



**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:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0040049

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:	23
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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
Thursday 1 June 2023	09:20hrs to 16:40hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, residents gave positive feedback with regard to the care they received by staff in the centre. They reported that staff were very kind and always gave them time. The inspector met with all residents living in the centre and spoke in detail to five residents about their experience of living in the centre. Two residents told the inspector that some days were more enjoyable than others as there were things to do, while other days they reported there is nothing happening. The inspector observed on the day of this inspection there was minimal social stimulation for residents. All but two residents were positioned beside their bed after their morning care was attended to and they remained there until 12 o'clock. Residents told the inspector that this was their daily routine and they did not use the communal space until lunchtime. Some residents were living with dementia and while some were unable to detail their experience of the service, they were observed by the inspector to be content and relaxed in their environment and in the company of other residents and staff.

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 accommodate 31 residents and there were 23 residents living in the centre on the day of this inspection. The inspector was informed that the centre was not admitting more than 24 residents and seven beds had remained empty in the centre since they were registered in September 2021. The reason given for this was that there were not an appropriate amount of staff working in the centre. However, this was not a finding on this inspection.

The majority of residents living in the centre resided in shared bedrooms. Some residents told the inspector they enjoyed this company, while others said they wouldn't mind having their own room and private space. Accommodation for residents within the centre comprises of five single bedrooms, three twin bedrooms, four triple bedrooms and two four bedded rooms. All but one single bedroom had en-suite facilities. On the walk around of the centre the inspector observed that two residents, who previously had lived in single bedrooms had been relocated to shared bedrooms, however, there was not evidence that these residents had been consulted with in relation to this. A single bedroom was also observed to be retained for short stay residents, which did not give residents living in the centre an opportunity of single room accommodation, if that was their preference. These findings in relation to residents rights are actioned under regulation 9.

The centre was observed to be clean throughout and well maintained. The communal space available to the residents was unchanged since the last inspection and consisted of two sitting rooms, a dining room and a family room. The inspector saw that one of the sitting rooms, the smaller of the two, was not furnished appropriately for residents use. The inspector was informed on the last inspection of

this centre, nine months prior, that new furniture was awaiting delivery. This space was not in use on the day of this inspection. The inspector saw that residents had access to two external areas, one at the entrance to the centre and the other was a wrap around balcony off the large sitting room. This balcony overlooked the Castletownbere harbour where boats, fishing trawlers and the Bere Island ferry could be seen in the water throughout the day. However, the inspector observed that at no point of the day were residents facilitated to sit outside and there was no furniture available for residents to use in this area, which is actioned under regulation 17.

The inspector found that the majority of residents had limited opportunities for social engagement, throughout the day of this inspection. The inspector was informed that healthcare staff were responsible for implementing the activities plan in the centre, however, there was no assigned person and this happened on an ad-hoc basis. Residents were observed spending long periods of time with no social engagement throughout the day. The inspector saw that all residents, except for two were sat in a chair beside their bed after they got up in the morning, with a bed table placed in front of them. Some of these residents had a deck of cards or a magazine placed in front of them. A review of the activities schedule found that "bedside games" and "visitors" listed as activities for residents throughout the week. Four female residents were observed at 2:30 in the afternoon, partaking in flower arranging with a member of staff which they told inspector they really enjoyed and would be decorating the dining room tables with their work.

The inspector saw that there were some institutionalised regimes in the centre, which resulted in poor practices. For example, the inspector noted that many residents remained indoors all day, even though the weather was bright warm and sunny. Two residents told the inspector they would love to be sitting outside and would avail of any opportunity to go out, if staff had the time to bring them. One resident did tell the inspector that they had done some planting in a raised flower bed, the week prior to the inspection, which they really enjoyed.

Staff were observed throughout the day to be kind and courteous to residents. It was evident that staff knew residents well and all interactions were seen to be respectful. Residents told the inspector they enjoyed getting to know the staff and they were so caring and kind. The inspector had the opportunity to meet with one visitor who reported extreme satisfaction with the care their love one received.

The inspector spent time observing the lunch-time experience for residents. Food was freshly prepared and specific to residents individual nutritional requirements and residents had choice of three main courses. The inspector saw that staff were available to provide assistance and support to residents in the dining room and residents who choose to have their meals in their bedroom. Residents told the inspector they were happy with the quality of food and one resident stated how much they looked forward to going to the dining room as they had an opportunity to chat with the other ladies. The inspector saw snacks and drinks offered to residents throughout the day and after dinner a dessert trolley was prepared and residents were served a choice of three desserts in their room or in the dining room.

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

Capacity and capability

This was a risk inspection carried out over one day to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that residents were in receipt of a high standard of health care by staff that were responsive to their needs in Castletownbere Community Hospital. However, significant action was required pertaining to the promotion of residents rights and the allocation of resources, which was directly impacting on residents quality of life.

The registered provider of this centre is the Health Service Executive (HSE). The internal governance structure had not changed since the previous inspection of this centre. From a clinical perspective care is directed by a suitably qualified person in charge. They are supported in their role by a clinical nurse manager, who deputises in their absence. There were systems in place to ensure appropriate communication between the management team and staff. Regular team meeting were scheduled and documented. The management team were also supported by a general manager who was available to the centre to provide governance support.

There were effective lines of communication within the service, as evidenced by the records of quality and governance meetings taking place between the management of the centre and the provider's senior management team. 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. The centre also had the support of an infection control specialist, human resources and practice development.

There were adequate staffing levels for the size and layout of the centre to meet the assessed health care need of residents. The person in charge and the clinical nurse manager supervised care delivery and were supernumerary when on duty Monday to Friday. There was a minimum of two registered nurses on duty on every 12 hour shift. However, the management and allocation of staff to the centres social programme was inadequate. This was a repeat finding of previous inspections and is actioned under regulation 23.

There were systems in place to monitor the ongoing quality and safety of the care delivered to residents via a regular schedule of audits, which were summarised and presented monthly for staff. Staff partook in a safety pause daily to discuss the residents care requirements and areas that required attention. Incident recording and investigation processes included an assessment, with evidence of learning and

revised practice taking place. Incidents were reported in line with regulatory requirements.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and all but one contained the requirements of schedule 2 of the regulations, which is actioned under regulation 24. The management team assured the inspector that all staff had appropriate Garda vetting and they did not commence employment without this in place.

The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspector. The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff. Although contracts of care for residents admitted for short stays in the centre had been reviewed and revised following the previous inspection, this inspection found that some residents contracts did not clearly outline the room they were to occupy, as detailed under regulation 24.

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The number of staff employed by the provider was appropriate having regard to the needs of residents assessed in accordance to regulation 5, however, the allocation of these resources, in particular the division of duties, was not appropriate as actioned under regulation 23 and 9 and discussed throughout this report.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated since the previous inspection and now contained all information as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

One staff file did not contain a reference from the employees most recent employer, which is a regulatory requirement.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required action and strengthening as per the findings of this inspection. Although there were sufficient staff resources, to provide health and social care to residents, this inspection found that staff resources were not allocated and monitored appropriately within the centre which resulted in poor outcomes for residents. As per previous inspections the registered provider had not ensured that there were sufficient resources allocated to the social stimulation of residents, which was impacting negatively on residents quality of life. This was a repeat finding on inspections of January 2020, November 2021 and August 2022 and the provider had not addressed this repeat finding.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of four contracts of care were reviewed. Two did not contain accurate information with regards to the room the resident occupied.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incident log indicated that notifications required to be submitted to the Chief Inspector were submitted in accordance with recommended time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years, as required and were available to staff.

Judgment: Compliant

Quality and safety

Overall, the quality of health care provided to residents was found to be good, and residents spoke positively about the care they received. However, significant action was required to ensure residents rights were promoted in the centre. Some actions were also found to be required with regards to the premises, care planning, communication difficulties and in the management of restraint, which are outlined under the relevant regulations.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. The inspector reviewed a sample of care records for residents, with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were found to be updated four monthly or more frequently, when there were any changes to the residents care or condition, which is a regulatory requirement. However, some improvements were found to be required to ensure information in all care plans was accurate and could direct care delivery, which is further detailed under regulation 5.

Improvements were noted in fire safety since the previous inspection. The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly. Regular fire drills were taking place in the centre.

Residents were provided with a choice at their mealtimes and received meals, snacks and refreshments at reasonable times and in line with their dietary needs, as detailed in their individual care plan. Staff demonstrated and appropriate awareness of each residents nutritional needs and there were sufficient staff available at mealtimes to assist residents with their meals. Improvements were noted on in the dining experience for residents since the previous inspection, which residents spoke positively about.

There had been a significant reduction in the number of bedrails in use, since the previous inspection (85%) to the day of inspection (39%), however, further action is required to reduce this further. Where bedrails were in use they were being monitored appropriately. Access to the outside for residents and the practice of positioning residents beside their beds in the morning, was also found to be restrictive, which is actioned under regulation 7.

Regulation 10: Communication difficulties

The inspector saw that one resident who required enhanced communication systems had these provided. However, this communication device was not brought with the resident when they sat in the dining room or returned to their room, therefore, this may inhibit them to communicate freely.

Judgment: Substantially compliant

Regulation 17: Premises

Action was required to ensure compliance with regulation 17, in particular:

- residents did not have access to furniture in the outdoor secure balcony, therefore, residents could not make use of this area.
- the second sitting area for residents was not appropriately furnished and therefore, was not suitable for residents use.
- residents toiletries were routinely stored on top of their lockers, which limited space if residents chose to use that area for other personal belongings.
- the ventilation and temperature control system in the clinical room was not operating effectively on some days. This did not ensure that the temperature is maintained at recommended guidelines.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were appropriately assessed with regard to their risk of malnutrition and systems were in place for monitoring of residents nutritional and weight status. Staff were aware of the appropriate referral pathways to ensure residents had access to specialist services such as dietitian and speech and language services. Residents dietary needs were recorded in their care plans and detailed the dietary

requirements of residents such as those who required modified consistency diets or diabetic diets.

Judgment: Compliant

Regulation 20: Information for residents

A comprehensive residents guide was available for residents and it contained all information, as required by the regulations.

Judgment: Compliant

Regulation 27: Infection control

Staff were observed adhering to infection control best practice guidelines. The centre was observed to be clean and well maintained. There were effective infection control procedures in place, which included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures and training for staff. There was good oversight by management of the infection prevention and control arrangements in the centre, to ensure they were being adhered to. There were two members of staff allocated to cleaning on the afternoon of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire evacuation drills were carried out of the largest compartments in the centre, with minimum staffing levels, regularly in the centre. Emergency exits were free of obstruction and clear and directional signage was available at various locations throughout the building. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of residents care plans found that in some instances they did not contain the necessary information to guide the safe and effective deliver of care to residents. For example:

- there was not a robust enough system for assessing residents. Therefore, the inspector was not assured that care plans were based on an accurate comprehensive assessment and gave an accurate reflection of the residents medical status.
- a resident requiring support and intervention with regards their breathing and circulation did not have this accurately recorded in their care plan.
- a resident requiring frequent weights did not have this information included in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site to provide assessments and treatment to residents one day a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that there was restrictive access to the outdoor secure space, via a keypad lock. Residents were not provided with the code for this door. Therefore, residents could not choose to use this area independently and had to ask for assistance of staff. This was also a finding on the previous inspection and it had not been addressed. The practice of residents being situated in their bedroom until lunchtime was also found to be restrictive. From discussions with staff the inspector was not assured that there was sufficient knowledge with regards to what constitutes a restraint, as per national policy.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre. All interactions by staff with residents on the day of the inspection were seen to be respectful. An advocates contact details were on prominent display in the centre. The centre was pension agent for one resident and adequate arrangements were in place for the management of residents' finances. However, this resident was not provided with a statement of their account, which is actioned under regulation 9, residents rights. There were systems in place to safeguard residents monies and goods handed in for safekeeping, which the inspector reviewed with the administrator.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured that residents rights were being promoted in the centre, evidenced by:

- the provision of social stimulation for residents was inadequate which resulted in residents spending the majority of the day with little or nothing to occupy them.
- there had been an incidence of relocation of a resident from a single room to a multi-occupancy rooms to facilitate staff supervision. There was not evidence of consultation with this resident in relation to this in their nursing documentation or from discussion with the resident, which did not facilitate the residents right to choice.
- there was a practice in the centre of allocating some single bedrooms to respite (short stay) residents. This did not promote the rights or preferences of long stay residents to live in single bedrooms.
- consultation with residents required to be enhanced. This was evidenced by lack of feedback obtained at residents meetings and lack of compliance with the centres resident monthly satisfaction survey, which was not taking place, as per the centres audit schedule.
- the location of some televisions in bedrooms was observed to be at ceiling level, therefore, they were difficult for residents to see.
- a resident for whom the provider acted as a pension agent for did not receive a statement of the balance of their account so did not have up to date knowledge of their finances and did not have access to advocacy to assist in this process.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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	Not compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0040049

Date of inspection: 01/06/2023

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
<p>Outline how you are going to come into compliance with Regulation 21: Records: All our staff records now contain a reference from the employees' most recent manager in accordance with the regulator requirement. [Achieved 1/06/2023]</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To comply with Regulation 23: The Management team have ensured staff resources are now allocated to provide health and social care to residents to improve their quality of life. Activities will begin at 11am each day to enhance resident's social stimulation. Resident forum meetings will be undertaken to gain a greater insight to the residents wishes therefore improving outcomes & positively impact the residents quality of life [Achieved 28/07/2023]</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 To compile with Regulation 24:

The Management Team have updated all contracts to ensure accurate information entered regarding the provision of services. A continuous review will be undertaken by nursing management to check they are updated as required. [Achieved 21/07/2023]

Regulation 10: Communication difficulties	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

The Management team have raised awareness with team members regarding the importance of communication aids accompanying residents outside of their room in accordance with individual needs and that same is outlined in the residents care plan.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To be compliant with Regulation 17 :

The Management team have ensured residents have furniture in the outdoor secure balcony & await delivery of same. [Date achieved 23/07/2023]

Resident's toiletries are being placed in resident's locker compartments freeing up space on the top of the locker for residents personal belongings. Staff nurses will check their areas daily to ensure compliance.[Date achieved 23/06/2023]

Estates manager has been contacted to fix the ventilation and temperature control system in the clinician room to ensure the temperature is maintained at recommended guidelines. Expected date [Expected date of completion 14/07/2023]

The Management team will ensure the second sitting area will be appropriately furnished and suitable for resident use. Equipment is being sourced and ordered [Expected date of completion 25/07/2023]

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: To be compliant with regulation 5 :</p> <p>A review of all nursing care plans has commenced to ensure each residents care plan is formulated from an accurate comprehensive nursing assessment and accurately reflects the residents medical status [Expected date of completion 30/06/2023] The nurses read and go through their assigned residents care plans to make sure all the necessary info and assessments are in place. All clinical documentation audits are undertaken via an automated clinical audit system and the results are actioned as required and shared with the nursing staff · The care plans of the resident requiring support and intervention with regards to their breathing and circulation has been updated [Date completed: 20/06/2023] The care plan of the resident requiring frequent weights has been updated [Date achieved 20/06/2023]</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: To comply with Regulation 7:</p> <p>Nursing management have sourced signage to provide residents with the keypad lock to the outdoor secure space so that residents can access same independently The door is open from 0700 to 1900 daily [Date of Completion 20/06/2023]</p> <p>Nursing management have commenced a series of WCCAT observations to support a practice change following morning care delivery to ensure residents are not situated in their bedrooms until lunchtime and have the opportunity to socialize, use the secure outdoor space, participate/in or observe activities in accordance with their individual preferences. This will assist in identifying where and how morning routines can be altered to facilitate residents being mobilized or transferred to the dayroom etc.[Date of expected completion 11/07/2023]</p> <p>Nursing Management have commenced a series of team talks with team members to raise awareness with regards to what constitutes a restraint as per national policy [Date of Expected Completion 30/06/2023]</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To comply with Regulation 9:</p> <p>The Management team have ensured the provision of social stimulation is adequate by having a staff member that concentrate on activities from 11am every day. [Date completed 22/06/2023]</p> <p>Nursing Management will ensure that single rooms are prioritized for long stay residents. Going forward no resident will be relocated without their agreement and all discussions in relation to same will be undertaken in collaboration and consultation with the resident and recorded in the resident's healthcare record.</p> <p>The resident satisfaction survey will be done monthly on VI- clarity. [Date completed 26/06/2023 and ongoing]</p> <p>The Centre will ensure residents now have access to their bank statements. [Expected date of completion 30/06/2023]</p> <p>The management team has sent a referral to SAGE to seek advocacy support for Residents in relation to decisions on how they use their finances. [Date completed 22/06/2023]</p> <p>The management will discuss television location in rooms, this is currently under review to identify a more suitable angle to ensure ease of access. This is in consultation with the residents. Estates have been contacted to adjust to appropriate heights [Expected date of completion 30/07/2023]</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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	01/06/2023
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	25/07/2023

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	01/06/2023
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.	Not Compliant	Orange	28/07/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	21/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	30/06/2023

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	11/07/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	11/07/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/07/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Not Compliant	Orange	30/07/2023

	such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/07/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/07/2023