inspector reviewed the use of restraints in the centre and found that lap belts were being used to prevent

accidental falls for three residents; however, these restraints were not being managed appropriately. For example, a review of care records showed that alternatives such as enhanced supervision of residents by staff had not been trialled before lap belts had been used for these residents. A restraint release log regarding the use and release of a lap belt had not been maintained to ensure that they were used for the shortest period of time. The use of a lap belt for one resident had not been recorded in the centre's risk register. In addition, the inspector observed that a lap belt was used for a resident who had not been assessed for using a lap belt.

Overall, the fire safety precautions in the centre were satisfactory, and the provider had made significant improvements in this area since the previous inspection. Personal emergency evacuation plans (PEEP) reviewed by the inspector showed that these records were kept up-to-date for all the residents, and fire drill records were maintained in the centre. The provider had engaged with their competent person to carry out a fire safety risk assessment. However, while a fire safety risk assessment (FSRA) had been carried out on behalf of the provider, action plans had not been developed at the time of the inspection to mitigate all fire safety risks identified in the assessment. Furthermore, the inspector found that the requirements of Regulation 28 were not fully met, which posed a risk to residents in the event of a fire emergency. For example, a fire door in the laundry was wedged open on the day of the inspection. In addition, there was no automatic closing mechanism installed on this door to ensure that it would automatically close in the event of the fire alarm sounding. This matter was brought to the attention of the provider during the inspection, who had the door wedge removed and committed to installing the closure mechanism for the fire door immediately. The provider submitted a satisfactory action plan immediately following the inspection to address the fire safety issues identified both by the inspector and earlier in the fire safety risk assessment.

The residents' nursing care and healthcare needs were met to a good standard. However, some residents did not have access to meaningful activities in line with their social needs assessment and their preferences. Whilst residents who stayed in the main day room enjoyed group activity sessions and plentiful social engagements throughout the day, the inspector observed that four residents who spent their day in two day-rooms away from the main lounge spent long periods of time with little to do and with limited social engagement with staff or each other. Furthermore, those residents who stayed in their bedrooms were not supported to engage in meaningful activities on the day of the inspection. Staff who spoke with the inspector informed them that these residents enjoy social engagements and could not provide a clear reason why these residents were not provided with sufficient opportunities to engage in meaningful activities on the day. The inspector also reviewed a sample of the daily care records for these residents which confirmed that on a number of days, the residents had not participated in any meaningful activity.

Furthermore, the inspector reviewed a sample of residents' care plans and found that some residents had been assessed for their social care needs and preferences; however, their social care plans did not give sufficient detail to inform staff what care and support was required to meet the residents' social care needs in relation to participating in meaningful activities and social interactions. This was leading to poor

outcomes for these residents, who spent most of their day with little to provide them with appropriate stimulation and engagement.

Regulation 12: Personal possessions

Residents who were living in the centre were supported to maintain control of their clothing and personal belongings. These residents appeared to have adequate storage space in their bedrooms, including a lockable space for their valuables.

Judgment: Compliant

Regulation 17: Premises

Overall, the layout and design of the premises are suitable to meet the needs of the current residents. However, some action was required to ensure full compliance with the regulation. For example, a shared toilet in the existing ground-floor accommodation did not have enough grab-rails to support residents' needs.

The layout of one single bedroom on the ground floor did not support the rights of residents using this room. This bedroom has a motorised window in the ceiling and does not have a window in any wall that would allow a resident living in this room to have a view outside if they wished to look out.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The provider had made satisfactory arrangements to ensure that all relevant information about residents is provided when they are transferred to another designated centre, hospital or place.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy and procedures are in place. This

information included a risk register, which included assessment and review processes. Control measures to mitigate the levels of risks identified were described in these documents.

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements for containing the fire in the centre required improvement by the provider. For example:

- The inspector noted that a fire compartment wall (a wall of fire-resistant construction to provide a specified amount of fire-resistance time, depending on its location, in an emergency) between a storeroom and a day-room had not been installed in line with the provider's compliance plan for the previous inspection.
- The laundry fire door was kept open on the day of the inspection, and this door had not had an automatic closing mechanism installed to ensure that the door would close in the event of a fire emergency and contain the spread of smoke and fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider's arrangements to develop appropriate care plans for the assessed needs of residents was insufficient. For example:

- The inspector noted that not all residents who had been assessed for using restraints such as lap belts had an appropriate care plan in place.
- Some residents did not have an appropriate up to date social care plan in place that included their preferences and needs in relation to meaningful activities and social engagement.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to have access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing

services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The staff who spoke with the inspectors were knowledgeable about responding to responsive behaviours and had completed up-to-date training on responsive behaviours. However, the inspector observed that the use of restrictive practices was not in line with the national policy. For example, a restraint release log regarding the use and release of a lap belt was not maintained when it was being used, and the use of a lap belt for one resident was not mentioned in the provider's risk register.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to ensure the protection of residents, including facilitating all staff to attend safeguarding training. Staff who spoke with the inspector were knowledgeable about safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. These members of staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Privacy curtains available in a twin-bedded room were inadequate to ensure residents' privacy. A single curtain installed between two beds in this room could not fully enclose either bed whenever required. This meant that residents could not undertake personal activities in private.

Some residents with complex care needs were not facilitated to engage in meaningful activities in line with their preferences and capacities.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0038235

Date of inspection: 24/02/2023

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: Management have decided to amalgamate the two back day rooms into one for adequate supervision and social interaction. Staff will be allocated to the front and back day rooms to supervise and they will be supervised/checked by PIC as to their appropriate allocation to take effect immediately.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Grab rails have now been installed in the bathroom outside room 20 and it has been decided that room 18 with the motorised skylight become the visitors room and the visitors room will become a bedroom with a window to access outside view. 28/07/2023	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A firewall has now been installed between the store room and the activities day room. An automatic closing mechanism is now installed on the laundry door and staff are reminded to keep same shut at all times and not to be propped open.	

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Following a restraint audit by PIC, anyone requiring restraint now has an appropriate care plan in place. All residents now have a meaningful activities assessment in place along with social care plans that include preferences and needs, in relation to meaningful activities.

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:
Following the inspection on the 24/2/23 a restraint audit was carried out to gather data on the use of Restrictive practice, the audit identified a high use of lap straps, following a meeting with Service provider and management to review this practice it was agreed that all day rooms would have adequate supervision to reduce/eliminate the use of lap straps and it has worked well as there is currently no use of lap straps only in the event of emergency situation when all other avenues have been explored and exhausted. The Service Provider and Manager have been identified as the restraint committee to oversee and govern the use of restrictive practices and to encourage a human rights based approach balanced with a safety conscious attitude to the use of restrictive practice. A restraint register is signed daily by the nurse in charge as an ongoing monitoring system of restrictive practice. The nurses carry out comprehensive assessments on their named residents to identify risks associated with restrictive practice and the necessity for same along with a care plan to manage behaviours that challenge, as a means of monitoring, recording and reviewing the use of restraint

Staff are encouraged to adopt a person-centred approach to the residents care, also to know the in house policy which adheres to the principles of the national policy for restrictive practices. Staff are encouraged to utilise ABC charts in the emergency use of restraint, also to trial alternative therapies when faced with behaviours that challenge before resorting to restrictive practice such as low low beds as opposed to bed rails, increased supervision, distraction therapy. It is important to investigate if the resident is hungry, thirsty, requires bathroom, is in pain or discomfort or maybe the resident is feeling lonely and just requires company.

Time Frame: immediate effect	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Privacy curtains in room 17 have been amended now to fully enclose either bed for privacy. The Activities Coordinator now prioritises residents who are bedbound or have complex care needs in regard to activities before attending to the main activities room in order to include these residents and ensure social stimulation. Staff have been asked to carry out HIQA training on "The fundamentals of advocacy in health and social care" and training on "Human rights based approach to care." HIQA	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/05/2023
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	28/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	08/05/2023
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	Substantially Compliant	Yellow	08/05/2023

	that resident's admission to the designated centre concerned.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	08/05/2023
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	08/05/2023
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	08/05/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Substantially Compliant	Yellow	08/05/2023

	personal activities in private.			