



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Arann Welfare Home & Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Avondale Crescent, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0000674
Fieldwork ID:	MON-0032687

About the designated centre

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

Cluain Arann Residential and Community Nursing Unit is owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centre is comprised of two units, a community nursing unit (10 beds) and a residential unit (20 beds). The community nursing unit has of two four bedded rooms and two single rooms with all bedrooms en-suite. The community nursing unit provides care for three categories of residents: • Palliative Care (two beds). • Respite/short term care (three beds). • Convalescent care (five beds). The residential unit accommodates 20 residents who it describes are independent and self-caring. The residential unit provides private accommodation in 18 single rooms and a twin bedroom. The twin room has an ensuite toilet and wash hand basin and one of the single rooms has full en-suite facilities with a shower. There is plenty of communal space including a large day room and separate dining room. Other communal accommodation includes a family room, an activities room, an oratory and a small library. The centre also has a smoking shelter. The community nursing unit has a separate day room, a nurse's station and a treatment room. Residents can access the grounds to the front and side of the premises and there are two enclosed gardens, one being a remembrance garden with seating and attractive flowers and shrubbery. The centre operates on a minimum of two nurses during the day and one at night who were supported by multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
------------------------------------------------	----

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 4 January 2024	10:00hrs to 17:40hrs	Aisling Coffey	Lead
Thursday 4 January 2024	10:00hrs to 17:40hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they liked living in the centre. The residents spoken to were highly complimentary of the staff and the care they received. One resident described the care as "never better" and informed the inspectors that you "want for nothing" in the centre. Staff were knowledgeable of the residents' needs and striving to provide good quality care. Inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by staff and management.

Inspectors arrived at the centre in the morning to conduct an unannounced inspection. Inspectors met with the nurse in charge. Inspectors were told that the person in charge was on leave for the day. The person in charge later attended the centre and joined the meeting. Following this introductory meeting, the person in charge guided inspectors on a tour of the centre. During the day, the inspectors spoke with several residents and their families to gain an insight into their lives in Cluain Arann Welfare Home & Community Nursing Unit. The inspectors also observed interactions between staff and residents and reviewed documentation.

Staff wore surgical face masks throughout the centre, although there was no active infectious disease outbreak. The person in charge informed inspectors that this was a temporary preventative measure to protect residents from COVID-19 as a number of staff members were off duty due to community acquired infection.

Cluain Arann Welfare Home & Community Nursing Unit is a single-storey building at the back of a residential housing estate within Tipperary Town. Given its proximity to the town, the centre is close to shops, restaurants, public transport services, and leisure facilities. The centre provides services in a 20-bed residential unit and a 10-bed community nursing unit. The residential unit is registered to offer long-term residential care to residents with low dependency care needs, while the community nursing unit is registered to offer respite, convalescence and palliative care services. While the centre is registered to accommodate 30 residents in total, there were 20 residents on inspection day, 14 in the residential unit and six in the community nursing unit.

The main entrance to the designated centre was accessed through an open porch leading to a locked internal front door. Access to the centre is secured via fob access. Long-term residents had their fob and came and went from the centre throughout the day as they pleased. The centre is a single-storey premises with garden areas outside the centre and courtyard areas within. The centre's design and layout supported residents' free movement throughout, with wide corridors, sufficient handrails, and armchair seating within various communal areas. Residents had access to multiple communal areas including a dining room, a sitting room, a dayroom, an oratory, a residents' room and a family room. Although the inspection was in early January, inspectors noted the centre had been pleasantly decorated for Christmas. There was artwork within the centre and photographs of resident

activities displayed. There was a designated external area for residents who chose to smoke. Residents had unrestricted access to two internal courtyard areas containing limited garden furniture and raised flower beds. Although not in use on the day of inspection due to the cold weather, the person in charge outlined how these courtyards were used frequently in the finer weather and had hosted parties.

Bedroom accommodation in the residential unit comprised 18 single rooms and one twin room. 17 of the 18 single rooms had hand wash facilities, while one single room had en-suite shower facilities. The twin room had toilet and hand wash facilities. These bedrooms had a call bell access, a bedside locker, a lockable built-in wardrobe, seating and television facilities. Bedrooms were personalised with items of significance, such as photographs and cards. Bedroom accommodation within the community nursing unit comprised two four-bedded rooms and two single rooms, all with en-suite shower facilities. The inspectors saw that new lockers, wardrobes and televisions had been installed in most bedrooms since the previous inspection.

The inspectors observed that the registered provider has made changes to the footprint of the centre. There were two newly refurbished assisted toilets located where bedroom 1 and the communal toilets had been located; a new bedroom where a male changing room had been and the relocation of the male changing room to where a store room had been. While these changes improved the premises, providing greater privacy and dignity to residents, the registered provider had not applied to vary condition 1 of the registration to the Chief Inspector of Social Services. The centre also had two shared assisted showering facilities and an assisted bath. While the centre was generally clean throughout, some areas were experiencing wear and tear, requiring redecoration and repair. At the same time, some resident furniture was also in poor condition, with armchair and couch coverings peeling. These findings will be discussed further within the report under Regulation 17.

The centre had a dining room, and inspectors observed a sociable and relaxed lunchtime experience commencing at noon. Meals appeared nutritious and appetising. A choice of main course was being offered, and ample drinks were available for residents at both mealtimes and throughout the day. Fresh drinking water and cups were available in the residents' sitting room. Residents commented positively about the quality and variety of food, which was also reflected in resident questionnaires conducted in March and October 2023. Inspectors queried the early timing of the main meal, as residents were observed eating dessert at 12:15 and finishing their meal at 12:20. There was no evidence that residents had been offered a choice of having their main meal at a later, more conventional time, and this will be discussed further under Regulation 9: Residents' rights. The centre facilitated an arrangement whereby residents could place daily orders with a local shop, and these items were delivered directly to the residents in the centre.

While the centre was generally clean throughout, some areas were experiencing wear and tear, requiring redecoration and repair. At the same time, some resident furniture was also in poor condition, with armchair and couch coverings peeling. These findings will be discussed further within the report under Regulation 17.

Discussions with residents confirmed they felt very happy and safe living in the centre. Residents spoke positively about the kind and helpful staff that cared for them. Family members who spoke with inspectors were pleased with the care received by their loved ones, as well as the kindness and respect shown to residents by staff and management. Inspectors observed staff being respectful, caring and attentive to residents' needs. While there was a relaxed and unhurried atmosphere in the centre, call bells and requests for assistance were responded to promptly and respectfully.

Residents were up and dressed in their preferred attire and appeared well cared for. Residents freely mobilised around the centre, watching television, reading the newspaper, using the oratory, and chatting with other residents and staff. Some residents left the centre for the day and returned later. Inspectors viewed the results of a recent pool tournament between residents and staff in the sitting room and heard how the residents enjoyed a game of darts. However, the sitting room was quiet on inspection day, with just one activity, chair-based exercises, taking place for 15 minutes. Inspectors were informed that due to staff illness, there was no dedicated staff member to undertake activities that day. Residents had access to telephones, newspapers, televisions, a computer, and Internet services. There were arrangements in place for residents to access advocacy services. Residents could receive visitors in the centre in communal areas, or the privacy of their bedrooms, and multiple visitors were observed during the day.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While several aspects of the supported good outcomes for residents, the management and oversight systems were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. Additionally, the registered provider, the Health Service Executive (HSE), was in breach of condition 1 of the designated centre's registration as they had not informed the Chief Inspector of changes to the footprint of the centre.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and to review the registered provider's compliance plan arising from the previous inspection. The inspection also informed the provider's application to renew registration. The provider had progressed with the compliance plan following the last inspection in November 2022, and improvements were found in relation to Regulation 21: Records, Regulation 27:

Infection control and Regulation 9: Residents' rights. However on this inspection, actions were required by the provider to address areas of Regulation 5: Individual assessment & care plan, Regulation 6: Healthcare, Regulation 7: Managing behaviour that is challenging, Regulation 9: Residents rights, Regulation 17: Premises, Regulation 20: Information for residents, Regulation 27: Infection control, Regulation 28: Fire precautions, Regulation 3: Statement of purpose, Regulation 4: Written policies and procedures, Regulation 15: Staffing, Regulation 23: Governance and management and Regulation 34: Complaints.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge worked full-time, five days per week, in the centre and reported to the manager of older persons' services. This manager of older persons' services attended onsite for the feedback meeting at the end of the inspection. The person in charge was supported by two clinical nurse managers, staff nurses, multi-task attendants, catering and clerical staff. Multi-task attendants provided care and support to residents and undertook domestic duties, including cleaning and laundry. Deputising arrangements for the person in charge within the statement of purpose outline that if the person in charge is absent, the acting clinical nurse manager II will be in charge. On the inspection day, inspectors arrived to find these deputising arrangements were not being adhered to. The enhanced nurse was the acting person in charge, in addition to providing nursing care within the centre. A review of the rosters found that the deputising arrangements had also not been adhered to on a further occasion in the previous fortnight.

On the day of inspection there were two nurses on duty, one in the residential unit and one in the community nursing unit. One nurse was working from 8:00am to 8:30pm, while the second nurse was working 8:00am to 4.30pm. There were three multi-task attendants on duty, one staff member working 8:00am to 8:30pm, another staff member working 8:00am to 4:30pm and a third staff member working 12:00pm to 8:30pm. There was also a chef on duty working 8:00am to 5:00pm and a catering assistant working 8:00am to 5:00pm.

Systems of communication were in place between the senior management in the centre and the manager of older persons' services within HSE Community Healthcare Organisation (CHO) Area 5, including management meetings attended by managers of services for older persons in the area and chaired by the manager of older persons' services. At these meetings, matters such as incident and risk management, infection prevention and control, health and safety, staff training, restrictive practice and quality improvement were discussed. Within the centre, the person in charge held staff meetings involving ward-based staff and nurse management professionals. These meetings discussed aspects of quality service delivery, including staffing, mandatory training and infection prevention and control. The centre had good systems for dealing with safeguarding concerns, as evidenced by a review of a recent concern. Additionally, the centre had systems for incident records and notified the Chief Inspector of relevant prescribed incidents.

While there were systems in place to monitor the quality and safety of care delivered to residents through an audit schedule covering areas such as physical restraint, falls, sharps and hygiene, the auditing system needed to be more effective in identifying deficits and risks in the service. As the majority of audits conducted within the centre scored highly, there was often no quality improvement action plan. Disparities between the high levels of compliance reported in the centre's audits did not reflect the inspectors' findings. This will be discussed further under Regulation 23: Governance and management, Regulation 7: Managing behaviour that is challenging, Regulation 27: Infection control and Regulation 28: Fire precautions. Similarly, while the registered provider collected data on incidents, this data needed to be analysed to establish trends and promote quality improvement in the service. An annual review of the quality and safety of care delivered to residents for 2023 was in draft, however, it was not prepared in line with regulation 23(d).

The registered provider had insurance in place to cover injury to residents. There was a directory of residents living in the centre. Nursing and healthcare records pertaining to residents were stored securely in the nurse's station. While no volunteers were working within the centre, the person in charge was knowledgeable about the regulatory requirements surrounding the management of volunteers within the designated centre.

The provider displayed the complaints procedure in the hall upon arrival to the centre. There were also leaflets on the HSE's complaints process and a letterbox available for suggestions to be submitted. Advertisements for advocacy services to support residents in making a complaint were displayed in the centre. The provider had records of how complaints had been managed in the centre. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were also knowledgeable about the centre's complaints procedure. Even with the good practice above, some improvements were required to comply fully with the regulation discussed under Regulation 34.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

Similar to the previous inspection, discrepancies were identified with the staffing levels and practices in the centre and what was contained in the statement of purpose, for example:

- The statement of purpose refers to a nurse being allocated to the residential unit daily as well as nursing resources being allocated to the community nursing unit. From talking to the person in charge and reviewing rosters, the inspector noted that there was usually a minimum of two nurses on duty, with one also overseeing the residential unit and the other overseeing the community nursing unit. On inspection day there were two nurses on duty, one allocated to the residential unit and the other to the community nursing unit. However, the rosters showed that, on occasion, due to staff shortages, only one nurse was assigned to cover both units, contrary to the statement of purpose. The roster confirmed that this was related to staff absence due to illness.
- The centre's statement of purpose outlines a clear segregation of the multi-task attendant role, with one attendant assigned to cleaning and others to direct care on a given day. On the inspection day, the person in charge confirmed that all multi-task attendants performed cleaning and caring duties on the same day.
- Limited activities occurred on the inspection day, which will be discussed under Regulation 9. The person in charge informed inspectors that this was due to a shortage of multi-task attendant staffing levels. Three staff were on duty in the centre on inspection day, when there would typically be four.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents living in the centre, which included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Nursing and healthcare records pertaining to residents were stored securely in the nurse's station.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had insurance in place which covered injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not sufficiently robust.

- The centre's deputising arrangements for the person in charge were not being adhered to on inspection day and on a second occasion in the previous fortnight.
- The annual review of the quality and safety of care did not adequately assess if the care delivered was in accordance with relevant standards, nor was there evidence that the report was prepared in consultation with residents and their families.
- The registered provider had breached Condition 1 of the designated centre's registration by changing the footprint of the designated centre without seeking the agreement in advance with the Chief Inspector of Social Services.
- Improvements were required regarding how the registered provider was taking adequate precautions to ensure that residents were protected from the risk of fire, and how fire precautions being adequately reviewed. This will be discussed further under Regulation 28: Fire precautions.
- Inspectors found that some practices did not fully contribute to a person-centred service and, as such, impacted the human rights of the residents. This is discussed under Regulation 9: Residents' rights.
- The process for the review and management of residents' individual assessments and care plans required further oversight. This is discussed further under Regulation 6: Healthcare

The systems for auditing needed to be more effective in identifying deficits and risks in the service. As the majority of audits conducted within the centre scored highly, there was often no quality improvement action plan. Disparities between the high levels of compliance reported in the centre's audits did not reflect the inspectors' findings. This is evidenced by:

- Improvements were required in the auditing process for restrictive practices. This matter will be discussed in more detail under Regulation 7: Managing behaviour that is challenging.
- Auditing processes for infection control also needed to be more robust to identify areas for improvement.

- Auditing and oversight of building maintenance required improvement as referenced under Regulation 17: Premises.

Judgment: Not compliant

Regulation 3: Statement of purpose

Some improvements were required to the Statement of Purpose to ensure that it complied with Schedule 1 of the regulations. For example, it did not contain:

- The three current conditions of registration
- The nursing and multi-task attendant staffing complement in whole-time equivalents
- An accurate description of the updated complaints regulation

Additionally, there was variation between the statement of purpose and the floor plans concerning the description of some of the rooms in the designated centre, including their size and primary function.

There was also variation between the residential unit's admission criteria within the statement of purpose and admission practices within the centre in a care plan reviewed and as described by the person in charge.

The multi-task attendant duties in the statement of purpose did not reflect day-to-day practice arrangements.

Judgment: Substantially compliant

Regulation 30: Volunteers

No persons were working on a voluntary basis with the designated centre. The person in charge understood the regulatory requirements if volunteers commenced attending the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

While the centre had a one-and-a-half-page complaints procedure aligned with the HSE national complaints policy, it needed to be reviewed and updated to align with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) (Amendment) Regulations 2023. For example, the centre's complaints policy had not referenced and named a review officer as required by the regulation and the policy referenced staff no longer in position. Additionally, the annual review did not include information on the complaints received or the level of resident engagement with advocacy services as required under Regulation 34(6)(b).

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While the registered provider had prepared policies and procedures outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), a sample seen by the inspectors had not been reviewed at intervals not exceeding three years as required by the regulations.

Judgment: Substantially compliant

Quality and safety

While the inspectors found that residents were well cared for and supported to live a good, independent life in the designated centre, improvements were required in premises, fire safety, infection prevention and control, individual assessment and care plans, healthcare and managing behaviour that is challenging to ensure residents' safety was promoted and maintained at all times. Additionally attention was required in relation to residents' rights and information for residents to enhance quality of life in the centre.

Inspectors observed that residents' bedrooms were clean, tidy and personalised with items of importance to them, such as family photos and sentimental items from home. Residents had adequate space for storing their clothes, toiletries, and other belongings and displaying significant possessions. Each long-stay resident had access to lockable storage and the option of locking their bedroom door.

The centre had two beds within the community nursing unit for residents requiring palliative care. Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. 75% of the centre's nursing staff had specialist training in palliative care. There was documented evidence of liaison and support from the community palliative care team. Records verified family and friends were informed of the resident's condition and permitted to be with the resident in accordance with their wishes when they were at the end of life. The resident's spiritual requirements were met, and religious leaders were facilitated to

visit. The centre had a peaceful oratory for quiet reflection and prayer. There was also a family room, which contained sleeping and refreshment facilities, for the comfort of families spending prolonged periods in the centre.

The premises of the designated centre were appropriate to the number of the residents. It had multiple comfortable communal spaces for residents and their visitors to enjoy. There was an on site laundry, and the registered provider had reviewed the laundry room layout to support the functional separation of the clean and dirty phases of the laundering process. Communal toilet facilities had recently been renovated to support residents' privacy and dignity. The renovation of the cleaners store room was underway. Some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17. Discrepancies were noted between the floor plans, statement of purpose and what was observed on inspection. For example; Bedroom 17 was observed to be located where a male changing room was positioned on the floor plans; A male changing room was located where a store room had been; Two newly refurbished assisted toilets were observed where bedroom 1 and the communal toilets had been on the floor plans.

Residents expressed satisfaction with food, snacks and drinks. Food was freshly prepared and cooked on-site by the in-house chef. The food was attractively presented. Residents' dietary needs were met and inspectors noted effective communication and documentation systems between nursing and catering staff in respect of residents' dietary needs and requirements. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided. Residents had access to fresh drinking water and other refreshments throughout the day. Inspectors reviewed resident questionnaires in respect of food and found the feedback was predominantly positive. Where residents had made suggestions, these had been followed up with the chef by the person in charge. There was adequate staffing available to assist at mealtimes. The early timing of meals will be discussed further under Regulation 9: Residents' rights.

While the centre had several information leaflets and other materials for residents outlining matters relating to living in the centre, the registered provider had not prepared a resident information guide containing the requirements outlined in Regulation 20(2). This will be discussed under Regulation 20: Information for residents.

Inspectors observed many good examples of infection prevention and control practices on the inspection day, including alcohol-based hand sanitiser being readily available throughout the centre and staff adhering to good hand hygiene practices. Cleaning chemicals were stored securely, and a safety data sheet was available to guide the appropriate use and disposal of chemicals. However, further improvements were required, as reported under Regulation 27.

The manager of older persons' services informed inspectors that the centre was installing a new fire alarm system that would be operational in the coming weeks. The existing fire alarm system remained operational until then. Inspectors found that the current arrangement for oversight of fire safety management and systems

to identify fire safety risks needed to be more effective within the centre to ensure the safety of residents. Improvements were required in several areas, which will be discussed under Regulation 28.

Inspectors reviewed a sample of care plans and found that these plans were not ensuring that the residents' healthcare needs were being met as per their assessed needs. This will be discussed under Regulation 5: Individual assessment and care plan.

Residents were supported in accessing medical and nursing services, including psychiatry of old age, palliative care services, the national screening programme and various allied health professionals. Strength and balance classes were facilitated each Wednesday by the community physiotherapist in the centre. Notwithstanding this good practice, inspectors found the registered provider did not ensure a high standard of evidence-based medical and nursing care for all residents and this will be discussed under Regulation 6: Healthcare.

Inspectors found that residents identified with communication difficulties had their communication needs met on assessment. For residents with hearing difficulties, their care plan referred to their usage of hearing aids to enable their effective communication.

There was a low use of restraints in the centre on inspection day, with two full bed rails being the sole restraints. The centre had a comprehensive policy and training programme guiding the use of restraint. Most staff had in-date training in relation to managing behaviour that is challenging, with two staff required to update their training. The centre maintained a register of restrictive practices in use in the centre. Even with this good practice, improvements were required to ensure that any restrictive practices are used in accordance with national policy, and this will be discussed under Regulation 7: Managing behaviour that is challenging

It was clear that residents were encouraged to maintain independence and control over their daily routines. Long-stay residents came and went from the centre as they pleased. The person in charge outlined how many residents attended local day centres to stay connected with their communities. Religious services visited the centre aligned with the wishes of residents. The centre celebrated mass monthly and arranged for Ministers of the Eucharist to visit the centre more frequently. The centre also had an oratory that was being used by residents on inspection day as a space for quiet reflection. Residents had access to television, radio, newspapers, a computer and Internet services. Resident meetings had been held three times in 2023. These meetings had been used as opportunities to facilitate educational talks on safeguarding and advocacy services as well as consulting residents on matters concerning the designated centre, such as the newly renovated communal bathrooms. However, improvements were required concerning activities and the timing of meals, which will be outlined under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired and those who did not have a cognitive impairment. Inspectors found that residents identified with communication difficulties had their communication needs met on assessment. For residents with hearing difficulties, their care plan referred to their usage of hearing aids to enable their effective communication.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property, possessions, and finances. Residents' clothing was laundered by staff onsite within the centre, and each resident had adequate space to store and maintain their clothes and personal possessions.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' family and friends were informed of the resident's condition and permitted to be with the resident when they were at the end of their life.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The shower door was broken in one of only two communal showers available to long-stay residents. The shower door was missing one of its panels and the broken panel had been left behind a domestic bin. This meant the shower could not be used without the increased risk of water exiting the shower tray onto the floor, posing a fall risk.

- Bedroom 9, which was currently unoccupied, had extension leads in operation, with one lead hanging from an electrical socket close to the ceiling. There was also exposed television wiring protruding from the wall. Safe electrical and television facilities were required in this room before it could be occupied.
- The call bell panel in the toilet of the family room was damaged and no longer attached to the wall, with exposed wiring visible.
- The seating coverings of chairs and couches located in the sitting room, family room and dayroom were peeling, meaning that they could not be cleaned effectively.
- There was wear and tear in certain areas. The door of the male four bedded room in the community nursing unit was missing paint. Wall tiles were missing in the laundry area. Flooring was damaged in the corridor outside the laundry. Plaster was missing from the wall of the store room beside the oratory.
- Inappropriate storage of a laundry skip was observed in the accessible shower room adjacent to the therapy room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met.

Judgment: Compliant

Regulation 20: Information for residents

While the centre had information leaflets for residents, the materials needed to be updated. They did not contain the requirements outlined in Regulation 20(2) for example a summary of services and facilities in the centre, the complaints and visiting arrangements, and information regarding independent advocacy services.

Judgment: Substantially compliant

Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, several areas for improvement were identified to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018):

- Two clinical sharp's bins in the community nursing unit pharmacy store contained contents but did not have the temporary locking mechanism engaged. One of these two bins was also overfilled. Not engaging the temporary locking mechanism and overfilling a sharps bin poses a risk of needle stick injury.
- Inappropriate storage of items on the floor of the store room, the linen room, the dry goods room and the medical records room. This practice of storing items on the floor posed a risk of cross-infection and meant the floors could not be effectively cleaned.
- Store rooms contained clinical equipment used by residents, including wheelchairs, hoists, mobility aids, mattresses and weighing scales. It was unclear if this equipment was clean or dirty. While the centre had a labelling mechanism to identify if items were clean or dirty, this label was observed on only one piece of clinical equipment. Most equipment had no identifiable mechanism to determine if it was clean or dirty before going into storage or being used by a resident.
- A review of the centre's shower chairs was required as several shower chairs had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs.
- As the cleaners room was being renovated, the cleaning trolley was stored in the laundry area, which is inconsistent with best practice. This is a repeat finding from the November 2022 inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found current arrangements for oversight of fire safety management and systems to identify fire safety risks were ineffective in ensuring the safety of residents living in the centre.

- The arrangements for containing fire were not adequate. A sample of fire doors examined by the inspectors was found not to close correctly, meaning they would not contain smoke and fire in an emergency. A full review of the centre's containment measures was required by the registered provider.
- From a review of evacuation drill records, inspectors were not assured that staff working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents. While emergency evacuation drills were being practised, they did not detail the evacuation method, the compartment being evacuated or the

number of residents and staff involved. This is a repeat finding from the November 2022 inspection.

- The arrangements for maintaining and testing fire equipment were not adequate. Quarterly preventive maintenance servicing of emergency lighting and fire alarm system had not occurred in November 2023. Similarly, there were no records for the weekly fire safety checks carried out in the centre on essential equipment, such as the fire alarm and daily checks of the fire alarm panel.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure the needs of each resident were assessed and an appropriate care plan was prepared to meet these needs. For example, a sample of seven care plans reviewed by inspectors were:

- Pre-populated generic templates, ticked and signed by a staff member, containing minimal individualised detail. These plans lacked a person-centred approach to guide staff on the resident's daily care needs.
- Not formally reviewed at intervals not exceeding four months or on changing needs of the resident as required under Regulation 5(4) to ensure care was appropriate to the resident's changing needs.
- Information was not detailed enough to comprehensively guide quality care delivery. For example, see the findings under Regulation 07 Managing Behaviour that is Challenging below.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider did not ensure that a high standard of evidence-based medical and nursing care was provided for all residents. This is evidenced by the following;

- There was inconsistent clinical oversight or rigorous monitoring of residents' weights with gaps seen in records reviewed.
- Recommended medical treatment and professional advice from social and healthcare professionals was inconsistently followed. This could potentially lead to poor outcomes for residents. For example, four residents with non insulin dependent diabetes were found not to have their blood glucose monitored in line with their care plans.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

While there was a positive culture in the centre with an emphasis on promoting a restraint-free environment, improvements were required in the oversight, risk assessment and documentation of restrictive practices, for example:

- Inspectors reviewed the restraint register and on the day of inspection the restraints being used were two bedrails. A review of the centre's risk assessments around the usage of restraint contained on resident files was required. One resident's risk assessment had sections not completed, which meant care staff were not fully aware of the risks to this resident's safety when the restraint was in use. While another resident had a risk assessment completed, the outcome was that using bedrails would be unsafe, and the resident was at risk of injury if used. In this instance the bedrails continued to be used without further documentation regarding how the risk of harm would be managed.
- The centre's usage of restraint, such as bedrails, was not in accordance with national policy published by the Department of Health or the centre's restraint policy, which required that consideration of all alternative interventions must be explored and deemed inappropriate before a decision on an episode of restraint may be taken. There was no documented evidence that alternatives had been trailed before the restrictive device was used.
- Improvements were required to the documentation for restrictive practice devices in use. Inspectors noted contradictions in the type of bedrail documented for use in the residents' nursing documentation held in the nurse's station and the documentation held at the bedside. Therefore, the care plans for managing the restraint did not adequately reflect the equipment in use as a restrictive device.
- The centre's policy referred to the multi-disciplinary team (MDT) assessment of restrictive practice, which is best practice. However, the assessments were completed by nursing staff, and there was no documented evidence of other MDT members being involved.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that some practices that did not fully contribute to a person-centred service, and as such, impacted upon the human rights of the residents.

- The arrangements for residents to engage in recreation and meaningful activities in the centre needed review. For example, on the day of the

inspection, one activity, chair-based exercises, took place for a 15-minute period. A review of the activities scheduled for December outlined that on 17 out of 31 days, no documented activity occurred. The activities schedule contained passive activities involving television and mass for a further four days.

- Meal times were earlier in the centre than conventional mealtimes and different from the routines residents would have enjoyed at home. Staff confirmed that lunch was served at noon and tea at 4:00 pm. Inspectors observed residents finishing lunch at 12:20 pm. There was no evidence that the needs and preferences of the residents dictated these dining routines.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cluain Arann Welfare Home & Community Nursing Unit OSV-0000674

Inspection ID: MON-0032687

Date of inspection: 04/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Statement of Purpose has been updated and returned to the Regulator on 14/02/2024. The SOP was reviewed and updated to uplift the staffing ratio at Cluain Arann. We confirm that the roster will reflect a minimum of 3 nurses per day 0800 -1630 (two allocated to the community nursing unit and one to residential unit). Where an occasion arises, due to sick leave or annual leave, the DON will source agency personnel.</p> <p>The centres SOP has been updated clarifying the role of the MTA and submitted to the regulator on 14/02/2024</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: On the day of inspection, due to a number of staff confirmed positive with COVID & the ADON on Annual leave the most senior person on duty was the Enhanced Nurse. When informed that HIQA had arrived on site for inspection, the Director of Nursing arrived with one hour to assist HIQA with the inspection process. The scheduled rosters had been changed at short notice due to sick leave (COVID) and the DON was available by phone should an emergency arise.</p> <p>The registered provider shall ensure that a full review of the management and governance procedures is undertaken, to include and not limited to consultation with residents and family member input.</p>	

<p>A full suite of updated auditing tools will be supported through our regional QPS forums and will be supported through the risk register reviews quarterly.</p> <p>The registered provider accepts that the scheduled works within the unit were not notified to the Chief Inspector in writing, however the upgrade work (as identified in recent HIQA reports) have now been completed and reflected in the updated floor plans.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A full review of the Statement of Purpose has been completed and the update SOP submitted to the regulator.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The revised SOP has identified the review officer and the Complaints Policy has been reviewed by the management team and updated to reflect the requirements under the Health Act 2007.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A system of highlighting and auditing Policies and Procedures to ensure that all are current and reviewed in a timely manner has now been implemented.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A schedule of maintenance repairs and equipment upgrade is proposed to resolve the issues highlighted as follows -</p> <p>While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:</p> <ul style="list-style-type: none"> • Broken Shower Doors: New showers doors have been ordered for 4 bedrooms included the bedroom referenced in the report and are due to be replaced by Friday 1st march. • Bedroom 9 : Exposed Electrical Wiring : This has now been addressed and has been rectified • Call Bell panel in the toilet of the family room : A new call bell was ordered on Monday 26th February, awaiting delivery (expected Friday 1st March) and immediate replacement • Upgrade of Furniture and Fittings : Furniture has been assessed for replacement, an order has been placed with Michael Kearney Ltd. Due to some furniture requiring specialist covering, the order will have a lead time of 4 weeks with expected delivery at the end of March. • There was wear and tear in certain areas. The door of the male four bedded room in the community nursing unit was missing paint. This has been addressed and painter due at Cluain Arann on Friday 1st March to remedy this. Additionally, a full repaint of the communal areas and hallways has been requested. • Wall tiles were missing in the laundry area. Suitable wall tiles have been sourced and will be replaced early next week. • Flooring was damaged in the corridor outside the laundry. Plaster was missing from the wall of the store room beside the oratory. Both of these highlighted issues require contractor work. The contractor services have requested an assessment of works to be completed for our contracted company DCG and works expected to commence in mid March to rectify. • Inappropriate storage of a laundry skip : The DON has met with ALL staff to remind them of the requirement to return laundry skips to the appropriate areas. A SOP is currently being drafted to give direction. 	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: A new and updated information booklet for residents and families to outline the services provided at Cluain Arann Community & Welfare Home has been completed and is now</p>	

<p>being prepared for print. This is expected to be completed and available by the end of February.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The non compliances as identified in the report have now been remedied and tender submissions have been received and currently been considered to upgrade the cleaners room.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the feedback meeting and receipt of the report, the DON and registered provider have engaged with the HSE Fire Officer to highlight the issues identified. A programme of remedial works has been identified to include a full review of fire doors. A schedule of Fire Drills and evacuation procedures has been set in place and in addition a preventative programme of testing fire related equipment and services has commenced through our technical services department.</p> <p>Daily Fire checks are now in place and recorded by the night nurse on duty.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A full documentation review is currently underway by our regional QPS lead and a review of all resident care plans has been undertaken to examine deficiencies and update the care plans individually.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A full response in respect of the highlighted issues has been submitted to the regulator on 22/01/2024.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The Director of Nursing has scheduled for staff to receive refresher training in "restrictive practice training". In addition a review of the documentation and recording of same will be undertaken to ensure compliance with this standard.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: New documentation to record and identify the daily activities that occur within the centre has been implemented and is currently in use.</p> <p>The issue of meal times has been discussed with our residents and catering team at a meeting (20/01/2024), at which the residents outlined their preferences, they expressed satisfaction at the current meal time provision. The chef has no concerns in relation to changing the meal times should the residents wish to do so .A Catering Manager has been appointed to South Tipperary and will review the full catering provisions in due course.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/02/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2024

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	29/02/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister	Substantially Compliant	Yellow	29/02/2024

	under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	29/02/2024
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	27/02/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	05/02/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	05/02/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	05/02/2024
Regulation 28(1)(e)	The registered provider shall	Not Compliant	Orange	05/02/2024

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/02/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/02/2024
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	27/02/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination	Substantially Compliant	Yellow	27/02/2024

	of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	27/02/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	29/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2024

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	29/02/2024
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	27/02/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	05/02/2024

Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	05/02/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	05/02/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	29/02/2024

	Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	20/01/2024
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 such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	20/01/2024