



**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:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 July 2022
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0035553

About the designated centre

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

This centre is a purpose-built two-storey building located on the edge of Maynooth town. The centre has been operating since 2002, providing continuing long-term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed. The centre is registered for 40 residents, with up to a maximum of 38 residents being accommodated at this time. The centre is designed around a central courtyard accessible from the ground floor. Communal day, dining and sanitary facilities were available. There is an additional balcony/terrace off the sitting room on the first floor with a view over the nearby canal. Residents' private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and up to four beds in rooms. A separate spacious palliative care room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching the end of life. This room was spacious and had facilities for both the resident and their family. A passenger lift is available between the ground and the first floor. The ground floor accommodation is primarily occupied by office and administration staff but includes a spacious oratory for prayer, reflection and repose for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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
Wednesday 20 July 2022	09:00hrs to 18:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents' needs were being met by staff who knew them well. On the day of the inspection, the inspector observed a friendly, relaxed and calm atmosphere in the centre. Staff were available throughout the inspection and were knowledgeable of residents' individual needs. The inspector saw many positive interactions between staff and residents. However, issues relating to the premises, residents' privacy and dignity, infection control and fire were identified during the inspection as requiring action to improve the quality of residents' lives. This will be further discussed in the report below.

Following an introductory meeting, the inspector did a walk around the centre with the person in charge. The inspector observed some residents up and dressed for the day and that they appeared well-presented and comfortable. Some residents were sitting out in the communal sitting room while others watched television in their bedrooms. The inspector met with the majority of the 29 residents living in the centre on the day of the inspection and spoke extensively with seven residents to gain insight into their lived experiences. One resident who spoke with the inspector said that the staff were "great", while others agreed that the staff provided good care to the residents.

The communal areas were styled with comfortable furnishings with views of the outdoors and the canal, which meant that residents could observe the passers-by who walked along the canal path. The dining areas were bright and spacious. However, the inspector observed that some areas required improved oversight of maintenance and cleaning, the paintwork was seen to be chipped, and flooring in some bedrooms and communal areas was damaged. Bedroom accommodation consisted of multi-occupancy bedrooms and single bedrooms. The residents' bedrooms were clean and bright, and most were furnished with personal items such as photographs and ornaments. However, the purpose of use of some of the bedrooms was changed to a storage area, and the layout in some of the multiple-occupancy bedrooms did not support the residents' right to privacy and did not reflect a homely environment. The centre had an internal secure garden area that was furnished with well-maintained seating and tables.

The dinner was observed to be an enjoyable, social event for the residents in the dining room. The inspector observed that the food served in the centre appeared to be wholesome and nutritious. Residents commented they liked the food provided in the centre. Staff were observed offering choices of different dishes and additional portions of food to residents. Mid-morning and mid-afternoon snacks were offered to residents, and staff were seen to encourage residents with their meals in a respectful and kind manner.

Residents were provided with a variety of recreational opportunities, including opportunities to partake in group activities and one-to-ones. Residents informed the inspector that they enjoyed these activities and there was always something on. The

inspector observed that residents were actively involved in group activities in the main sitting room and found that residents were supported to engage in these in line with their preferences and abilities.

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

Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. This was a well-managed centre with a good history of compliance. However, this inspection identified gaps in management systems and further action was required for the effective oversight of the staff training, records, premises, fire precaution, protection, managing behaviour that is challenging and residents' rights.

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of sub-compliance found on the last inspection in April 2021.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre was clear, with roles and responsibilities understood by the management team, residents and staff. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON).

Monitoring and oversight systems were in place in the centre with evidence of continuous quality improvement. Key-areas of the quality and safety of the service were regularly reviewed, and for the most part, where the need for improvements was identified, these were being progressed and implemented. However, the inspector found that the system of risk identification and recognition of safeguarding concerns in the centre required further oversight to ensure a safe and consistent care delivery.

There was an adequate number of staff on duty on the day of the inspection, and the staff roster showed that all shifts that week were covered. A sample of four staff records identified that the requirements of Schedule 2 and 4 of the regulations were met. Each staff member completed an An Garda Síochána (police) vetting before commencing employment, and registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

A staff training schedule was in place, and there was evidence of staff induction for new staff. However, a review of training records showed that some staff were not

up-to-date update as it did not correctly display all staff working in the centre and some training record dates were missing.

A review of the complaints records showed that complaints were managed in line with regulatory requirements or the centres' own complaints management policy.

Regulation 15: Staffing

This inspection found that the number and skill-mix of staff were appropriate, having regard to the needs of the residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While overall training records showed that staff had access to mandatory and relevant courses to support them in their role, the inspector found that staff needed further training to ensure they had the necessary knowledge and competencies in respect of detection and prevention of and response to abuse as further outlined under Regulation 31: Notification of incidents.

Judgment: Substantially compliant

Regulation 21: Records

The training records reviewed by the inspector did not accurately reflect the training attended and completed by staff.

The inspector observed that records of assessments completed by the Speech and Language Therapist and Manual Handling Assessments displayed in residents' bedrooms were not up to date and did not reflecting residents' current needs. This posed a risk that the staff will not use the correct method for care delivery.

Judgment: Substantially compliant

Regulation 23: Governance and management

- The management of the centre had identified some areas in the premises and

fire risks that required improvement, but the inspector found insufficient action to address these identified risks. For example, broken window handles or a number of premises issues as outlined under Regulation 17: Premises had not been timely addressed and impacted residents' safety and quality of life. The provider was issued with an urgent compliance plan in this respect and satisfactory assurances were received following inspection that appropriate steps to mitigate the risks had been taken.

- Management systems to oversee the service was in place, however they were not sufficiently robust to proactively identify areas for improvements. The analysis of accidents, incidents and complaints was not being used to identify trends in specific areas of care; for example, safeguarding concerns and services that required improvement.
- Validated assessments and trending were being completed on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, this trending did not ensure that the root cause analysis of behaviours had been discussed, reviewed or implemented in the appropriate care plans.
- There was an annual review of the quality and safety of care in the centre carried out for 2021; however, the correct copy was not available to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts of care and saw that the services and fees offered to residents were clearly displayed. Accommodation provided was identified whether the room was single or multi-occupancy; however, the room number and bed identification in the multiple-occupancy bedrooms were missing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's incident log and the complaint log during the course of the inspection and found examples where the allegations of neglect and physical abuse were not recognised by staff and subsequently not notified to the Chief Inspector of Social Services. The person in charge submitted these notifications retrospectively following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place, and this was updated in line with regulatory requirements. Procedures were in place to ensure that all complaints were logged and investigated and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health and welfare were maintained by a satisfactory standard of evidence-based care. However, improvement was required with regard to fire precautions, infection control, premises, care planning, protection, residents' rights and managing behaviours that is challenging.

Comprehensive pre-admission assessments were carried out and recorded for all residents that were admitted to the centre. A range of validated clinical risk assessments was done and used to develop care plans that met the assessed needs of residents and their priorities of care. Care plans were in place for all reviewed residents; however, not all care plans contained details required to guide care in a person-centred manner. Furthermore, the behavioural support plans did not always describe the behaviours, the triggers to them and person-centred interventions to engage or redirect residents.

The centre was visually clean, and despite the numerous examples of good practice observed on the day, there were some issues fundamental to good infection prevention and control that required further improvement as outlined under Regulation 27: Infection Control. The condition of some floors and surfaces impacted on effective cleaning in some areas. This is discussed further under Regulation 17: Premises. The person in charge provided the inspector with an action plan, maintenance schedule, and timeline to address the deficits observed with the premises.

Overall, residents' rights were respected. Residents had access to an independent advocacy service. However, some improvements were required to ensure residents' choice and privacy and dignity were maintained. In addition, the configuration of all of the multi-occupancy bedrooms did not allow the residents to access their personal belongings in private and out of sight of the other room occupant. The inspector requested that the registered provider review these arrangements for all multi-occupancy rooms within the centre and take action to come into compliance. This

will be discussed further under Regulation 9: Residents' rights.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. Fire evacuation drills were completed with staff on a regular basis simulating conditions where evacuation may take place with minimum staffing levels, such as night time. However, the inspector found that in order to comply with Regulation 28: Fire precautions, further assurances relating to the oversight of fire safety were required, as detailed under the respective regulation.

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate for the needs of the residents and used in accordance with the statement of purpose prepared under Regulation 3 and the certificate of registration. For example, the oratory of the centre and some communal spaces for residents' use such as sitting rooms were used for administrative purposes, storage and for staff training. This impacted on residents' lived experience and reduced their access to appropriate facilities.

The inspector observed that there were a number of areas in the designated centre that required review to ensure regulatory compliance with matters identified in Schedule 6. For example;

- Chipped surfaces, rust, and scuffed paintwork were observed in several areas, including walls, doors and door frames.
- The flooring at the nursing station in Fitzgerald's unit was damaged and covered with tape to prevent the floor from lifting. However, the floor posed a trip hazard.
- The inspector saw that unoccupied bedrooms were used for storage purposes such as personal protective equipment (PPE), cleaning trolleys, furniture and hoist charging. Also, items of furniture such as a wardrobe, bed, lockable cabinets or chair were missing in a number of other bedrooms.
- The light switches in the multi-occupancy bedrooms in Geraldine's units were not easily accessible as they were placed behind the privacy screen panels.
- The call-bell chords were missing in a number of bedrooms. This meant that residents could not ask for assistance when required.

Judgment: Substantially compliant

Regulation 27: Infection control

While overall the centre was clean, the infection prevention and control practices in the centre were not fully in line with the national standards and other national

guidance. For example:

- A number of items were inappropriately stored on the floor in different areas around the centre. The storage and segregation practices between the clean and dirty equipment required full review to ensure residents were protected from the risk of cross-infection.
- Some shower chairs and the legs on a raised toilet seat were visibly rusty, making them difficult to clean effectively.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. As a result, a number of items were inappropriately stored on the floor in different areas around the centre. Residents' equipment was stored in the sluice rooms. The cleaning equipment was stored in the storage room with other residents' equipment and laundry trolleys. Consequently, the storage and segregation practices between the clean and dirty equipment required full review to ensure residents were protected from the risk of cross-infection.

Hand hygiene facilities were not provided in line with best practices and national guidelines: For example:

- There was a limited number of clinical hand wash sinks dedicated for staff use in the centre.
- There was limited access to the sink in the three-bedded rooms as it was blocked by wardrobes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to take adequate precautions against the risk of fire. For example:

- The evacuation route was obstructed by storage cabinets in Geraldine's unit; this would delay and impede safe evacuation of all residents in the event of fire and the monitoring systems in place had not identified it.
- The oxygen bottles and concentrators were not securely stored, and the safety signs were missing where the oxygen bottle or oxygen concentrator was in use or stored.
- There were exposed wires and a ceiling slab missing in one of the rooms in Fitzgerald's unit- this posed a containment risk.
- The double doors in the corridor on the Fitzgerald's unit were not closing correctly, posing a risk of spreading smoke and fumes.
- Windows handles were broken in a number of rooms around the units. An urgent compliance plan letter was issued to the provider after the inspection to address this issue immediately in order to come into compliance with Regulation 28: Fire Precautions (S.I. No. 415/2013 Health Act 2007) Care and

Welfare of Residents in Designated Centres for Older People Regulations 2013. Assurances were received following the inspection that all broken window handles were replaced.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Documentation reviewed by the inspector evidenced that residents had an individual assessment of their needs using validated assessment tools. However, in some instances, there was a lack of action plan and therapeutic intervention and subsequent care planning in relation to residents' weight loss.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. The inspector noted that residents had timely access to general practitioners (GPs) from local practice, health and social care professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed a sample of care plans for residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). A review of care plans for those residents indicated that while they had behavioural care plans in place, they did not identify potential triggers for behaviours and any actions and therapies that best supported the resident. Evaluation of the interventions provided for the resident was also missing.

The inspector reviewed the restraint register for the centre and found that there was no restrictive chemical practice identified on the register. The evidence for restrictive chemical practices were observed in the centre's audits, residents' care plans, and the centre's governance meeting notes.

Judgment: Substantially compliant

Regulation 8: Protection

A complaint received regarding an allegation of neglect and an allegation of physical abuse had not been investigated as a safeguarding concern, in line with the centre's own policy. Subsequently, the staff did not implement all reasonable measures to protect the resident in the associated care plan, and the incidents were not reported to the safeguarding team in a timely manner.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector was not assured that the privacy and dignity of residents were consistently promoted. For example;

- Resident screening in multi-occupancy bedrooms required review as there were inadequate privacy screening panels in the multiple occupancy bedrooms. The inspector observed that some panels were broken or not pulling around the entire length of the resident's bed.
- Due to the position of the sink in a number of shared rooms, the privacy of some residents was impacted as anyone using the sink had to enter the private space of those residents whose bed was in close proximity to the sink.
- The wardrobes were also not placed within the resident's private space in the multi-occupancy bedrooms. Some furniture was missing as outlined under regulation 17: Premises.
- The layout of the multi-occupancy bedrooms did not support the 7.4 squared meters for residents as per the requirement outlined in the SI. 293 regulation.
- The inspector observed that there was one bathroom available on the corridor in Geraldine's unit for eight residents. However, the layout of the sink, toilet and shower was in a way that when the staff used the specialised mobility equipment, the door would have to stay open. Therefore, a few residents had to pass through a communal area, lift and nursing station to reach another shower room, which was located beside the dining room. This arrangement did not ensure that residents' privacy and dignity needs were upheld.
- The oratory of the centre and the sitting room in Geraldine's unit were used for administrative purposes, storage and for staff training. As a result, residents were not supported in exercising their social and religious rights.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0035553

Date of inspection: 20/07/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff understand that all allegations of abuse must be reported to HIQA via NF06 notification irrespective of whether the allegations are upheld or not, following investigation 22/07/22. Safeguarding team for DSKWW region are informed of all said allegations and Safeguarding plans put in place in respect of prevention and detection of abuse 22/07/22.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All records of assessment completed by Speech and Language Therapists and Manual Handling Assessments displayed in residents' bedrooms have been updated to reflect residents' current needs 27/07/22.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

All broken window handles seen on inspection have been repaired 27/07/22. Analysis of incidents, accidents and complaints is undertaken, reported and discussed at monthly Quality/Risk meetings to further learning and continuous improvements particularly with reference to Safeguarding concerns 28/08/22. Root cause analysis of responsive behaviours is discussed, reviewed and implemented in appropriate care plans 27/07/22.

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Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Room number and bed identification in multiple occupancy rooms are written into the Contracts of Care issued to each resident. All changes of room for a resident will be documented using an appendix attached to the resident contract of care 27/07/22.

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Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All allegations of abuse and neglect which are reported will be notified to HIQA Chief Inspector of Social Services, via NF06 notification, regardless of whether or not they are upheld, following investigation 20/07/22.

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Reconfiguration of MCCU will be undertaken to restore the Oratory communal space for residents use as well as the sitting room on the first floor by 31/12/22.

Painting will be undertaken to address the repair of chipped surfaces and scuffed paintwork observed on walls, doors and door frames by 31/12/22.

Flooring will be replaced where required to prevent slips, trips and falls hazards.

Part of the schedule of works to meet SI-293 (Building compliance) which has commenced, will include double occupancy rooms converting to single occupancy rooms with light switches being accessible to residents. (see attached outline of plan)

Residents will then have access to their own necessary charging facilities by 31/12/22.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

IPC leads are working with MCCU staff to identify appropriate segregation storage for soiled and clean equipment and rusty equipment will be replaced by 31/12/22.

Access to the sink in residents' rooms will be improved with reconfiguration plans.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Safety signs indicating oxygen containers being stored on the wards have been put in place since 27/07/22.
- Exposed wires and missing ceiling slab have been covered and replaced respectively since 27/07/22.
- Double doors in the corridor on the Fitzgerald Ward have been repaired and are now closing fully since 27/07/22.
- All broken window handles have been replaced since 27/07/22.

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:

Therapeutic Interventions, Action Plans and Care plans are in place, in consultation with the dietician, in relation to residents' weight loss since 25/07/22.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Potential triggers for responsive behavior, actions and therapies that best support the residents, plus evaluation of the interventions provided, are in place since 21/07/22. Restrictive chemical practice is now identified in the quarterly notifications since 22/07/22.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The allegation of neglect and allegation of physical abuse referred to in the MCCU inspection report, have both been notified retrospectively to HIQA 20/07/22. Both have been reported to the DSKWW Safeguarding team and as the allegations were not upheld, both have been closed.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Plans for reconfiguration of the unit are in process to address the private space challenges presently experienced by the residents and will be completed by 31/12/22.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	22/07/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	27/07/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	27/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	27/07/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	22/07/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms	Substantially Compliant	Yellow	27/07/2022

	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	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	27/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Yellow	27/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate	Not Compliant	Orange	27/07/2022

	arrangements for reviewing fire precautions.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	20/07/2022
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	25/07/2022
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	22/07/2022

Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	22/07/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Yellow	20/07/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Yellow	22/07/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	20/07/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	31/12/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Not Compliant	Orange	31/12/2022

	not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/12/2022