Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Unannounced
Date of inspection:	03 July 2025
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0044160

About the designated centre

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

St. Gabriel's Community Hospital is a 21 bedded residential care facility located on the outskirts of Schull village on well- maintained grounds with beautiful views over Schull harbour. Bedroom accommodation within the centre comprises of 17 single en suite bedrooms and two twin bedrooms. Communal accommodation includes a large sitting or recreational room with an adjacent lounge which overlooks the garden and sea. There is a decked balcony outside the lounge area with seating and a bird table. Further communal areas include a dining room with a built in kitchen area. An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy. The service provides continuing care, respite care, palliative care, community support and long term care. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing, care staff, chefs, household staff, medical officers and a wider multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 July 2025	09:55hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection that took place over one day. Over the course of the inspection, the inspector met with most of the residents and spoke with eight residents in more detail, to gain an insight into what it was like to live in St. Gabriel's Community Hospital. The inspector also met with six visitors during the day. Feedback from both residents and visitors was very positive. Residents were very complimentary regarding the care and attention they received from staff in the centre. One resident told the inspector how staff "come to you straight away, if you need anything" another resident told the inspector, "there couldn't be anywhere better than here."

St. Gabriel's Community Hospital is a two story designated centre, in the coastal village of Schull, in West Cork. The centre overlooks Schull Harbour and has stunning sea views from some residents' bedrooms and communal rooms. Residents' accommodation is all based on the ground floor, with staff facilities and offices on the first floor. The centre can accommodate 21 residents in 17 single and two twin bedrooms, all with en suite facilities. On the day of the inspection, there were 20 residents living in the centre.

There was a variety of communal and private areas, observed in use, by residents on the day of inspection. Communal space within the centre comprised a large day room, which opened onto a bright conservatory overlooking the sea; a dining room with a kitchenette and a family room. All communal areas of the centre were clean, bright, spacious and had comfortable and colourful furnishings. The inspector saw that the day room had been repainted and decorated, the week before the inspection, and was awaiting new curtains. In the afternoon, staff put back up the blinds on the windows, as one of the residents wanted to make sure there was no glare on the large television for the upcoming hurling semi final at the weekend. The inspector observed that bedrooms were very spacious, bright and well maintained. All had lockable storage space, and many bedrooms were decorated with residents' personal photographs, possessions and memorabilia, and in some residents' rooms, furnishings from their own homes. The inspector saw that three wall mounted call bells in the centre were out of order and alternative call bells had been provided to these residents.

Residents could easily access the internal secure courtyard gardens in the centre. During the day, the inspector saw residents sitting outside with their visitors, enjoying the afternoon sunshine.

The inspector met with many of the residents during the morning and saw that the mid-morning drinks round had a choice of soup, milk, tea or coffee. Many residents were enjoying a cup of soup with some buttered bread and told the inspector it was very tasty.

The inspector observed the lunch time meal and saw that residents were offered a choice of main course and dessert for their meal. Menus were displayed for each meal and residents told the inspector that they were very satisfied with the food provided. Most of the residents ate their meal in the dining room, where tables were nicely decorated and condiments were readily available. A hot trolley was used to bring the food from the main kitchen and sauces were served separately and offered to residents. The inspector saw that where residents required modified diets, these were also well presented. Some of the resident ate their meals, with the use of adaptive cutlery and plate guards to promote their independence. Staff assisted residents who required it, in a respectful and unhurried manner. Residents and staff were chatting together during the lunch time meal, which appeared a sociable dining experience.

During the course of the inspection, the inspector observed many person-centred interactions between staff and residents. It was evident that staff were knowledgeable regarding residents' preferences and dislikes. Staff were seen to always knock, when entering residents' rooms and ensured residents' privacy was maintained at all times. Residents were well dressed in accordance with their own preferred styles. Residents confirmed with the inspector that they had choice in how they spent their day, and what time they liked to rise and go to bed was respected.

There were visitors coming and going on the day of inspection and visitors confirmed that there were no restrictions on visiting their relatives in the centre. Visitors told the inspector that they were always welcomed in the centre and a visitor described the staff working there, as being like "family" to them.

The inspector saw that residents were actively engaged in a variety of meaningful activities throughout the day. There was a detailed activity schedule developed, in consultation with the residents. The centre had a full time activity co-ordinator, who facilitated the activities programme. An external provider, Arts for Health, also supported the activity programme in the centre. During the morning, a number of residents were participating in art work and games, while others were listening to music, or reading the newspapers.

In the afternoon, a baking session was facilitated, where homemade cupcakes were made with the residents. During the baking, residents and staff had a very interactive discussion regarding recipes, with residents suggesting, cures for ailments and recipe ideas. The cupcakes were later served after the residents' suppers and they looked delicious. Residents enjoyed trips out from the centre and had a recent trip to a local amenity in Goleen. The schedule of activities included live music sessions, word searches, reminiscence, music and sing-alongs. Residents who spoke with the inspector outlined that they always had something to do there. One resident told the inspector that since coming to live in the centre, their health had improved so much, they were now once again interested in following the sport and events in the world.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspector found that St. Gabriel's Community Hospital was a well-managed centre, whereby staff and management ensured residents' rights were upheld and that residents were provided with a good standard of care. Action was required with regard to notification of incidents to ensure compliance with the regulations.

The registered provider for St. Gabriel's Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge reports to a general manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, with monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The provider had been granted a certificate of renewal of registration of the centre effective from June 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers, with responsibility for the centre, were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the registration of the centre. This finding is actioned under Regulation 23; Governance and Management.

The person in charge was full time in position and was supported in their role by a full time clinical nurse manager, a team of nursing and care staff, administration, activity and household staff. From a review of rosters and speaking with residents, it was evident that there was an adequate number and skill mix of staff available, to meet the assessed needs of the 20 residents living in the centre on the day of inspection. However, from review of the housekeeping roster, it was evident that there were gaps in the roster and therefore, there was not always enough cleaning

staff rostered to ensure residents' bedrooms were cleaned everyday as outlined under Regulation 15 Staffing.

The person in charge and clinical nurse manager ensure that staff were appropriately supervised in their roles. The provider ensured staff were provided with training appropriate to their role and uptake of training was monitored by the management team. Two staff members had recently undertaken fire warden training and one of these staff had implemented fire drills and simulated emergency evacuations following the training which was a positive development.

The provider ensured good oversight of the quality and safety of care whereby key risks to residents' well being were audited and action taken to drive improvement where required. A daily safety pause was held to ensure residents' care needs were communicated among the nursing and care team.

There was a complaints procedure in place, which met the requirements of the regulations. A review of the complaints records found that complaints were managed in line with the requirements of Regulation 34;Complaints procedure.

The inspector reviewed the directory of residents and found that some of the required information was not recorded, as outlined in Regulation 19; Directory of Residents.

From a review of records maintained in the centre, it was evident that required quarterly notifications and required two day notifications were not submitted to the office of the Chief inspector as outlined under Regulation 31; Notification of incidents.

An annual review of the quality and safety of care provided to residents in 2024, was prepared and available for the inspector to review.

While residents' meeting were held in the centre, minutes indicated that they were not held at the frequency outlined in the centre's statement of purpose. The provider agreed to review this on the day of inspection.

Regulation 15: Staffing

While the number and skill mix of staff was appropriate to meet the assessed care needs of the 20 residents living in the centre on the day of inspection, from a review of rosters and from speaking with staff, it was evident that there was not enough household staff available to ensure residents' bedrooms were cleaned every day in line with the provider's guidelines.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that staff were knowledgeable regarding residents' assessed needs. The person in charge ensured staff had access to training appropriate to their role. From a review of the training matrix maintained in the centre, it was evident that staff were up-to-date with mandatory training such as fire precautions, managing responsive behaviour and safeguarding. Staff were seen to be appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents maintained in the centre did not include all the information specified in Schedule 3 of the regulations. For example, where residents were transferred to another facility was not consistently recorded, or when a resident died in the centre, the date of death and cause of death was not always recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems to ensure oversight of notifications that required reporting, was not sufficiently robust. The inspector found that a number of required notifications had not been submitted to the Chief Inspector as required under Regulation 31; Notification of incidents.

The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre."

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of the records maintained in the centre and from speaking with staff and management, the inspector found that not all notifications had been submitted to the Chief inspector as required as evidenced by the following;

- An unexpected death of a resident was not notified as required
- With the exception of one expected death reported for 2024, no other expected deaths in the centre were notified for 2024 or for the first quarter of 2025 as required in the regulations.
- A pressure ulcer was not notified as required in the quarterly notifications for 2024.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place that was displayed in the centre. There was a low level of complaints in the centre, nonetheless, complaints received were recorded and actioned by the complaint's officer. Residents who spoke with the inspector were aware how to make a complaint.

Judgment: Compliant

Quality and safety

The inspector found that residents' rights were promoted and supported in St. Gabriel's Community Hospital. Residents' health and social care needs were met to a good standard, from a team of staff who knew their individual needs and preferences.

The inspector reviewed a sample of residents' records and saw that residents had a care plan developed within 48 hours of admission using validated assessment tools. Care plans viewed were noted to be person-centred and included residents' preferences and interests.

Residents living in the centre had access to medical services from local General Practices and a GP was on site in the centre, five days a week. It was evident that residents were reviewed regularly and that their health care needs were well met. Residents had access to allied health and social care professionals such as physiotherapists, speech and language therapists, dietitian and occupational therapists.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. Where

required, referral was made to dietetic services and speech and language therapy services. Residents could choose to eat their meals in the dining rooms or in their bedrooms, with the majority of residents choosing to have their meals in the dining room.

The inspector saw that residents were content in the company of staff and each other. The inspector saw that staff interacted with residents in a respectful and dignified manner. Staff were up-to-date with training on responsive behaviour and residents had easy access to the outdoor areas in the centre. There remained a high use of bed rails in the centre which is not in line with national policy as outlined under Regulation 7; Managing behaviour that is challenging.

There was a varied programme of activities in the centre, which took place over seven days. Residents' rights were promoted in the centre and residents were supported to participate in meaningful social engagement and activities. Residents' views on the running of the service were sought through surveys and residents' meetings. The inspector saw that residents had access to local and national newspapers. Residents had access to religious services and were supported to practice their religious faiths in the centre.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. However, the inspector saw that the folder containing PEEPs required updating, to ensure they matched the current residents living in the centre. The nursing manager agreed to address this on the day of inspection.

Regulation 11: Visits

The inspector say visitors coming and going on the day of inspection, and visitors who spoke with the inspector confirmed that there was no restriction on visiting in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built and appropriate to the number and needs of residents living in the centre, in accordance with the statement of purpose. The inspector saw that rooms were well maintained and the day room and sun room were under renovation at the time of inspection and had been recently painted and

decorated. Three call bells, that were linked to the call bell system in the centre were not operational in bedrooms, at the time of inspection. The inspector saw that residents were given alternative call bells to alert staff where the wall mounted bells were not working so that they could call staff when they needed assistance.The provider assured the inspector that these would be repaired as soon as possible.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice at meal times and feedback from residents was very positive regarding the quality and choice of food available to them. Residents who required referral to speech and language therapy or dietitian services were referred and reviewed as required. The inspector saw that there was an adequate number of staff available to ensure residents who required assistance with eating and drinking received it.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records of residents who were temporarily discharged to acute services, were maintained in line with the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Staff were provided with annual fire safety training. Staff, who spoke with the inspector, were knowledgeable regarding fire precautions in the centre. Required quarterly and annual checks of fire safety equipment were undertaken. Records indicated that simulations of evacuations had been undertaken in May and June 2025 and these were planned on a monthly basis going forward.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' records and saw that residents care plans were developed within 48 hours of admission to the centre. Validated assessment tools were used to assess clinical risks to residents and used to inform care planning. Care plans reviewed were noted to be sufficiently detailed to direct care and were person centred. One assessment reviewed was incorrectly completed, this was corrected on the day of inspection by the nurse manager.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to medical services from local GP practices. Residents who required assessment and treatments from allied health and social health care professionals such as physiotherapists, dietitian, speech and language therapist and occupational therapist were referred and reviewed as required. The residents were also supported by the community palliative care, psychiatry, and community mental health nurses if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure compliance with managing behaviour that is challenging as evidenced by the following;

- The inspector found that there remained a high usage of bed rails in the centre with over 40% of residents having two bed rails in use in the centre. This is not in line with national policy whereby a restraint free environment is promoted.
- A restrictive practice for a resident included a security alarm. From review of records, it was evident that the assessment to support the use of a security alarm was not fully completed and was not recorded on the restrictive practice register maintained in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents living in the centre had opportunities to participate in activities, in accordance with their interests and capabilities. On the day of inspection, it was

evident that residents were facilitated to attend a variety of activities. During the morning, residents were engaging in activities, such as reviewing the news in the papers, chatting and playing board games or doing artwork. In the afternoon, residents joined in a baking session. There was a schedule of activities available over seven days of the week and this was displayed in residents' bedrooms so they could choose which activities to attend. Residents had access to advocacy, when required. Outings from the centre such as a recent trip to a local amenity were enjoyed by residents. Residents meetings and surveys were held to ensure residents were consulted in the running of the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Gabriel's Community Hospital OSV-0000600

Inspection ID: MON-0044160

Date of inspection: 03/07/2025

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Due to recent retirement/ resignation of household staff the need has been identified Business cases have been submitted for replacement staff to ensure that cleaning roster can be fulfilled.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: All identified entries are now recorded in Directory of Residents. All relevant staff have been informed of the need to keep the Directory of Residents up to date with all information specified in Schedule 3 of the regulations.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All notifications have since been submitted to the Chief Inspector as required under Regulation 31. The Person in Charge will ensure that all notifications are submitted to the Chief Inspector going forward as required under Regulation 31. Nursing Management	

have completed the HIQA E-Learning Module 'The essential role of the Person in Charge' course facilitated by HIQA in order to enhance practice development.

The Registered Provider The Registered Provider makes Representations under section 50 Health Act 2007 (as amended) in relation to regulation 23-Governance and Management, that the person who will participate in management of the Designated center is the person in Charge, and their Qualifications have already been submitted to the Chief Inspector pursuant to section (i) b (ii).The person in charge is supported by the Older Persons Services South West Region.

'The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations'

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifications have since been submitted to the Chief Inspector as required under Regulation 31. The Person in Charge will ensure that all notifications are submitted to the Chief Inspector going forward as required under Regulation 31. Nursing Management have completed the HIQA E-Learning Module 'The essential role of the Person in Charge' course facilitated by HIQA in order to enhance practice development.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The nursing team will continue to promote the national policy pertaining to a restraint free environment. All bedrails in use are risk assessed and applied in collaboration and consultation with the residents requiring same. The nursing team will continue to engage with residents and strive to reduce the usage percentage of bedrails in the units by promoting the use of alternatives to bedrails in collaboration and consultation with all residents using same.

The identified security alarm assessment has been completed to support use and the security alarm is now recorded on the restraint register maintained in the centre.

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	30/09/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/07/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Substantially Compliant	Yellow	

	all areas of care provision.			
Regulation 23(1)(d)	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	31/07/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	31/07/2025
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.	Not Compliant	Orange	31/07/2025
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	31/07/2025

	Health from time to time.			