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:	Hollybrook Lodge
Name of provider:	St James's Hospital
Address of centre:	St Michael's Estate, Bulfin Road, Inchicore, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	13 June 2024
Centre ID:	OSV-0005053
Fieldwork ID:	MON-0043956

About the designated centre

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

Hollybrook Lodge provides residential care to 50 residents, with 46 resident beds and 4 respite beds. All residents and patients cared for in Hollybrook Lodge have access to specialist medical and nursing care, a wide range of support therapies including Physiotherapy, Clinical Nutrition, Medical Social Work, Speech & Language therapy and specialist aged-care services & treatments including Old Age Psychiatry, Bone Health, and Memory Clinic. Hollybrook is a secure, bright, purpose built two storey structure with stairs and a lift. There are two units, Robinson Unit on the ground floor, and the McAleese unit on the first floor. Each unit provides accommodation for 25 residents. There is an enclosed garden for resident's use adjacent to and behind the building. The family room is located on the first floor and there is an external designated smoking area for residents. The Hollybrook Lodge Residential Care Centre is managed by the Medicine for the Elderly Directorate of St James Hospital. The scope of the directorate services comprises acute in-patient, rehabilitation, out-patient, day care, transitional care, residential care and community outreach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 13 June 2024	07:55hrs to 16:15hrs	Niamh Moore	Lead
Thursday 13 June 2024	07:55hrs to 16:15hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day in Hollybrook Lodge in Inchicore, Dublin 8. The inspectors spent time speaking with residents, observing staff and resident interactions and reviewing documentation. The general feedback received from residents was that they were happy living within the designated centre. One resident said that staff were "wonderful" and another resident said staff were very responsive and that they received good medical care.

The designated centre comprises two storeys with resident bedrooms set out across two units, referred to as the McAleese and Robinson units. Overall, the centre was found to be well-laid out with suitable communal areas for the number of residents and their assessed needs. There were a variety of communal areas for residents to use including, a communal sitting room and a dining room in each unit. On the ground floor, there was also an oratory, activities room, multi-purpose room and a garden for residents' use. The activity room was seen to be decorated for a recent birthday celebration for one of the residents. Inspectors were told that this occasion was celebrated with a cake, staff and the resident's family members.

The centre is currently registered for 50 residents. However, on the day of the inspection, it provided accommodation for 48 residents in 34 single, four twin and two three-bedded rooms, all with en-suite facilities. Bedrooms were seen to be decorated nicely and contained personal items, such as residents' framed family photographs and ornaments.The three-bedded bedrooms, were previously used to accommodate four persons and the provider was in the process of de-registering one bedspace, as part of their compliance plan. The inspectors saw that the registered provider was in the progress of adapting this additional space with chairs and homely features such as plant pots.

Since the last inspection, there was a programme of refurbishment seen to take place to include maintenance of pantry areas, improved storage facilities and painting was on-going during this inspection. Overall, the premises was found to be clean and efforts to create a homely environment were evident. However, some further premises works remained outstanding.

Inspectors observed a mealtime in one of the units. Menus were provided in individual bedrooms and showed that there were choices available for breakfast, the main meal at lunchtime, tea-time meal and desserts. Inspectors observed a relaxed and positive dining experience where residents were seen enjoying their meals, being assisted and supervised discreetly by staff. All residents spoken with during the inspection were complimentary regarding the food choices and meals within the centre. Inspectors were told "the food is lovely" and "the food is beautiful".

Inspectors observed that residents had opportunities to participate in a variety of social activities, in line with their abilities and preferences. In the morning, inspectors observed that residents were engaged in an energetic chair exercise

programme facilitated by two physiotherapists. In the afternoon, residents attended the activity room for a social gathering where they were served light refreshments and listened to music. Inspectors heard how some residents enjoyed going on outings to local buildings of historical importance and picnics in the garden. One resident informed inspectors that they were looking forward to the centres annual fashion show, where they planned "to dress up to the nines".

There was a minimum of one member of staff in communal areas to supervise residents and staff were available to respond to residents' needs in a timely manner. Staff were also seen to regularly check on residents who preferred to stay in their bedrooms. A number of residents told inspectors that staff were good to them, and get them what they want or help them if they needed anything. Residents reported to feel safe and that while they had no complaints, they would feel comfortable speaking with any member of staff. One resident said they "were well looked after", while another resident reported that they use their call-bell in their bedroom and staff attend to them promptly.

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 on the quality and safety of the service being delivered.

Capacity and capability

This inspection followed up on the compliance plan from the last inspection in April 2024 and informed the provider's application to renew registration for 48 residents. Inspectors found that overall the management systems in place had strengthened to ensure the service residents received was safe, appropriate, consistent and effectively monitored. While improvements were seen in the oversight and it was evident the provider was working towards improved compliance with the regulations, some further action was required in areas such as auditing and documentation oversight.

St James's Hospital is the registered provider for Hollybrook Lodge. The Chief Executive Officer of the hospital is the person delegated by the provider with responsibility for senior management oversight of the service. The designated centre also had support from two senior managers, with roles such as the assistant director of nursing (ADON) and an operations manager of the medicine for the Elderly (MedEL) Directorate within the hospital. The person in charge was the clinical nurse manager grade III, who directly reported to the ADON.

The person in charge was supported in their role by two clinical nurse managers grade II and two clinical nurse managers grade I. Staff were allocated per unit. Nursing staff were supported by healthcare assistants, activity staff, household and catering staff. The designated centre was also supported by medical officers, porters and allied health professionals. During the inspection, inspectors reviewed worked

and planned rosters and found that the provider had ensured that there was sufficient staffing available to meet residents' assessed needs.

The registered provider had updated and submitted their statement of purpose as part of their application to renew the centre's registration. However, this required further review to ensure it contained all of the required information set out in Schedule 1.

Policies and procedures were not easily accessible, specific to the service, and some had not been adopted and consistently implemented by staff. This is further discussed under Regulation 4: Written policies and procedures.

The provider had a training matrix in place (a training matrix is an overview of staff members' completed training and remaining training requirements). This matrix showed that staff had attended online and in-house training in safeguarding, fire safety, dementia care, infection control and manual handling, among other appropriate subjects.

Improvements were seen in the oversight of records such as for staff Schedule 2 files, however the directory of residents and contracts of care seen, did not contain all the information required by the regulations.

Learning and improvements were being made in response to the last inspection of the centre. For example, there was evidence that senior management meetings occurred more frequently and senior management now attended the designated centre to review, audit and discuss clinical and non-clinical data. In addition, staff training was now seen to be monitored to ensure that staff remained up-to-date with relevant training as required. Training was ongoing with staff relating to person-centred care planning, however some further oversight was required to ensure there was evidence of progression of all required improvements.

Complaints were recorded in line with regulatory requirements. Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Residents and their families knew who to complain to if they needed to.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. They are a registered nurse with not less than 3 years experience in a management capacity in the health and social care area, and a post registration management qualification.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet the needs of the 48 residents. Rosters showed there was a minimum of two registered nurses on duty per unit day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors saw that the registered provider had ensured staff had received relevant training that was up-to-date and appropriate to the service provided, their role and the needs of residents.

There was evidence that staff had received appropriate supervision such as induction forms, probation reviews, and annual appraisals and, where relevant, performance improvement plans.

Judgment: Compliant

Regulation 19: Directory of residents

While each unit had a directory of residents available for review, this was seen to be two separate documents and not maintained in one directory as required. Improvements had been made to the data recorded, however, not all information specified in Schedule 3 was included. For example, the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre was not recorded.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of staff files provided assurances that information required under Schedule 2 of the regulations was maintained to ensure documentation was accurate, up-to-date and accessible.

Judgment: Compliant

Regulation 23: Governance and management

At the time of inspection, it was acknowledged that improvements were seen. However, assurances were not fully provided that the systems in place to ensure oversight of all areas of the service were safe, appropriate, consistent and effectively managed. For example:

- Inspectors saw evidence in management meetings and audits that records such as the contracts of care and the directory of records were discussed and reviewed to determine if they required any further action. Despite this system in place, the oversight arrangements failed to identify that these records did not meet the criteria of the regulations.
- The management systems in place to ensure effective oversight of care planning and healthcare required strengthening, for example, repeat findings were seen, as detailed in this report under the relevant regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three resident's contracts for care. The contracts were signed however, the documents did not record each resident's room number or the occupancy of that bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose relating to the designated centre which had recently been reviewed. This required further update to ensure the description of the rooms in the designated centre were accurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in prominent positions within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not ensure that all policies set out in Schedule 5 were prepared in writing and adopted in practice. For example:

- While inspectors were provided with some written policies and procedures, not all were available, such as, the policies on provision of information to residents and the temporary absence and discharge of residents.
- Some policies seen did not reflect the designated centre. For example, the policy on the management of behaviour that is challenging referred to the acute setting of St James's Hospital and not the practices in place for the designated centre.
- Inspectors saw evidence where two policies had not been consistently followed by staff, namely the policies on nutrition and restraint use. This will be further discussed within the Quality and Safety section of this report.

Some policies, while in place, had not been reviewed within the last three years. For example, the policy on end-of-life care was dated March 2020. Inspectors were told that this policy was in draft format.

Judgment: Substantially compliant

Quality and safety

The inspectors found that overall residents were supported and encouraged to have a good quality of life in the centre. Inspectors followed up on the compliance plans from the most recent inspection and acknowledged the improvements and positive changes. However, there was opportunity for further improvement in individualised assessment and care planning, healthcare, managing behaviour that is challenging, premises and infection prevention and control, and will be discussed further under the relevant regulations.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Inspectors acknowledged significant improvements in resident individual assessment and care planning since the last inspection. However, further improvement was required to ensure that each resident had a care plan in

place that was personalised and reflected the care needs identified.

Inspectors found that residents had good access to healthcare. They had their own general practitioner (GP) of choice, medical cover was available daily, and they had access to multi-disciplinary healthcare professionals as required. However, some gaps were identified and will be discussed further in the report.

The use of restraint was monitored within a restraint register. While risk assessments were carried out and care plans were in place, there was no evidence that the use of restraint in the centre was a collaborative decision; a multidisciplinary approach, involving the resident, general practitioner (GP), nursing staff and other allied health professionals was required, in line with the designated centre's policy.

The care plans of those displaying responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

Residents' rights to privacy was observed to be upheld. Mobile privacy screens were seen to be used in multi-occupancy bedrooms on the day of inspection. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There were resident meetings to discuss key issues relating to the service provided.

There were no residents actively at end-of-life on the day of inspection, however inspectors followed up on end-of-life care and observed that comfort measures in relation to pain management were prescribed for when required. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate their next of kin and were reviewed by a doctor.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. Inspectors followed up on non-compliance from the previous inspection dated 17 April 2024. The four bedded rooms that did not comply with the requirements of 7.4 m2 of floor space, were reduced to three bedded rooms. The additional space created in the bedrooms was effectively used as a recreational space for residents. On the day of inspection, designated spaces for residents were not seen to be utilised for staff purposes. Improvements in maintenance was observed including, upgrading of dishwasher machines, locked access to sluicing facilities and evidence of ongoing painting and decorating. However, further improvements were needed as further detailed under Regulation 17.

Overall, the inspectors observed many instances of good practices in respect of infection prevention and control, including good hand hygiene techniques. The inspectors noted that following the last inspection, the registered provider had put in place an improvement plan to enhance infection, prevention and control to address outstanding issues. For example, all fridges viewed on inspection were clean and had cleaning schedules in place. Storage practices had improved since the previous

inspection. For example, there was no inappropriate storage of unlabelled personal toiletries in shared bathrooms of multi-occupancy bedrooms. However, further improvements were required and will be discussed further in the report.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Observation of staff interaction identified that staff did know how to communicate respectively and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and responded appropriately. Care plans reviewed were person-centred regarding specific communication needs of individuals.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that residents received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Residents received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Further action was required to be fully compliant as per Schedule 6 requirements. For example:

- Ventilation and heating required review in some areas of the designated centre. For example, the temperature in a clinical room where medication was stored was not recorded. Labelling of the medications stated that storage was required at a temperature maximum of up to 25 degrees Celsius, otherwise could pose a risk in respect of efficacy of those medications. An offensive smell was also apparent in a utility room and a clinic room.
- Emergency call facilities were not accessible in every area used by residents. The designated smoking facility did not have an emergency call bell to enable residents to call for support if required.

- The door to the attic was observed to be left open and posed a fire containment risk. Inspectors acknowledge that this was rectified on the day of inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

Notwithstanding the positive improvements since the previous inspection, further action was required to ensure that the centre complied with procedures consistent with the National Standards for Infection Prevention and control in Community Services (2018). For example:

- Inappropriate storage practices was observed in some areas of the centre. For example, shower screens and boxes were stored on the floor preventing effective cleaning.
- Some items of furniture required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, resident chairs required review and a work surface in one clinic room was damaged with exposed medium-density fibreboard (MDF). The associated risk with a porous surface could not ensure effective cleaning.
- Some staff were not aware of the single-use sign that is used for one single resident and one procedure only, which reduces the risk of cross-contamination.
- Single use dressings observed to be open and partly used, were stored with un-opened products, which could result in them being re-used and posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From the sample of care plans reviewed, further action was required to maximise the quality of residents' care. For example:

- Inspectors saw that not all care plans were developed to meet the assessed needs of residents, within 48 hours of admission as required by the regulation.
- Some care plans viewed by inspectors were not personalised. For example, one care plan for a male resident made reference to 'her' and 'she'.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were required to ensure all residents received a high standard of evidence based nursing care. For example:

- Daily record keeping required improvement. Fluid and food charts were not completed in a manner to inform a nutritional assessment.
- Residents with a malnutrition universal screening tool (MUST) score of 2 did not trigger a weekly weight assessment, in line with the centre's own nutrition policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that supports their physical, behavioural and psychological well being, as evidenced by:

- Staff spoken with on the day of inspection had the knowledge to manage responsive behaviours when displayed by some residents, however the care plans reviewed did not always reflect the triggers or de-escalation techniques that worked for the resident in question.
- Residents with responsive behaviours that were on 'long distant supervision' had no record of timely checks.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hollybrook Lodge OSV-0005053

Inspection ID: MON-0043956

Date of inspection: 13/06/2024

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: *PIC to maintain one directory of residents * Name and address of the source of admission of any residents is now added to the registry of residents * These updates have now been included for review in the PPIM audit tool	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • These updates have now been included for review in the PPIM audit tool	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • All current resident's Contract of care to be recorded to reflect the room occupancy.	

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • Statement of Purpose is now complete and forwarded to HIQA ON 18/06/2024	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Written policies and procedures under Schedule 5 to be updated to reflect the practices within the centre. These policies will be made available to all relevant staffs within the centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Temperature control monitor is now installed along with a daily check list to be completed by staff at the changeover of shifts • Facilities management to review the drainage system within the center • In relation to emergency call facilities, temporary solution in situ and more permanent solution being explored with our occupational therapist colleagues	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:
• Non-resident specific property reviewed and any furniture with their surfaces not intact is removed from use.
• Worktop surfaces inside clinic rooms reviewed and plan in progress to replace same.
• Storage practices reviewed and improved to prevent items being stored on the floor
• An education programme to roll out to nursing staffs regards to single use only sign

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:
• As per compliance plan dated 22/05/2024, process of nursing documentation reviewed and developed in line with a person centred approach to ensure residents are included in the entire process. This change in process is now embedded into every day's practice.
• Daily review of residents nursing assessments and care plans to be completed by nurse managers with their team members. Outcomes of these reviews to be reported to the PIC on a daily basis.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• As per compliance plan dated 22/05/2024, process of nursing documentation reviewed and developed in line with a person centred approach to ensure residents are included in the entire process. This change in process is now embedded into every day's practice.
• Policy on nutrition and hydration currently reviewed and updated to reflect residential care standards.
• Daily review of residents nursing assessments and care plans to be completed by nurse managers with their team members. Outcomes of these reviews to be reported to the PIC on a daily basis.
• PIC to complete monthly audits on residents nursing assessments and care plan.
• Process of nursing documentation reviewed and developed in line with a person centred approach to ensure the resident is included in the entire process.
• All staffs within the Hollybrook Lodge have equal opportunity to access all training programmes internally (within St. James Hospital)/externally to continuing professional development relevant to their roles. Through local PPD processes, we will ensure staffs are encouraged to utilize this opportunity. Records of staff training attendance and their PPD folders are maintained for all nursing and HCA staffs locally.
• Following the inspection, re-education programme will be delivered focussing MUST

policy

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:

• As per compliance plan dated 22/05/2024, all staffs within the Hollybrook Lodge have equal opportunity to access all training programmes internally (within St. James Hospital)/externally to continuing professional development relevant to their roles. Through local PPD processes, we will ensure staffs are encouraged to utilize this opportunity. Records of staff training attendance and their PPD folders are maintained for all nursing and HCA staffs locally.

• Quality Improvement Plan in relation to Person centred care- DICE training, Person centred care plan micro module education to continue to roll out and as per compliance plan dated 22/05/2024

• Following the inspection, re-education programme will be delivered focussing on managing behaviour that is challenging.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/07/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	14/06/2024
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	30/09/2024

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	30/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/06/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	30/09/2024

	the matters set out in Schedule 5.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	14/07/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/07/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Substantially Compliant	Yellow	14/07/2024

	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/2024