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 Joseph's Hospital
Name of provider:	Bon Secours Health System Limited
Address of centre:	Bon Secours Care Village, Mount Desert, Lee Road, Cork
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0035717

About the designated centre

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

St Joseph's Hospital, Mt. Desert is a purpose-built designated centre situated in the rural setting of the Lee Road, Cork city, a short distance from Cork and Ballincollig. It is registered to accommodate a maximum of 103 residents. There is a large comfortable seating area and main 'Village Green' restaurant dining room at the main entrance. Communal areas include the Beech room which facilitates functions, the large activities room and Chapel, and occasional resting areas along corridors for residents' relaxation. Bedrooms accommodation comprises five twin bedrooms and the remainder are single occupancy; all with full en suite facilities of shower, toilet and wash-hand basin, with additional toilet facilities throughout the centre. Accommodation is set out in four wings: 1) Daffodil: 26 bedded unit with two living rooms and seating areas with direct access to the secure garden, and the Patel room dedicated private family room 2) Bluebell: 26 bedded unit with a living room and glass seating area 3) Lee View: 26 bedded unit with living room, two glass seating areas with direct access to the secure garden 4) Woodlands: 25 bedded unit with two living room. St Joseph's Hospital, Mt. Desert provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	99

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
Tuesday 1 February 2022	12:30hrs to 17:30hrs	Breeda Desmond	Lead
Wednesday 2 February 2022	09:15hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life of residents in the centre. The inspector met with many residents during the inspection and spoke with seven residents in more detail. Residents spoken with gave positive feedback and were complimentary about the care provided in the centre.

There were 99 residents residing in St Joseph's Hospital Mt Desert at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, hand hygiene, face covering, and temperature check.

There was an opening meeting with the national quality manager, person in charge, clinical nurse managers (CNM2) and human resources manager (HR), followed by a walk-about the centre with the national quality manager and the person in charge.

St Joseph's Hospital Mt Desert was a single-storey building. The main entrance was wheelchair accessible and led to an expansive foyer with reception, seating area and main dining room; the main fire alarm system, registration certification, suggestion box and complaints procedure were also located here. The activities room and church were located beyond the main foyer to the right. The centre was set out in 4 wings namely Daffodil, Bluebell, Woodland and Lee View which radiated off the main foyer. Each wing had day rooms, a dining area and comfortable seating areas along wide corridors. Corridors and seating areas had lovely photographs, paintings and art decorating the walls. Arrangements were made to enable social distancing with the spacing of armchairs and tables so that residents could socialise and dine in pods. As part of their end-of-life care facilities they were were two Patel rooms for families to avail of during this difficult time.

While some bedrooms were twin room, all bedrooms were single occupancy at the time of inspection as part of their COVID-19 precautions. Bedrooms were seen to be spacious with good room for bedside chair, locker, storage facilities for residents' belongings, and use of assistive equipment if required. All rooms were en suite with shower, toilet and wash-hand basin facilities. Many of the bedrooms were decorated in accordance with the resident's preference with book shelves, photographs and other memorabilia.

Gardens were seen to be well maintained with shrubbery beds, beautiful walkways, seating and statuettes. At the start of the inspection it was noted that there was signage alerting people that the doors to the garden were alarmed. This signage was removed when it was brought to the attention of the person in charge as it was acknowledged as a restrictive practice.

There was some orientation signage displayed on walls but the inspector observed that when looking down long corridors there was no signage to orientate residents to areas such as the dining room or sitting room. Some communal rooms did not have signage to indicate what they were and as doors were closed residents would not realise that they were communal rooms for their use.

The activities schedule was displayed on each unit and a large coloured schedule was displayed outside the activities room for residents to see what was happening during the day and evening times. Residents gathered in the activities room for a cuppa and a chat with their friends before mass at 11 o clock. Mass was celebrated each day and the inspector observed that many residents found peace and tranquility in the beautiful church. Residents met with their friends and chatted and a member of the Bon Secours order was seen to provide pastoral care and companionship to many residents.

A variety of activities were facilitated each day ranging from arts and crafts, news paper reading, rosary, music, bingo, physiotherapy every Thursday, movie evenings with treats such as hot chocolate. The therapy dog was on site in the afternoon and residents were observed in the activities room with the dog, really enjoying the company. Some residents were seen to enjoy the radio or television in their bedrooms, others walked about the centre, and others were assisted to the activities room or church where they met up with their friends. Minutes of residents meetings were displayed on the notice board outside the activities room for residents to read. A meeting was held the day before the inspection and minutes of this meeting were displayed.

One resident's family spoke very highly of their relative receiving end-of-life care. They said that staff were so kind, attentive and kept them updated with information. During the night when family members were not around, and when their relative was able, staff brought their relative out to the nurses station so that she had company and chatted, and this provided solace to the family that their relative had company and someone to chat with when they were not around. Staff had provided them with access to the Patel room; this room had comfortable seating and tea and coffee making facilities. They found this room a lovely space to retreat to during care of their relative.

Breakfast, dinner and tea times were observed. Residents dined on their units as the main dining room had not re-opened at the time of inspection due to COVID-19 precautions. Meals were well presented and residents gave positive feedback about the quality and choice for their meals. Assistance was seen to be provided in a dignified manner and residents' independence was encouraged. Allergy information was displayed alongside the kitchenette on each unit providing information of foods, allergy potential and calorific details. Additional information included suggestions for staff regarding alternatives and best times to give additional calorie intake for residents as part of their meal-time quality initiative.

Mealtimes were protected and medication was administered after meals. Nurses were observed knocking on residents' bedrooms doors, introducing themselves and offered their medications, all in a relaxed and professional manner.

The centre was visibly clean and residents complimented the standard of cleanliness of their bedrooms and communal areas. Hand gel dispensers were available with advisory signage indicating how to perform hand hygiene. Additional hand dispensers were installed in residents' bedrooms following the last inspection.

The foyer and some residents' bedrooms had been re-decorated as they became vacated. Residents had specialist mattresses, profiling and low low bed, crash mattresses, and equipment such as specialist hoists. Catheter bags were seen to be appropriately secured to beds and maintained off the floor to prevent contamination.

The household cleaners' room was neat and tidy with items appropriately stored on shelves. There was a separate hand-wash sink here along with additional sink for cleaning waste. Laundry was segregated at source and each unit had their designated laundry trolleys. Clinical rooms had hand-wash sinks with hands-free taps.

There was no storage in some of the sluice rooms to adequately store urinals and bedpans. In one unit, laundry bins were stored in the sluice room which prevented access to the bedpan washer. One protective equipment station (PPE) did not have hand sanitising gel dispenser to enable visitors to perform hand hygiene prior to entering the bedroom but this was remedied when brought to the attention of the nurse.

There was swipe-card access to many rooms requiring security such as clinical rooms. Sluice rooms had keypad access and the inspector observed that these were difficult to operate.

Emergency evacuation floor plans were displayed throughout the centre on each unit as well as in the foyer, however, they did not detail a point of reference such as 'You Are Here' or the name of the unit and were not orientated to reflect their relative position in the building; room numbers were not included in the plans.

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

Capacity and capability

Overall, the findings on this inspection demonstrated significant improvement in many aspects of care delivery. There was a commitment to promoting a rights-based approach to care where the resident was central to service delivery. However,

improvement was required in areas of auditing of the service, accessibility of policies and procedures, complaints procedure and some areas relating to infection control.

St Joseph's Hospital was operated by the Bon Secours Health System Limited. The designated centre formed part of the Bon Secours Care Village. The governance structure comprised the board of management (BOM), the chief executive officer (CEO) and senior management team. On site, the structure comprised the person in charge, clinical nurse managers (CNMs), care team, human resources (HR) and finance departments.

The governance structure was strengthened since the last inspection with the addition of a consultant geriatrician as clinical director to provide support and direction for residents and staff. The service had access to the Bon Secours safety health and well-being officer and the national quality manager, both of whom were on site on a regular basis.

Following a review by the person in charge of the governance arrangement for the service, additional CNMs were appointed, one over each unit. This facilitated weekend cover to ensure a more robust governance system and accountability for the service. At the time of inspection, the post for assistant director of nursing was advertised.

Following from the COVID-19 outbreak, a review of the management of the service was completed and several improvements were actioned. For example, each unit was designated as a separate unit, with staff appointed to their unit for the duration of one year and then they would rotate to another unit; this ensured that movement of staff was minimised in line with the recommendations of Health Protection Surveillance Centre (HPSC) regarding infection control protocols. Staff reported that the appointment of a CNM to each of the four units enabled them to have more ownership, autonomy and accountability for their unit, and while the change was relatively new they said they were happy with the new structure and operational management.

A formal on-line audit system was introduced in the previous six months and while audits had commenced it would take time for this system to become embedded and for staff to become familiar with the audit process.

Minutes of the monthly clinical governance meetings were reviewed. They showed a review of the service with results of audits, key performance indicators (KPIs) informing the meetings with actions, time-lines and responsibilities assigned for remedial actions identified. Matters were seen to be followed up on subsequent meetings. Quality and safety meetings were convened every six weeks with set agenda of clinical and non clinical matters including fire safety. Minutes of meetings of 2021 demonstrated that fire safety issues identified on this inspection had been identified and were being addressed, for example, updating the emergency evacuation floor plans.

The statement of purpose required updating to be in compliance with regulatory requirements. The directory of residents was updated on inspection to ensure regulatory compliance.

While it was reported to the inspector that policies and procedures in line with Schedule 5 were available to staff, they could not be accessed on the system on the day of inspection. The risk management policy was seen as this was part of the risk management folder, however, three of the specified risks detailed in the regulation were not included in the policy shown.

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters confirmed this. Cleaning and laundry staff were provided through an external contract and a household supervisor from this service was in the centre to provide supervision, and was on site on the day of inspection. There was evidence that training was scheduled on an ongoing basis. The person in charge confirmed that training was completed such as, manual handling and lifting, safeguarding, nutrition, hand hygiene, donning and doffing PPE training, and other COVID-19 related training. However, better staff supervision was necessary to ensure that staff were knowledgeable regarding procedures related to cleaning.

As part of their ongoing quality initiative, nursing students' placements were facilitated. Services facilitating student placement required to be assessed every five years by the parent college to ensure the hosting service was at the required standard. St Joseph's Hospital underwent this clinical learning audit and results of this audit available at the time of inspection showed that they passed the audit.

Regulation 14: Persons in charge

The person in charge was recently appointed to the service. She was full time in post and had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge of regulatory requirement and was actively involved in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of staff rosters was completed by the person in charge and rostered times were changed to ensure that residents' mealtimes would not be impacted. For example, the 08:00 – 13:30 shift was changed to 08:00 – 14:00hrs, 08:00 – 17:30hrs changed to 08:00 – 18:00hrs.

Judgment: Compliant

Regulation 16: Training and staff development

Ongoing training was scheduled to ensure that all staff were up-to-date with their training requirements.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the time and cause of death of residents in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

An on-line audit system was introduced and while audits had commended it would take time for this system to become embedded and for staff to become familiar with the audit process. While a schedule of audit was in place for 2022, it was not sufficiently robust to provide oversight of all aspects of the service.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were examined. They detailed the information listed in the regulations including the room number, occupancy, fees to be charged and additional fees. Fees were discussed during the inspection and the national quality manager explained that these were being reviewed as part of the post COVID-19 outbreak review to ensure fairness.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to include:

- deputising arrangements for occasions when the person in charge was absent from the centre
- the organisational structure to reflect current governance arrangements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents and accidents log showed that notifications were submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints procedure prominently displayed, it was not in an easy-to-follow format for residents and relatives. A more accessible complaints procedure displayed would make it easier for residents and relatives to raise issues independently.

The complaints procedure displayed required updating to reflect current legislation (rather than the Nursing Homes Regulations 1993).

The satisfaction of the complainant to the outcome of a complaint was not consistently recorded.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were inaccessible on the day of inspection. The quality manager explained that this was identified as part of their quality meetings and they were in the process of upgrading their document storage system so that staff could easily access these essential documents.

Judgment: Substantially compliant

Quality and safety

Throughout the inspection the inspector observed that the care and support given to residents was respectful. Staff were kind and those spoken with were familiar with residents' preferences and choices.

In relation to care planning, the inspector found that staff were knowledgeable of residents' preferences and their care needs. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Residents' documentation showed there was active monitoring of residents for signs of COVID-19 symptoms and recovery. A sample of care plans were reviewed and in general they were found to be person-centered and specific to residents' assessed needs and preferences. However, risks associated with a diagnosed condition were not always identified, for example risk associated with Alzheimer's disease.

The on-line resident record system had two restrictive practice templates available to staff, one was the 'restraint' assessment and the second the 'bed-rail' assessment and both appeared to be used for the assessment of bed-rails, however, they were not consistently updated in line with the regulations.

The health care needs of residents were supported. The appointment of the consultant geriatrician as clinical director provided additional support to residents and staff. Documentation demonstrated that residents had access to a range of health care professional with regular reviews by the physiotherapist, occupational therapist (OT), podiatry, tissue viability nurse (TVN), dietitian and the speech and language therapist (SALT). Occupational therapy access was increased since the last inspection whereby the occupational therapist was on site once a fortnight. Transfer letters for occasions when the resident was temporarily absent from the centre to another health care facility were seen.

Medication management had improved upon the previous inspection findings. Controlled drugs were maintained in line with professional guidelines.

The person in charge explained that she proposed to set up family meetings in the near future as part of their quality improvement to get to know families and visa versa and build relationships as part of a responsive service rather than a reactive one. This would be in addition to residents' meetings and would augment feedback about the service.

The TV system was updated since the last inspection and upgrading of the call-bell system was scheduled.

This service was not a pension agent for any resident. A small number of residents availed of the support regarding their petty cash and records seen were maintained in line with best practice guidelines.

Regulation 11: Visits

The inspector found that the visiting protocol was in line with the current visiting guidelines. Visitors were seen visiting in residents' bedrooms. Areas had been set up for window visits and these remained in situ should the guidance change or should the centre be subject to a further outbreak. Relevant HPSC information notices were displayed at the entrance to the centre providing details to visitors of current protocols when visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to good personal storage space in their bedrooms such as double wardrobes, bedside locker and some had chest of drawers.

Judgment: Compliant

Regulation 13: End of life

Family members spoken with whose relative was receiving end of life care spoke very highly of the care and attention their relative received. They said that staff provided them with support and continually provided updates on their relative's condition. They had access to the Patel room to retreat to for comfort and relaxation.

Judgment: Compliant

Regulation 17: Premises

The foyer and some bedrooms had been re-decorated. A programme of works was in place for the re-furbishment of the remainder of the building. The TV system was upgraded and the call-bell system was scheduled for upgrading.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents gave positive feedback about their meals, the choice they had for each meal and the quality of the food served. The inspector observed the choice residents had and how well meals were presented. Residents were seen to be assisted in a dignified manner and residents' independence was promoted at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Appropriate letters were seen for occasions when a resident was temporarily absent from the centre and transferred to another health-care facility to ensure the receiving centre could appropriately care for the resident in accordance with their assessed needs. Residents' records demonstrated that upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals so that the resident could be cared for in accordance with their changed needs.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was available as part of the risk management folder, however, specified risks listed in the regulation (self harm, violence and aggression) were not included in the policy shown.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues relating to ineffective infection control management identified on inspection included:

- there was not a timely removal of two large clinical waste bags from a bedroom of a resident receiving end of life care
- there was inadequate drainage racks in some sluice rooms for bed pans and urinals
- there was broken equipment stored in a sluice room
- there was inappropriate storage of a specialist mattress on top of the sit-down weighing scales; this mattress was visibly unclean
- there was a lack of knowledge of household staff regarding appropriate dilution of solutions to enable effective cleaning
- there was container of testing sticks underneath bedpans which were drip drying
- there was inappropriate storage of a laundry trolley in one sluice room
- there was a clinical waste bag in the hand-wash sink in a sluice room
- there was difficulty accessing some sluice rooms.

While a post COVID-19 outbreak review was undertaken and several improvements were noted and described throughout this report, the outbreak review report did not reflect the changes reported and the current management of each unit.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency evacuation floor plans were displayed throughout the centre on each unit as well as in the foyer, however, they did not detail a point of reference such as 'You Are Here' or the name of the unit; they were not orientated to reflect their relative position in the building; unit names or room numbers were not included in the plans to provide additional orientation information.

Regular fire drills were completed; while simulated evacuations were undertaken they were not routine completed with a minimum staff number. Records of these showed that more regular evacuations were recommended to be assured that all staff were familiar with the process, however, these were not completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Significant improvement was noted on this inspection relating to medication management. A sample of medication charts were examined and the inspector found that residents had current prescriptions from which the nurse administered medication. Medications were prescribed in line with professional guidelines. There was no evidence that medication was transcribed by nursing staff, in line with their

policy. Controlled drugs logs were examined and these were maintained in line with professional guidelines. Medication management audits were undertaken on a monthly basis per unit following the findings of the last inspection and audit results demonstrated good compliance levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed and in general they were found to be person-centered and specific to residents' assessed needs and preferences. However, risks associated with a diagnosed conditions were not always identified, for example risk associated with Alzheimer's disease to be assured that residents needs would be appropriately met.

The on-line resident record system had two restrictive practice templates available to staff, one was the 'restraint' assessment and the second the 'bed-rail' assessment, and both appeared to be used for the assessment of bed-rails, however, they were not consistently updated in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

A consultant geriatrician was recently appointed as clinical director to the service to support residents and staff in the care of residents. GPs attended the centre on a weekly basis and when required. Residents had good access to allied health professionals.

Judgment: Compliant

Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults. Positive normal social interaction was seen throughout the inspection where staff actively engaged with residents and encouraged them, in a respectful manner.

This service was not a pension agent for any resident. Petty cash records were examined for residents and these were maintained in line with best practice as each transaction had dual signatures including signatures of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Additional orientation signage was necessary to mitigate the risk of disorientation and confusion. Some rooms did not have signage to indicate they were for residents comfort and relaxation such as smaller sitting rooms.

While regular residents meetings were facilitated and minutes were displayed for residents to read, a review of these records showed that while some issues were followed up in subsequent meetings, other issues raised were not, such as their request for a beautician, staff introducing themselves on night duty, noise level on night duty and access to the garden; these were recurring items.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Hospital OSV-0000284

Inspection ID: MON-0035717

Date of inspection: 02/02/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Weekly training is being provided to staff on the on-line audit system Vi-Clarity. 2. The current schedule of audits will be expanded in Q2 2022 3. Adherence to audit schedule will be monitored and reported to the governance committee at each of its meetings. Action by: June 30th 2022	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: 1. The Statement of Purpose has been updated to include: • Clear deputizing arrangements in the absence of DON/PIC. • Organization Structure has been updated to reflect Governance Structure. Action Complete	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
1. The Complaints Procedure will be updated to:
• Reflect current legislation (Regulation 34)
• The Complaints Procedure displayed will be updated to make it easier for residents and relatives to raise issues independently
• Person in Charge will ensure complaints are fully recorded and closed out on Care Monitor

Action by: April 30th 2022

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1. The implementation of QPulse (Online Policy Database) is in progress for Q2.
2. The 20 Schedule 5 policies will be uploaded to QPulse
3. Staff training will take place

Action by: June 30th 2022

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
1. The Risk Management Policy has been updated to include:
a) Self Harm
b) Violence
c) Aggression

Action Complete

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. An environmental audit will be expanded to include on a monthly basis the review of :
• Clinical waste management
• Correct decontamination and storage of equipment
• Management of broken equipment

Action Date: April 30th 2022

2. Housekeeping Supervisor has conducted refresher training with all housekeeping staff on the appropriate dilution of solutions. Information charts have been erected for housekeeping staff.

Action Complete

3. Drainage racks for 2 of the 6 sluice room are being sourced and may have to be custom made.

Action Date: June 30th, 2022

4. Swipe access will be installed on the remaining 2 sluice rooms.

Action Date: June 30th, 2022

5. Covid-19 Contingency Plan has been updated to reflect our current changes in staffing in the four units.

Action Complete

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Emergency Evacuation Floor Plans will be updated to clearly display:
• You are here
• Name of the Unit
• Reflect position in the building
• Room Nos

Action Date: June 30th, 2022

2. A schedule of daytime and nighttime fire evacuation drills for each quarter has been finalized to ensure all staff are fully familiar with the process.

Action Complete

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. The applicability of the Risk Assessment in each of the care domains (ADLs) will be reviewed and the risk assessment tool completed as appropriate.

Action Date: June 30th, 2022

2. Education sessions on the use of the bedrail risk assessment and the restraint assessment tool will be conducted by the CNMs. This will be included in the nursing documentation audit.

Action Date: June 30th, 2022

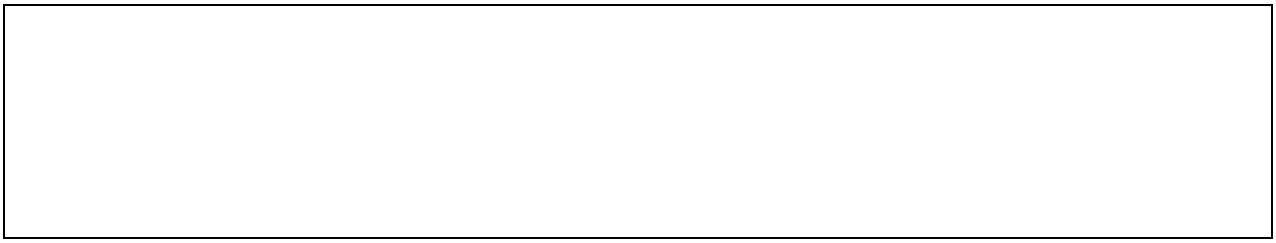
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. New signage will be erected to make it easier for residents to find their way around the Care Village. Signage will also be placed in communal areas.

Action Date: June 30th, 2022

2. Requests raised at residents' meetings will be actioned in a timely manner and residents will be kept updated.
3. Actions identified at residents' meetings will be included in report to the governance committee to identify close outs.

Action Date: April 30th, 2022



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	25/03/2022
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	25/03/2022

	actions in place to control self-harm.			
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	30/06/2022
Regulation 28(1)(e)	The registered provider shall 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.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	25/03/2022
Regulation 03(2)	The registered provider shall	Substantially Compliant	Yellow	25/03/2022

	review and revise the statement of purpose at intervals of not less than one year.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/04/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/04/2022
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	Substantially Compliant	Yellow	30/04/2022

	in accordance with best practice.			
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	30/06/2022
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	30/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2022