



**Health  
Information  
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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:	Birr Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Sandymount, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0000522
Fieldwork ID:	MON-0040404

## About the designated centre

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

Birr community Nursing Unit is a single-storey facility located in a quiet residential area, within walking distance of Birr town centre. The centre can accommodate 74 residents over the age of 18 years, both male and female for long term and respite care. Two beds are also dedicated to rehabilitation care. Accommodation is set out in three suites, Laurel, Sandymount and Camcor with communal dining and sitting rooms in each suite. Bedroom accommodation for residents is provided in 15 bedrooms with three beds, eight twin bedrooms and 13 single bedrooms. Twenty six bedrooms have en suite toilet, wash basin and shower facilities and 10 bedrooms have toilet and wash basin facilities only. A palliative care suite is available in the centre. Services provided include 24 hour nursing care of residents with the following needs; general care, mental health, palliative care and dementia. A medical officer and health and social care professionals are provided as part of the service to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	67
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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 12 July 2023	08:30hrs to 17:30hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in Birr Community Nursing Unit told the inspector that this was a comfortable and safe place to live. Residents were complimentary in their feedback about the care they received and gave examples of how staff ensured that they were supported to maintain their independence while providing them with care and support that was described as 'kind and respectful'.

The inspector was met by a clinical nurse manager on arrival at the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre and met with residents and staff. The inspector met with the majority of residents during the walk around the centre and spoke with ten residents in more detail about their experience of living in the centre.

There was a calm, relaxed, and welcoming atmosphere in the centre. Residents were seen walking through corridors and stopping along their walk to sit and look out at the enclosed garden. Some residents were observed in the communal dayrooms engaging with staff who provided light entertainment, supervision of residents, and refreshments. Other residents chose to sit near the nurse's station to enjoy the view of the enclosed garden. Staff were observed providing care to residents in an unhurried manner. The inspector saw that staff spent time engaging with residents, and polite conversation was overheard throughout the morning while staff assisted residents with their care needs. Call bells were answered promptly by staff.

Residents complimented the attentiveness and kindness of staff, the activities programme that helped them to socialise and form new friendships, and the quality of the food they received. Residents told the inspector that there was always 'something enjoyable to do' and discussed how they liked to help maintain the garden area, and looked forward to planting the new raised flower beds. Residents told the inspector that staff never made them 'feel like anything was too much trouble'. One resident told the inspector that on the first day they came to live in the centre, they were 'met with a smile', and this made them feel relaxed and 'easier to settle in to a new home'. Some residents were supported to go on outings with their relatives and friends, and staff would always ensure they had everything they needed before going out.

The provider had continued to improve the quality of the premises through a schedule of maintenance and redecoration. This included repairs to previously damaged floor coverings, and redecoration of corridors and bedrooms. The premises was warm, bright, spacious and visibly clean. The centre was laid out over one floor and provided accommodation to 74 residents, in three separate units. Residents accommodation was comprised of predominantly shared bedrooms. Each bedroom had en-suite and shower facilities. Screens to protect privacy were in place in shared bedrooms. Communal areas on each unit were decorated in a personalised manner, with suitable furnishing for residents, and large televisions. Residents were observed

to be relaxed in a variety of communal area such as the dayrooms, dining room, and alcoves located along corridors.

The inspector observed a number of doors that did not close fully to create a seal. This may compromise the function of the doors to contain the spread of smoke and fire in the event of a fire emergency.

Residents were encouraged to personalise their bedrooms with personal items of significance. Bedrooms were seen to be clean, well maintained and contained comfortable furnishings for residents. There was adequate storage for personal belongings and clothing.

An on-site laundry service facilitated the daily laundering of residents personal clothing, and cloths were returned to residents bedroom in the evening time. The laundry area was visibly clean and there was a system in place to reduce the risk of cross infection in the laundry area. Residents reported their satisfaction with the laundry service and reported that staff were careful and respectful of their personal clothing and belongings.

The centres management consulted with residents on a daily basis, and through formal, scheduled, residents meetings. Residents were familiar with the management team within the centre, and with whom they could raise their concerns or complaints with.

Residents were engaged in activities throughout the day. Residents were observed enjoying time with staff in the morning. In the afternoon, staff provided a variety of activities for residents in addition to walks around the garden.

Visitors were observed attending the centre throughout the day. The inspector spoke with a small number of visitors who expressed their satisfaction with the quality of care provided. Visitors commented that they could visit their relatives without the need to make an appointment, and they could bring residents on days out without restriction.

The following section of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection carried out over one day by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- review the providers application to renew the registration of the centre.

- follow up on the actions taken by the provider to address issues identified on the last inspection of the centre in August 2022.

The findings of this inspection were that the provider had taken action to ensure the premises was appropriately maintained to meet the needs of the residents, while also supporting effective infection prevention and control measures in the centre. While the provider had taken action to address some of the fire containment issues identified on the previous inspection, further action was required to ensure residents were protected from the risk of fire, and that the risk management systems were effectively implemented to identify, and manage fire risks in the centre. Action was also required to ensure that restrictive practices were appropriately monitored, and that resident's care plans reflected their assessed care needs.

The Health Service Executive (HSE) is the registered provider of Birr Community Nursing Unit. There was an established and clearly defined organisational structure in place that identified clear lines of authority and accountability. The organisational structure comprised of a general manager, a manager for older persons services, and a person in charge. Within the centre, the person in charge was supported clinically and administratively by an assistant director of nursing. The nurse management team provided effective oversight and support to a team of nursing, health care and support staff on each of the three units.

The provider had management systems in place to ensure the quality of the service provided to residents was effectively monitored. Key clinical indicators of the quality of resident care were collected and reviewed by the person in charge on a weekly and monthly basis and included information in relation to falls, weight loss, nutrition, complaints, restrictive practices, and other significant events. A range of clinical and operational audits had been completed which reviewed various aspects of the service that included the quality of clinical documentation, environmental hygiene, and falls. However, some audit tools were not effective in supporting the management team to identify risks. For example, audits of falls had not identified that falls were not consistently managed in line with the centre's own policy in terms of the assessment and monitoring of residents following fall. Therefore a corresponding quality improvement plan could not be developed.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed. While potential fire risks were identified and managed through the risk management systems during fire safety works, the controls and measures in place to protect residents from the risk of fire were not subject to review as new risks were identified or resolved in the centre. For example, known risks such as those associated with fire containment risks in the catering department had not been updated to reflect the works completed, and the works outstanding which meant that the actions in place to reduce or control the risk were outdated.

Record management systems were effectively implemented to ensure that all records required by Schedule 2, 3 and 4 of the regulations were well maintained, securely stored, and retrievable for inspection.

The staffing levels were appropriate for the size and layout of the building, and to meet the assessed needs of the residents. There was adequate nursing staff on duty supported by a team of health care staff. A review of the rosters found that there were adequate staffing in place to support housekeeping, catering, and social care activities.

A review of staff training records evidenced that all staff had completed training to support the provision of safe care to the residents. This included fire safety, safeguarding of vulnerable people, nutrition and dysphagia, and manual handling techniques. Effective supervision of the care provided to residents was observed through the clinical nurse management team who provided support and guidance to staff. Arrangements were in place to appraise each staff member's performance on an annual basis, and systems were in place to ensure staff were provided with opportunities to enhance their skills.

### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing complement included laundry, catering, housekeeping, and administration staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

### Regulation 21: Records



Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspector reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- The systems to evaluate and improve the quality and safety of the service required further action. Some of the clinical audits reviewed did not identify risks to residents or support the provider to identify areas for quality improvement. For example, auditing had failed to identify that restrictive practices, and falls were not consistently managed in line with the centre's own policy and procedure. Therefore, a corresponding quality improvement plan could not be developed to drive quality improvement in those areas.
- Risk management systems were not effectively implemented to ensure risks were identified and reviewed. While a risk assessment specific to fire safety had been reviewed in June 2023, the detail of the risk assessment had not been updated to reflect the actual outstanding fire safety works in the centre, or the controls in place to minimise and manage the risk associated with fire containment in the kitchen and dining room area.

Judgment: Substantially compliant

### Quality and safety

Residents received a satisfactory standard of safe and effective evidenced-based care. Residents reported feeling safe and comfortable living in the centre, and expressed their satisfaction with the quality of health and social care they received. The provider had taken action to improve the quality and maintenance of the premises, and the facilities to support effective infection prevention and control measures. While the provider was progressing to address fire safety issues in the centre, further action was required to ensure residents were protected from the risk

of fire through appropriate fire containment measures. Additionally, action was required to ensure resident's care plans accurately reflected their current care needs, and to ensure that restrictive practices were appropriately assessed, and continuously reviewed.

A sample of assessments and care plans were reviewed. While there was evidence that the residents' needs were being assessed using validated tools and that staff were aware of resident's individual care needs, the care plans reviewed did not reflect person-centred, evidence-based guidance on the current care needs of the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Residents were also provided with access to other health care professionals for specialist advice. The recommendations made by the allied health care professionals were incorporated in the residents care plan, and implemented.

The inspector found that residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received respectful and non-restrictive care that supported their physical, psychological, and social care needs. However, monitoring charts were not always maintained to identify precipitating events causing or triggering residents responsive behaviours. Consequently, there were missed opportunities to identify and remove factors which may contribute to responsive behaviours occurring. Additionally, the risk assessments designed to underpin the clinical rationale for implementing restrictive practices such as bedrails were not consistently completed. This meant that potential risks were not identified, and alternatives to restrictive practices were not always trialled in line with the centre's own policy.

There were arrangements in place to ensure the fire detection and emergency lighting systems were serviced and maintained at regular intervals. Staff demonstrated an appropriate awareness of the fire safety procedures, and of residents personal emergency evacuation plans to support the timely evacuation of residents in the event of a fire emergency. The provider had taken a proactive approach to fire safety management and had a risk assessment completed in July 2022. The assessment had identified the requirement for significant works to be completed to bring the centre into regulatory compliance. The provider had progressed to complete a number of actions that included repair and replacement of a number of impaired fire doors, and remedial works to self closure devices fitted to fire doors. The evacuation strategy was based on progressive horizontal evacuation. However, there was uncertainty among the management and staff in relation to the effective compartment boundaries above ceiling level in each of the three units. Assurances were received following the inspection with regard to fire containment measures in the attic spaces, and that those areas would be subject to further review by the provider. However, further action was required with regard to effective fire containment measures. For example, the findings of the risk assessment in relation to fire containment works in the attic spaces, and associated

fire compartments in one section of the building were yet to be completed, and this continued to pose a risk to residents living in the centre. This is discussed further under Regulation 28, Fire precautions.

The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The centre was visibly clean on inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained. Equipment to support effective decontamination of equipment was serviced at regular intervals, and staff demonstrated an appropriate awareness of the centres policies and supporting procedures that underpinned the provision of a safe service that protected residents from the risk of infection. Housekeeping staff provided a demonstration of the cleaning procedure and system that was observed to conform to best practice guidelines.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings evidenced that residents feedback, with regard to the quality of the service, was used to improve the service. There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had access to television, radio, newspapers, and books. Internet and telephones for private usage were also readily available.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

### Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

### Regulation 27: Infection control

There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority.

The provider had a nominated infection prevention and control link practitioner who increased awareness of infection prevention and control in the centre, and anti-microbial stewardship issues locally. Staff were appropriately training in infection prevention and control practices and procedures.

The environment and equipment was appropriately managed to minimise the risk of transmitting a health care-associated infection. There were appropriate facilities in place to support effective infection prevention and control. Procedures were in place for the cleaning and decontamination of the physical environment and residents equipment. Cleaning procedures were in line with recommended guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for containing fire in the designated centre required further action. This was evidenced by;

- The automatic door closure device on a number of fire doors did not close the door effectively to ensure the containment of smoke and fire in the event of an emergency.
- Fire containment works had not yet commenced in the attic spaces where services such as pipes were penetrating the ceiling and compartment boundaries, resulting in gaps. This compromised effective fire containment measures in those areas. The date for completion will be provided in the compliance plan response.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Care plans were not guided by a comprehensive assessment of the residents care needs. For example, a resident assessed as being at high risk of falls was not identified as such within their care plan. Consequently, the care plan

did not reflect the residents increased risk of falls or the interventions necessary to support the resident.

- Some residents who were assessed as requiring specific care interventions to manage their responsive behaviours did not have a care plan in place to guide the appropriate care of the residents.
- Care plans were not reviewed or updated when a resident's assessed care needs and condition changed. For example, a care plan to support a resident's increased nutritional care needs, and the interventions in place to monitor and support the resident, was not in place. Consequently, the resident did not have a nutritional care plan developed to guide appropriate care of the resident.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Action was required to ensure that restrictive practices were implemented in accordance with national policy. For example;

- Two residents did not have an appropriate assessment of their needs or risk completed prior to initiating the use of bed rails. Records did not indicate if safe alternatives to bedrails had been trialled or if consent had been obtained.
- Three assessments of risk in relation to the use of bedrails did not evidence that alternative and less restrictive measures were considered prior to physical restraints being implemented.
- The arrangements in place to monitor the behavioural support needs of residents were not consistently implemented. Monitoring charts to support

the management of residents who experienced responsive behaviours were incomplete. This impacted on identification of behavioural triggers to support the resident to manage their responsive behaviours.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities. Residents detailed the past activity events that had occurred in the centre and contributed to the development of the activity schedule to ensure activities met their interests.

Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff about the quality of the food, and the activities schedule. Residents were provided with access to religious services in 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	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	Compliant

# Compliance Plan for Birr Community Nursing Unit OSV-0000522

Inspection ID: MON-0040404

Date of inspection: 12/07/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge is conducting a review of auditing systems currently in place to ensure that audits identify risk to residents and support the provider with quality improvements initiative within the service. Quality improvement plans will be developed for each audit completed to ensure corrective action is implemented from audits undertaken with a specific focus on falls and restrictive practices initially.</p> <p>The Fire Risk Assessment has been updated and reflects current outstanding fire safety works with existing controls identified.</p> <p>The tendering contract for outstanding fire safety containment works works is being processed. The automatic door closer devices on all doors have been adjusted to ensure they are functioning correctly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The provider is actively engaging with Estates and Maintenance in relation to outstanding fire containment works.</p> <p>The automatic door closer devices on all doors have been adjusted to ensure they are functioning correctly.</p> <p>Outstanding fire containment works in the attic spaces is being progressed. A tender process has been completed to secure a fire safety contractor to undertake the infrastructural works for fire containment.</p>	

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:</p> <p>The person in charge together with the nursing team is currently completing a review of all the care plans to ensure that care plans are guided by comprehensive assessments of the residents' care needs and all relevant care interventions are identified in the care plans.</p> <p>The clinical practice facilitator will support the nurse management team in reviewing clinical risk assessments, developing care plans and reviews and updating of care plans</p> <p>The person in charge together with the nurse managers continues to remind nurses of the importance of updating individual care plans when individual care needs change, in a timely manner.</p> <p>A review of the schedule for the auditing of care plans has been completed with the frequency of same increased.</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>The person in charge together with the nursing team is currently completing a review of all the care plans to ensure that care plans are guided by comprehensive assessments of the residents' care needs and all relevant care interventions are identified in the care plans, to include all restrictive practices.</p> <p>The person in charge will ensure that national policy is implemented and there is documented evidence to indicate that safe alternatives to physical restraints have been trialed before physical restraints have been implemented.</p> <p>The person in charge will ensure that residents' consent in relation to restrictive practices will be documented in individual care plans as relevant.</p> <p>The person in charge together with the nurse managers is actively supporting nursing staff with the completion of monitoring charts required for residents experiencing responsive behaviours to ensure these are completed in full to allow identification of antecedent behaviours so that this information can be used to support staff to manage individual behaviors appropriately.</p> <p>All staff are facilitated to attend onsite mandatory CPI training. Onsite Restrictive practice</p>	

training has been facilitated by Practice Development.

Staff have been facilitated to attend the HIQA Restrictive Practice webinars. Nurse managers will continue to complete restrictive practice audits with action plans completed and findings used to support ongoing service improvement in relation to restrictive practice in Birr CNU.

## 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 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	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a	Substantially Compliant	Yellow	31/10/2023

	resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2023
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	31/10/2023