

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Castlecomer District Hospital
<b>Centre ID:</b>	OSV-0000544
<b>Centre address:</b>	Castlecomer, Kilkenny.
<b>Telephone number:</b>	056 775 4830
<b>Email address:</b>	josephine.galway@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patricia McEvoy
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 18 October 2017 10:00 To: 18 October 2017 16:45

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection which took place over one day and was for the purpose of monitoring and informing an application to register Castlecomer District Hospital. The designated centre provides respite, convalescence and general palliative care services.

On the day of inspection, the inspector spoke with residents and staff members and reviewed documentation including care plans, policies, risk management, audits, medicine management records and staff training records. Progress with completion of the action plan developed from findings of the last inspection of the centre in July 2016 were also reviewed. There were two actions identified in the action plan from the last inspection, which had been addressed.

The existing premises was identified as an issue on all previous inspections in relation to layout and space of shared bedrooms by the Health Information and Quality Authority (HIQA). Reconfiguration of existing rooms had previously occurred to maximise on space available in multi-occupancy bedrooms. All other refurbishments were now completed and the inspector saw that these works enhanced quality of life and safety for residents and staff. This is further outlined

under Outcome:12

The inspector found the refurbishments provided a comfortable and spacious environment for residents and met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Management systems were in place within the centre that defined the lines of responsibility and accountability. The person in charge, along with the management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

This inspection found that there were robust and effective governance systems in place, safeguarding systems were evident and risk management procedures were satisfactory. The person in charge, clinical nurse manager and staff demonstrated a comprehensive knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals.

There were no action plans generated from this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose and function contained all of the information as required by the regulations. The document was revised to reflect the internal modifications that had been completed. A copy of the statement of purpose and function was available and accessible to residents. The statement of purpose and function clearly described the range of needs that the designated centre intended to meet and outlined the services provided.

The management team were aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The governance arrangements in place reflected the information available in the statement of purpose and the evidence collated during this inspection indicated that the centre was managed effectively and was appropriately resourced to meet the needs of residents. There was a formal management structure in place and the lines of accountability and authority were adhered to in day to day practice. The person in charge was supported by a clinical nurse manager and she reports to the manager for older people services in the area that in turn is accountable to the registered provider. Staff were aware of who was in charge each day and knew how to report through the management structure.

The quality of care and experience of the residents was reviewed regularly through an audit programme known as quality care nursing metrics that reviewed varied aspects of the service at intervals. The areas reviewed each month included the use of bed rails, health and safety, falls, accidents and incidents. Areas that were reviewed at other times included nutrition, medicines management, documentation, falls, wound management and hygiene standards. Where audits identified areas for improvement these were enacted as observed by the inspector.

The clinical nurse manager also monitors a number of clinical indicators on a daily basis such as pain, pressure areas, catheterisation, significant events, weight loss or hospital admission. This information is sent to the person in charge on a daily basis as she is based in another centre 37km from this centre. The person in charge is on site once per week. She links with the nurse manager on a daily basis as is satisfied with the governance arrangements as the senior clinical nurse manager is supernumerary Monday to Friday.

An annual review of quality and safety of care for 2016 was available. The inspector saw that this review was comprehensive and it informed the service plan for 2017. The inspector saw that some of the priorities such as educational programmes for staff as outlined in the review for 2017 were in progress or had been completed. The centre now had two registered nurse prescribers. The inspector saw that the patient experience surveys had also been completed.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

This outcome was inspected in July 2016 and found to be compliant. Only the component of training in relation to safeguarding vulnerable adults was considered as part of this inspection. The inspector found that all staff had up-to-date training in safeguarding vulnerable persons at risk of abuse.

The inspector found that any previous alleged allegations of abuse have always been reported promptly to HIQA, noted to be fully investigated and appropriate actions taken to ensure the safety of residents.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risks were generally well managed. Issues identified on the previous inspection had been completed.

There was an up-to-date health and safety statement which had been reviewed in June 2017. A comprehensive risk management policy that included the areas described in regulation 26(1) was in place. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector observed that the risk register was also informed by risk assessments from the clinical area. On a daily basis risk is managed by relating dependency and care needs assessment to required staffing levels and environmental reviews. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency.

On site risks are identified through reporting, risk assessments, complaint logs and quality and safety walk rounds. There was a good outline of the risks presented and the control measures in place. The training records showed that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to meet residents' needs. Each resident's moving and handling

needs were identified and outlined in an assessment.

The inspector viewed the fire safety measures and found that the arrangements in place met legislative requirements. The fire alarm had been serviced quarterly and emergency lighting had been serviced on 24 February 2017. The inspector saw that all internal fire exits were clear and unobstructed during the inspection. There was a fire safety register in place which had daily inspection of means of escape. There was a fire safety certificate available dated 11 January 2017. There were notices for residents and staff on "what to do in the case of a fire" throughout the building. The inspector viewed records which showed that fire training was provided to staff on an on going basis. Records viewed by the inspector indicated that simulated fire drills to reflect a day or night time situation when staffing levels are reduced were undertaken the last one had been completed on 18 September 2017.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. Staff had completed hand hygiene training. Regular hand hygiene, glucometer hygiene, sharps and bed pan washer audits were conducted as observed by the inspector.

In response to falls, a falls algorithm had been developed which indicated a trend in falls during the lunch time period. Since 2016 to mitigate this risk and enhance resident safety, care hours had been increased from the existing compliment of staff. On the last clinical incident audit there had been four falls with no injuries noted. Other factors in place to mitigate the risk of falls included six low low beds and sensor alarms. The provider has contracts in place for the regular servicing of all equipment. Equipment such as specialist beds, wheelchairs, mattresses and orthopaedic chairs were provided in accordance with residents' needs.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staff had access to policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription records included the



required information such as the resident's name and address, any allergies, and a photo of the resident. There was a doctor's signature for all medicines prescribed and where medicines were discontinued. Medicines prescribed on an "as required" basis had the maximum dose to be given in a 24 hour period outlined.

The inspector saw that medicines were reviewed on a three monthly basis by the medical officer. Pharmacy was delivered twice per week from the local hospital and there was a procedure in place for medicines required outside of the delivery arrangements. The clinical nurse manager said that the pharmacist visits the centre twice per year and is always available by phone. The centre is also part of a drugs and therapeutic committee. Medicines management audits were completed on a monthly basis through the nursing metrics. All nursing staff completed medicines management training.

Nursing staff on duty on the day of inspection were well informed about the medicines in use and residents' individual regimes. The inspector found that there was an arrangement in place for the regular review of medicines by doctors. There were established multidisciplinary working arrangements in place and medicine regimes were altered where necessary following specialist assessment or review.

The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medicines requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the notifications submitted to HIQA and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The arrangements to meet residents' assessed needs were set out in individual care plans. The care plans provided good guidance for staff and interventions outlined were being adhered to so that residents' welfare was protected. The inspector found that there was a good standard of evidenced based care in place. There was routine access to medical and allied health professionals and assessments were undertaken when situations arose so that appropriate interventions were outlined to guide the staff team. In the sample reviewed, information following the assessment, involvement and recommendations of allied healthcare professionals was reflected.

There was a good emphasis on personal care and ensuring personal wishes and choices were respected. There were appropriate connections between the risk assessments completed and the care plans in place. There was a record of the residents' health condition and treatment given completed twice daily and more frequently when changes in health were evident.

The clinical nurse manager and staff demonstrated an in-depth knowledge of the residents and their needs and this was reflected in the care plans. There was evidence of resident/ relative involvement in the resident's care and in care planning. Clinical observations such as blood pressure, pulse and weight were assessed on admission, and regularly thereafter. Systems were in place to ensure that all relevant information about residents was provided and received when they were transferred to another care setting, home or hospital.

There were opportunities for residents to partake in activities. Healthcare assistants directed the activities on a daily basis which was informed by what the residents wanted to do on the day. Two staff members had attended activation training and one staff member had completed imagination gym a sensory based activity. There was an activities programme displayed which included music, bingo, gentle exercises and cards.

Overall, the inspector was satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a good standard of evidence-based care and

appropriate medical and allied health care.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre provided accommodation for 18 residents. As outlined on previous inspections the configuration of these premises posed significant challenges to the provider in meeting the requirements of the regulations in relation to the availability of bedrooms of a suitable size and layout for the needs of the residents.

The accommodation was previously divided into two sections, one male and one female. While the male side was divided into "bays", accommodation was provided in what was essentially an open plan room with seven beds. All the beds on the male side were on a walk-through corridor with privacy being afforded by a curtain. The female ward was contained in "bays" in one large room with ten beds. There was also a single palliative care room which could be used for either gender.

On this inspection all the refurbishments had been completed. The accommodation now includes five single rooms with two en- suites, two bedrooms sharing one toilet and wash hand basin. There are eight female multi-occupancy beds with access to two showers and three toilets and five male multi-occupancy beds with access to one shower and toilet plus two separate toilets with wash hand basins.

There has been no change to the external footprint of the building. However, substantial internal modifications were completed to enhance quality of life for residents. The front entrance hall had been reconfigured and soft seating was in place. The resource room had become a spacious single room thus facilitating palliative care requirements and improved infection control measures. The smoking room had also been reassigned as a single room.

The overall bed spacing had been reconfigured on the female side and reduced since the previous inspection which enhanced privacy and dignity for residents. However,

there was still potential for residents' privacy and dignity to be impacted as eight residents were living in a multi-occupancy room on the female side. However, residents told the inspector that they were happy in this multi-occupancy room as they could see everything that was going on.

Internal works were completed on the male side by converting the old physiotherapy room to two single ensuite bedrooms to complement the existing three single rooms. The inspector saw that all the male side had been painted and radiators were covered. There was a hand hygiene sink and a new closed nurses' office with windows for observation.

The inspector saw that the first floor of the hospital where office space was accommodated had also been refurbished which included painting and new flooring. There was an enclosed garden area available and used by residents.

**Judgment:**

Non Compliant - Moderate

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes through the provision of advance care planning. The inspector also saw that residents' dignity and autonomy were respected.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector reviewed an end-of-life care plan. The end-of-life care plan in place outlined the physical, psychological and spiritual needs of a resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Policies and procedures to guide care and practice at end-of-life were available.

The refurbishments to the premises provided single and spacious en-suite accommodation. Facilities were available for relatives to stay over in the centre with residents at end-of-life. Staff had attended training on end-of-life care and they told the inspector that the most recent training had been very beneficial. Staff described good

support and guidance from the local palliative care team.

Arrangements were in place with local clergy to provide regular services in the centre. An oratory was also available for use when desired or required. Mass was celebrated regularly in the centre and cultural practices were facilitated that included visits by ministers to residents.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Observations confirmed staff were deployed to meet resident's needs. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the person in charge and clinical nurse manager. Staff told the inspector that there was good team spirit amongst the staff and everyone worked together. The inspector saw that there was a reference library available to all staff with recent publications and best practice initiatives. Copies of the regulations and the standards were available.

Evidence of current professional registration for all registered nurses was seen by the inspector. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. Training included in house mandatory training on safeguarding vulnerable persons, patient moving and handling, fire safety and basic life support. All staff nurses had additional requirements such as medicines management,

wound care, palliative care and dementia training. The training matrix evidenced that all mandatory training was up-to-date.

The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff.

There was a recruitment policy in place and staff recruitment was in line with the regulations. The inspector reviewed a sample of staff files and found that all of the information as required by the regulations was in place. The person in charge said that all staff and volunteers were Garda vetted. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Castlecomer District Hospital
<b>Centre ID:</b>	OSV-0000544
<b>Date of inspection:</b>	18/10/2017
<b>Date of response:</b>	29/11/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 12: Safe and Suitable Premises

#### Theme:

Effective care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was still potential for residents' privacy and dignity to be impacted in relation to noise and sleep as eight residents were living in a multi-occupancy room on the female side.

#### 1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

In 2015 Castlecomer District Hospital received registration on the condition that the following reconfiguration would be completed by 2016 to improve privacy and dignity for residents

The following work was completed to comply with revised regulations and within the agreed funding approval

- 1.Reassignment of resource rooms, smoking rooms to create two new single room accommodation to reduce beds and spacing in the female ward
- 2.A further reconfiguration was also completed and involved decommissioning of the onsite physiotherapy department to provide two new single patient rooms with en-suite facilities. .Therefore four single rooms were created
- 3.In the female bay partitions divide up the area with two and three bedded bay to the left and on the right divided by a partition in a two bedded bay
- 4.The expenditure of €130k for this project was approved and completed to ensure we complied with the amended 2016 regulations

Residents privacy and dignity is paramount to the HSE and they have shown their commitment by reconfiguring this old building

At all times screens are used when intimate care is been provided to a resident inline the privacy and dignity policy

There is no further reconfiguration that can be carried out in Castlecomer District within the existing building unless a new build in considered which at this stage is not considered a priority within the CHO5 as this building currently complies with the regulation for multi occupancy therefore it is not on the capital funding list 2016- 2021. The statement of purpose has been revised to reflect that accommodation for residents is solely for respite, convalescence and palliative care. It will never accommodate long stay residents.

Average length of stay is 12 weeks.

**Proposed Timescale:**