



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

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	St Martha's Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0039049

About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Wednesday 11 October 2023	09:15hrs to 17:50hrs	Catherine Furey	Lead
Wednesday 11 October 2023	09:15hrs to 17:50hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

Through conversations with residents and the observations of inspectors, it was clear that residents were enjoying a good quality of life in St Martha's Nursing Home. Inspectors found a high standard of care being delivered by a dedicated management and staff team, who were knowledgeable about the needs of the residents.

Inspectors arrived for a one-day, announced inspection. Following an opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. The centre was at full capacity, and inspectors spoke with many of the 26 residents about their experiences of living in the centre. Inspectors also met with some relatives visiting loved ones during the day. The feedback from residents and relatives was overwhelmingly positive, confirming that St Martha's Nursing Home was a good place to live and to receive kind, considerate and respectful care.

Residents stated they felt happy and felt safe in the centre. They described staff as "nice" and "helpful", informing the inspectors that the staff "look after you very well". Relatives spoke about being "delighted with the care". They felt "lucky" their loved ones were being cared for in the centre and paid a compliment to the management. Due to their clinical diagnosis, some residents could not speak with inspectors or give their views and feedback on the service. However, these residents were observed to be content and comfortable in their surroundings.

Overall, residents appeared relaxed and well cared for in the centre. Residents were up and dressed in their preferred attire on the morning of the inspection. Some residents gathered together in the sitting room, and others chose to stay in their rooms. Residents were observed having a leisurely morning, watching TV, reading the papers and chatting together. Some residents recited poetry and others used their tablets to browse the Internet and play games. The centre had freely accessible internet services for resident use.

St Martha's Nursing Home is located in a scenic, rural location with views of the Galtee Mountains. There is an enclosed, landscaped garden area for residents to enjoy the outdoors. The two-storey premises comprises 14 single bedrooms, 11 of which are ensuite and six twin bedrooms, four of which have access to ensuite facilities. A large day room acts as a sitting and dining area for residents. There were photo collages of various resident activities displayed in this area and assistive technology to support resident orientation, such as a day, date and time clock. Next to the day room is a "quiet room" where residents can enjoy music and reflection. At the entrance is a spacious, bright conservatory area where some residents host visitors. The centre was clean and pleasantly decorated throughout. There was clear signage for residents within the centre, directing them to communal areas and toilets. These displayed the name of the area and a visual prompt to assist residents with cognitive difficulties to orientate themselves to their surroundings.

Residents could freely access a small internal courtyard via the sitting room. This area contained raised planters, potted plants and garden ornaments. A paved path allows residents to walk safely around the perimeter of the area. There was a small designated smoking area in the courtyard which contained the appropriate equipment to allow residents to smoke in a safe space. A further indoor smoking area was available within a stairwell, accessed by a coded keypad. Fire-fighting equipment was located within the area. The provider outlined that this area was used in bad weather, and only under the supervision of staff or family members.

Bedrooms seen by the inspectors were nicely personalised with residents' photographs, paintings and other possessions from home. These bedrooms had sufficient storage for residents' possessions, including locked storage. Curtains within shared bedrooms provided privacy and dignity. Call bells beside each bed allowed residents to seek care and attention when needed. Residents told inspectors that they never needed to wait for long if they rang the call bell. One resident said "morning or night, they will come when I call".

The centre had a range of activities on offer for residents to enjoy. The schedule was displayed in the sitting room, and inspectors observed residents participating in, and enjoying games, including "the arch" and boules. There was a quiz planned for later that evening. Residents were supported to maintain their religious connections and needs within the centre. Mass was broadcast daily on television, and there was a rosary in the evening time. Mass was also celebrated by a local parish priest in the centre fortnightly.

Residents were complimentary of the food on offer. Inspectors observed mealtimes as a pleasant and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. There were refreshments available for residents throughout the day and night.

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

Capacity and capability

Overall, this was a well-run centre with improved systems in place to monitor the quality of care provided to residents. It was evident that the management and staff focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate, person-centred care was being provided to residents. The registered provider had made good efforts to increase and maintain compliance with the regulations. Under the dimension of capacity and capability, some action was required with regards to the regulations concerning records, oversight and monitoring, and the complaints procedure.

This announced inspection was carried out to monitor the ongoing compliance with the regulations and standards. The registered provider of the designated centre is St. Martha's Nursing Home Limited. This company is comprised of two directors, who are both fully engaged in the daily delivery of care and the overall organisation of the centre. One director is a registered nurse and is the person in charge of the centre. The other director provides operational and maintenance oversight and is the designated provider representative for regulatory matters. There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge worked full-time in the centre and was supported by a team of nursing, health care, household and catering staff. There were good systems of communication with staff, through formal meetings and daily shift handovers.

The person in charge and assistant director of nursing collected weekly key data in relation to a range of areas including falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. There had been a number of improvements in the level of auditing since the previous inspection in January 2023. The system of both clinical and environmental audit in the centre was well-structured and audits were conducted at regular intervals. There were improved audit tools in use which captured sufficient data, for example in relation to infection control and medicines management. The information gathered was subsequently analysed and reviewed to identify areas for improvement. As discussed under Regulation 23: Governance and management, this system of auditing did not extend to the area of restrictive practice and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The person in charge had completed the annual review of the quality of care delivered to residents in 2022. This information included a targeted quality improvement plan for 2023, and results of satisfaction surveys incorporating residents' and relatives' feedback regarding the care provided, which were reviewed by the inspector.

Inspectors reviewed the record of staff training in the centre. While there was a robust programme of mandatory training showing full compliance with a number of important and relevant training courses, not all staff had completed training on managing behaviour that is challenging. The person in charge stated that this training was scheduled for November 2023. Staff files were maintained on site and were available for inspectors to review. These generally contained the requirements under Schedule 2 of the regulations, however some minor gaps in the required records were identified. Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. As identified under Regulation 8: Protection, not all of these were in place prior to the staff member commencing employment.

A record was maintained of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again. The

registered provider confirmed that no formal complaints had been received since the previous inspection. There was a complaints policy in place which generally detailed the process and procedure to assist residents and relatives to make a complaint, however this required updating to come into compliance with regulatory requirements, as discussed under Regulation 34: Complaints, below.

Regulation 15: Staffing

From a review of rosters and observations on the day, there was a sufficient number of staff, with an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their roles. A review of training records identified that mandatory training such as fire safety and safeguarding of vulnerable adults was up-to-date for staff.

Staff were appropriately supervised in their respective roles, and there was a system of induction and annual performance appraisal in place for all staff.

Training in the management of responsive behaviours was required for all staff, as discussed below under Regulation 7: Managing behaviour that is challenging.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of three staff files. Gaps in the required documentation under Schedule 2 of the regulations in some of these files included;

- in one file there was no record of nursing qualifications, and the record of employment did not match the references on file
- in one file there was no record of employment.

Some of these records were provided for review before the end of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required some strengthening, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example, the oversight of restraint use in the centre required improvement, to ensure that staff were familiar with the centre's own policy on the use of restrictive practices such as bedrails. The risk assessment process for the use of restrictive practices was not in line with national policy. There was no comprehensive auditing of restrictive practices in the centre, therefore there was no targeted quality improvement plan. Training in restrictive practice and responsive behaviours was overdue for all existing staff and had not been completed by any new staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records identified that notifications and quarterly reports were submitted within the specified time-frames and as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure had not been updated in alignment with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023, which came into effect on 1 March 2023. Updates required to the complaints procedure included the following;

- the nomination of specific complaints and review officers
- the time lines for investigation, conclusion and review of complaints
- the provision of a written response to a complainant

As specific complaints and review officers had not been nominated, suitable training to deal with complaints in accordance with the designated centre's complaints procedure had not been provided for these individuals.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the quality and safety of care being delivered to residents was of a good level. Residents were provided with plentiful opportunities for activation and social engagement and had good access to a high level of medical and nursing care, delivered in an individualised, person-centred manner, which was respectful of residents' rights. Some action was required to ensure the quality and safety of care in relation to infection control, choice of meals, managing behaviour that is challenging, and Garda vetting of employees, as discussed under the relevant regulations below.

There were arrangements for residents to receive visitors in public and private areas comfortably. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke of enjoying visits from loved ones. Visitors spoken with by inspectors were complimentary of staff, management, and the care delivered.

Overall, the premises was well-maintained both internally and externally. There were systems in place to ensure that all areas of the centre continued to be maintained to a high level. Communal areas of the centre were bright and welcoming and residents were seen to enjoy these areas. The registered provider had implemented a number of infection control procedures to maintain compliance with the national standards for infection prevention and control in community health services and other national guidance. This included a schedule of daily cleaning and decontamination of all areas of the centre. Staff were seen adhering to best-practice guidance in relation to environmental cleanliness. The inspector identified a small number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre, as described under Regulation 27: Infection control.

It was evident that staff knew the residents very well and this knowledge was reflected in the resident's individualised care plans which were developed with the resident, or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing or additional needs. There was a focus on preventative measures to prevent pressure-related skin damage, including the use of appropriate pressure-relieving equipment such as mattresses and cushions, in conjunction with appropriate clinical assessment. This led to a very low level of pressure ulcer formation in the centre.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, occupational therapy, dietitian and speech and language therapists, when required. The centre had access to GP's from local practices and inspectors observed a GP attending the centre on the day of inspection. Residents had access to a consultant geriatrician and a psychiatric team. Access was available to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. There had been vast improvements in the overall

medication management processes in the centre. The centre had reviewed the storage arrangements for medications, including those requiring refrigeration, to aid in correct storage. There was enhanced oversight and monitoring in relation to medication, and nurses demonstrated clear understanding of their accountability in this regard.

A small number of residents were identified as displaying responsive behaviours. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. The person in charge maintained a weekly register of restraints in the centre. Eight residents were using restraints in the form of bedrails. While risk assessments were completed prior to the use of restraint, these did not sufficiently provide evidence that all possible alternatives to restraint had been considered. In addition, there was no multi-disciplinary aspect to the assessment of residents using bedrails.

Food was attractively presented and residents requiring assistance were assisted in a respectful and dignified manner. Residents reported that they immensely enjoyed the food in the centre and that it was provided in sufficient quantities. There was fresh drinking water available to residents. Discussions with catering staff indicated familiarity with residents' dietary preferences and requirements. There was good access to dietetics and speech and language therapy, and changes to a resident's diet were communicated to the catering staff. Nonetheless, there was no choice of main meal offered, despite the daily menu giving two options. Choice was observed to be offered for the dessert that followed.

Individual details regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by the centre's staff each day. Inspectors reviewed the range of activities on offer to the residents and noted that these reflected residents' interests and capabilities.

The registered provider took measures to protect residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made. There were secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident. Staff were facilitated to attend regular training in safeguarding of vulnerable persons. Residents were supported to access independent advocacy services. The process of Garda vetting of employees required review, to fully ensure the protection of residents.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the

organisation of the service. The centre promoted the residents' independence and their rights. The advocacy service details and the activities planner were displayed prominently in the centre. Residents had access to daily national newspapers, Internet services, books, televisions and radios. Musicians attended the centre twice weekly and residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible.

Regulation 11: Visits

Inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 18: Food and nutrition

On the day of inspection, residents and catering staff acknowledged that residents had not been offered a choice for their main meal. This is required by the regulation.

Judgment: Substantially compliant

Regulation 27: Infection control

Notwithstanding the many good practices in infection control seen on the day, inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- the hand hygiene sinks throughout the centre were not compliant with current recommended specifications.
- sluice room racking requires review to ensure that cleaned sanitary equipment such as urinals and bedpans can be inverted while drying and have suitable drip trays.
- storage rooms required review. For example, the inspector found the inappropriate storage of; falls reduction mats which were dusty, a bed bumper in which there was a break in the integrity, and storage of resident equipment on the floor.

- sharps bins were not stored in line with best practice guidance, and the temporary closure mechanism was not engaged on any of the sharps bins seen by inspectors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans and nursing assessments were reviewed. Relevant information was seen to have been documented prior to and following admission to the centre. Care plans had been developed with the support of residents and family members. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. Care plans were updated at regular intervals, or as required based on changes to the residents' assessed needs.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and wandering. Records showed that assessments were regularly updated in line with residents' changing needs, for example following a fall or on return from a hospital stay.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical care from five local general practitioners. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics or occupational therapy, could access these services in the centre upon referral. Where these specialist services made recommendations, they were implemented and updated in residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of the risk assessment process before applying bedrails identified that these were not consistently used in accordance with national policy as published by the Department of Health. For example, records showed that alternatives to bedrails were not always trialed, the risks involved with using the bedrail were not documented, and the specific circumstances under which the bedrail was being applied were not detailed.

The person in charge did not ensure that staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Substantially compliant

Regulation 8: Protection

While the registered provider had taken steps to protect residents from abuse, including providing training and a policy on detecting, preventing and responding to abuse, there was evidence on staff records of Garda vetting disclosures being received after the staff member's commencement date.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors saw that staff were respectful and courteous towards residents. The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through resident meetings and recent resident and family satisfaction surveys. Residents' privacy and dignity was respected. There were advocacy services advertised within the centre.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0039049

Date of inspection: 11/10/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff records to be included in their personal file.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To continue to monitor and review use of restrictivr practices and ensure risk assessment process is in line with national policy. All staff to up-date and complete training in restrictive practice.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: To update complaints procedure as per regulations 2023.	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Ensure residents are always offered a choice at their main meal.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New racking system to be installed in sluice room.</p> <p>Ensure all lids on sharp bins are stored in line with best practice guidance.</p> <p>Ensure store room is kept under review.</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>Review of risk assessment process on the use of restraints.</p> <p>Ensure all appropriate staff are up-dated and training completed on restrictive behavior.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Garda vetting disclosure to be received before staff member commences work.</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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	01/11/2023
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	01/11/2023
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	01/01/2024

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	01/01/2024
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	01/01/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	01/01/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not	Substantially Compliant	Yellow	01/01/2024

	their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	01/01/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	01/01/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	01/01/2024
Regulation 7(1)	The person in charge shall	Substantially Compliant	Yellow	01/01/2024

	ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
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	01/01/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/01/2024