



**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 Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	28 June 2023
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0039882

About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 19 residents. The bedroom accommodation comprises of 2 four bedded wards, 3 three bedded wards, 1 single room and 2 double rooms. Bathrooms and showers are available throughout the centre. Communal space comprises of a day room, conservatory and dining room. St Joseph's Community Hospital provides 24 hour nursing care to both male and female residents aged over 65 years requiring continuing, respite, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 28 June 2023	09:20hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents living in the centre were cared for by kind and caring staff. The inspector met with all 17 residents living in the centre and spoke with five residents in more detail to gain an insight into their experience of living in the centre. Overall, residents gave positive feedback with regard to the care they received by staff in the centre. They reported that staff were kind and always gave them time. The inspector observed that improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

The inspector arrived unannounced to the centre and attended an introductory meeting with the person in charge to outline the purpose of the inspection. Following this meeting the person in charge accompanied the inspector on a walk around the centre.

St. Joseph's Community Hospital is two storey building located on the outskirts of Millstreet town, Co. Cork. Resident accommodation is all located on the ground floor, and the first floor comprises staff facilities and offices. The centre is registered to accommodate 19 residents. Bedroom accommodation consists of two four bedded rooms, two triple rooms, two twin rooms and one single room. Bedrooms do not have en suite facilities, however, there are adequate communal toilets, proximal to each bedroom.

Communal spaces in the centre included Mushera room, a dining and day room and a sun room (conservatory). The inspector saw that one of the communal spaces, Mushera room, had been painted and fitted with a large TV, a table with a vase of flowers and a home style dresser to make the room more homely. The dresser was stocked with old style pharmacy bottles and an old rotary telephone. The inspector was informed that a television package had been purchased for one of the residents who liked to watch sport. Three residents were sitting watching mass in the sun room and were being attended to by one of the care staff. A number of other residents were being assisted with their personal care. Two residents were sitting in the dining/day room, with one reading the newspapers and the other watching TV. Wheelchairs and the centre's wheelchair weighing scales were stored in the dining/dayroom. The dining/day room had cupboards that contained nutritional supplements and toiletries. The inspector saw that this cupboard was not locked. The person in charge attended to this during the walkaround.

One of the twin bedrooms in the middle of the centre was closed off, so therefore the centre could only accommodate 17 residents. The inspector was informed that this was to enable linking between the extension of the centre that was being newly built and the current centre. The inspector saw that work was near completion on the extension which would facilitate 11 single rooms and some more communal space for residents. Residents were looking forward to the building works being

completed and were aware of the plans in progress. During the inspection, there was minimal noise from the ongoing building works and residents told the inspectors that they didn't experience any disturbance from it.

The inspector saw some improvements in relation to storage for residents' personal belongings, with seven double wardrobes installed since the last inspection. However, some residents space for their personal belongings remained limited to small single wardrobes. The inspector saw that the bottom of one of these wardrobes was used to store nutritional supplies for a resident, thus reducing the space even further. In one of the four bedded rooms, the inspector saw that an extra television had been provided for residents. An unlocked press in one of these rooms contained residents' records which did not ensure residents' privacy. These were removed by the person in charge.

The layout of the three bedded rooms did not ensure that residents could access their personal belongings and privacy screens in one of these rooms did not close fully around a resident's bed. The inspector also saw that storage in the centre required attention as the cleaning trolley was stored in one of the sluice rooms and wheelchair storage obstructed access to fire fighting equipment on one end of the unit.

There was a small outdoor space near the centre that had seating and a table for residents' use. The person in charge told the inspector that new flower boxes had been ordered for this area and delivery was expected. The inspector saw that residents would require assistance to access the area as the door and ramp that led out to the area was locked. The inspector saw that the laundry area had been tidied and de-cluttered since the last inspection. The inspector saw a resident who smoked did so, near the main reception and there was no fire blanket, or apron readily available to protect the resident from the risk of fire. The person in charge placed a fire blanket near the area during the inspection.

The inspector observed residents being served their lunch in the dining/ day room, sun room and in their bedrooms. Residents told the inspector that they were offered choice at mealtimes and were very complimentary regarding the quality of food provided. Meals were observed to be appetising and nutritious. The menu choice were written on a board in the dining room. The inspector saw that residents who required assistance were attended to by staff in a dignified and respectful manner. The inspector saw that residents who sat at the table together were not served their meals at the same time and residents who were dining in the sun room ate from bed tables rather than a dining table, which did not support a sociable dining experience.

The inspector observed interactions between staff and residents, and saw that residents were treated with kindness and respect. Staff knew residents' preferences and routines and these were facilitated in a caring manner. Staff were seen to be supportive of residents communication needs and were observed listening to residents and giving them time.

There was a member of the care staff allocated to activities, morning and evening.

The inspector saw that a daily schedule of activities was displayed near the sun room in the centre. Residents and staff chatted together in the sun room during the day about local news and current affairs. The inspector saw that residents were supported to participate in activities such as bingo, praying the rosary together, watching old movies and reading local and national newspapers. Two of the residents were facilitated to attend a "knit and natter" group in the local town and attended the group on the day of inspection. They told the inspector that they enjoyed the weekly outing and had made some lovely creations since attending. The physiotherapist attended the centre on the day of inspection and was seen assisting residents to maintain their mobility. Mass was celebrated weekly in the centre by a local priest. The inspector saw photographs of a recent trip to a local religious site that residents appeared to enjoy. Residents living in the centre had access to the community bus for scheduled outings and a number of day trips were planned for over the summer months. Visitors were seen coming and going to the centre and told the inspector that there were no restrictions on their visits.

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

This was an unannounced risk inspection by an inspector of social services to monitor compliance with regulations, and to follow up on the previous inspection of July 2022. While the inspector found that some of the findings of the previous inspection had been actioned, overall, findings of this inspection were that management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored.

St. Joseph's Community Hospital is a designated centre for older persons that is owned and managed by the Health Service Executive, who is the registered provider. The office of the Chief inspector had been appropriately notified of the change of the person representing the provider, in the months prior to the inspection. As outlined in the previous inspection report, the interim director of nursing and nominated person in charge did not have a management qualification to meet the requirements of Regulation 14. There was engagement with the provider and the office of the Chief Inspector following the last inspection and escalation ensued whereby a condition was attached to the centre's registration. This condition required the provider to ensure that the post of person in charge in the designated centre is held by a person who is a registered nurse, with a post registration management qualification in health or a related field, by 31 March 2023. The incoming person in charge had successfully completed and was awarded a post-registration management qualification in February 2023. The provider applied in May 2023, under Section 52 of the Health Act 2007, to remove this condition and this

application was granted by the Chief Inspector.

There was a clearly defined management structure in place that identified the lines of responsibility and accountability in the centre. The person in charge was supported in her role by a clinical nurse manager, a team of staff nurses, care staff, household staff and an administrator. A clinical nurse manager had been appointed in January 2023 which was a welcome addition to the management structure to support the person in charge. The person in charge reported to the acting general manager for older persons services in CHO4. There was also the additional support of a clinical development coordinator and an infection prevention and control specialist, to staff working in the centre.

Governance meetings such as quality and patient safety meetings and director of nursing meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues such as reported incidents, audit planning were discussed, and action plans put in place. Staff working in the centre used a safety pause to promote awareness of any risks to residents and to ensure they were communicated at each handover.

There was an adequate number and skill mix of staff working in the centre to meet the assessed needs of the 17 residents living in the centre, considering the size and layout of the centre. Training records and staff spoken with confirmed a good level of ongoing training was provided and encouraged in the centre. Staff were facilitated to attend mandatory training appropriate to their role. However, refresher training on care planning documentation for nursing staff was required as outlined under Regulation 16: Training and staff development.

The inspector saw that incidents occurring in the centre were recorded and notified through the HSE's incident management systems. However, a number of quarterly and three day notifications, required in line with regulations, had not been notified to the office of the Chief Inspector as outlined under Regulation 31: Notifications.

A review of a sample of contracts indicated that action was required to ensure they met the requirements of regulations as outlined under regulation 24: Contracts of care.

An annual review of the quality and safety of care provided to residents in 2022 had been completed. The provider had management systems in place to monitor the quality and safety of care through a schedule of audit ,where for example, medication management, hand hygiene, antimicrobial usage, and documentation of care planning were audited regularly. The inspector found that recent high levels of compliance found with care planning audits carried out in the centre were not reflected during the inspection. Furthermore, oversight of fire precautions, notifications and infection control also required action as outlined under regulation 23 Governance and management.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted an application to remove Condition 4 of the centre's registration and the required information was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters and from the observations of the inspector, there was an appropriate number and skill mix of staff to meet the assessed needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that nursing staff required refresher training in care planning documentation, to ensure care plans were maintained in line with regulations and to guide staff with regard to residents' care needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place were ineffective to ensure a safe, monitored and consistent service was provided. This was evidenced by;

- ineffective systems to evaluate and improve the quality of the service. For example, high compliance findings were not reflective of inspection findings in relation to care planning documentation
- systems to ensure notifications required by regulation were submitted to the

- office of the Chief Inspector were not in place
- systems to ensure allegations of psychological abuse were effectively investigated and actioned required action
- systems to ensure infection control procedures were in line with national standards required action
- systems for oversight of fire precautions required action.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

From review of a sample of contracts, it was evident to the inspector that while contracts were signed and agreed in writing, two contracts did not include the room number or indicate the number of occupants of the resident's room as required in the regulation to provide the terms on which the resident shall resident in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While a record of incidents occurring in the designated centre was maintained, a number of incidents that required three day notification and quarterly returns had not been reported to the office of the Chief inspector as set out in the regulations:

- Quarterly returns in relation to pressure ulcers in the centre had not been notified since April 2022.
- Quarterly returns in relation to expected deaths of residents in the centre had not been notified since April 2022.
- Allegations of suspected psychological abuse of residents had not been notified prior to June 2023.

Judgment: Not compliant

Quality and safety

The inspector found that residents received a good standard of health care and services were provided in line with their assessed needs. Residents living in the centre gave positive feedback regarding the quality of the service they received.

Nonetheless, action was required in relation to the premises, personal possessions, individual assessment and care planning, protection, fire precautions and residents' rights.

Residents' medical and health care needs were met to a good standard. The centre has good access to general practitioner services, and allied health care professionals such as dietetics, speech and language and physiotherapy. A physiotherapist was onsite in the centre twice a week assisting residents to maintain their mobility where possible. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. From a review of a sample of care plans, it was evident that residents had a comprehensive assessment undertaken on admission, using validated tools, and care plans were developed based on these assessments. The inspector saw that care plans were not consistently updated following changes in residents' condition or in time lines outlined in the regulations. The inspector saw that documentation of wound care assessment, management and planning required action. These and other findings are outlined under Regulation 5, Individual assessment and care plan.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. The inspector saw that while there had been some improvement to ensure residents could enjoy a sociable dining experience with more residents attending the dining room for their meals, further improvements were required as outlined under regulation 18 Food and Nutrition.

The inspector saw that overall, the centre was visibly clean on the day of inspection and there were adequate staffing resources to ensure every room was cleaned each day. Some repeat findings in relation to the storage of the cleaning trolley and other findings are outlined under Regulation 27: Infection control.

The inspector saw that there had been some improvements to the premises since the previous inspection, with corridors painted and new flooring and painting completed in the single room in the centre. The communal room Mushera, had also been renovated and had a television and dresser. New large wardrobes had been purchased for a number of rooms in the centre to increase storage space available for residents. The inspector saw that work was progressing with the building of 11 single rooms and communal space to expand the centre. However action was required in relation to the adequacy of privacy curtains in one of the three bedded rooms to ensure residents privacy and dignity could be maintained. This and other findings were outlined under Regulation 17: Premises.

Some improvements were noted in fire safety since the previous inspection. Staff working in the centre were provided with fire safety training and a review of fire doors had been undertaken. Daily and weekly fire safety checks were been recorded by staff. Fire equipment was service annually and emergency lighting and fire alarm system was serviced quarterly as required. Action was required in relation to the fire

panel as identified in servicing records and other findings are outlined under Regulation 28: Fire precautions.

The inspector observed that staff were kind and caring in their interaction with residents and saw many examples of person centred care during the inspection. The inspector saw that where the provider was a pension agent for a number of residents, there were robust systems in place for management of residents' finances. Staff were up-to-date with training in safeguarding of vulnerable adults and knew what to do if they witnessed abuse of residents. The office of the Chief inspector was notified in June 2023 regarding two incidents of alleged psychological abuse of residents. On review of the incident records maintained in the centre, it was evident that other similar incidents were occurring prior to this date. Therefore, the inspector was not assured that all allegations or incidents of possible psychological abuse were investigated and managed appropriately in the centre as outlined under Regulation 8: Protection.

There had been a significant reduction in the number of bed rails in use, since the previous inspection (70%) to the day of inspection(40%), with evidence of alternatives in use. However, further action is required to reduce this further. Where bed rails were in use they were being monitored appropriately.

Residents living in the centre had access to advocacy services and the inspector saw that staff engaged in social activities with residents in line with their capacity and capabilities. The centre had close links with the community, for example, a number of residents attended a weekly knitting group in Millstreet and the inspector saw residents enjoying activities during the inspection. However, there was only one record of residents meetings available for review by the inspector, and there were no survey findings available to provide assurance that residents were consulted in the running of the centre, these and other findings are outlined under Regulation 9: Residents rights.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. Visitors and residents who spoke with the inspector were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that while a number of wardrobes had been purchased to

increase space for residents to store and maintain their clothes, a number of residents still had inadequate wardrobe space for their clothes.

Judgment: Substantially compliant

Regulation 17: Premises

The premises did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013) which included the following:

- inadequate storage space, which resulted in equipment such as hoists and wheelchairs being stored inappropriately on corridors and communal spaces
- nutritional feeding supplies were inappropriately stored in a resident's single small wardrobe
- linen for the centre was inappropriately stored in a press in one of the four bedded residents rooms
- inadequate personal storage space in bedrooms
- while an outdoor space had been designated, this space was not easily accessed by residents
- residents living in the three bedded rooms could not easily access their personal storage or have room for a chair beside their beds
- the bath in the upstairs staff changing room was worn and cracked.

Judgment: Not compliant

Regulation 18: Food and nutrition

As found on the previous experience, the dining experience for residents required action:

- Two residents were served their meals from bed tables in the sun room which did not enable them to sit at a dining table and socialise with other residents.
- Residents sitting at tables together in the dining room were not served their meals at the same time, to facilitate a sociable dining experience.

Judgment: Substantially compliant

Regulation 27: Infection control

The following findings had the potential to impact on the effectiveness of infection

prevention and control in the centre and required action:

- The inspector saw a vacuum cleaner was inappropriately stored in the dirty utility room and this had the potential for cross infection
- The cleaning trolley was also stored in one of the dirty utility rooms in the centre
- A crash mat in use in a resident's room was not clean
- The cleaning trolley was cracked and worn and thereby could not be cleaned effectively, the person in charge informed the inspector that a new trolley had been ordered.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- While fire drills occurred in the centre, simulations of evacuations of compartments with minimum staffing levels such as night time staffing levels were not undertaken in the centre so that the provider could be assured that residents could be safely evacuated in the event of a fire. The provider assured the inspector that this would be undertaken following the inspection.
- while daily records of fire exits indicated that emergency exits in the centre were clear, the inspector saw that a wheelie bin was stored outside an emergency exit
- external providers had recommended changing the fire alarm panel in March 2023 as it was difficult to read and this had yet to be completed at the time of inspection
- fire precautions for a resident who smoked were not in place; there was no fire blanket, apron or call bell near the area where the resident smoked, the person in charge put a fire blanket near reception during the inspection, further action was required.
- access to one set of fire extinguishers was impeded as wheel chairs were stored in front of them. The person in charge removed the obstruction immediately during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of four care plans it was evident that action was required in relation to the following issues in assessment and care planning:

- care plans were not consistently updated to reflect changes in a resident's assessed needs, as evidenced by a resident's nutrition care plan was not

- updated following assessment and review by a dietitian.
- Three of the four care plans reviewed did not have assessments nor care plans updated every four months as required in regulations
- While narrative daily notes recorded by nurses recorded the dressings used for residents' wounds, wound assessments and care plans were not updated to reflect the condition of the wound, size of the wound, or the dressings used by nursing staff.

These could result in errors in care provided.

Judgment: Not compliant

Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health care and support. Residents had good access to a general practitioner from a local practice and a physiotherapist was on site to assist residents with maintaining their mobility, two days a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the inspector saw that there had been a reduction in the number residents using bed rails since the previous inspection and there was evidence of alternatives in use such as low low beds and crash mats, the number in use in the centre remained high at 40 % and further action was required to ensure that national policy in relation to restraint was implemented.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector saw that a number of incidents, where there was risk of psychological abuse of residents, were recorded since September 2022. However, notifications relating to similar repeated incidents were not notified until June 2023. Therefore, the inspector was not assured that these incidents had been investigated effectively and managed so as to reduce this risk to residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The following was required to be addressed to ensure residents' rights were promoted and upheld:

- The three bedded rooms, which were not configured to ensure residents had adequate space to have a chair to sit by their bed in privacy or to access their personal belongings.
- The privacy curtains did not fully close around one resident's bed in a three bedded room, to ensure privacy for the resident when receiving personal care.
- The frequency of residents meeting required review to ensure that residents were consulted in regard to the running of the centre. Records of residents meeting were available for June 2022 and June 2023, with no evidence of meetings between this time.
- Surveys of residents experience of living in the centre were not available during the inspection.
- Records of care, for residents living in one of the four bedded rooms, were inappropriately stored in an unlocked press in one resident's bed space, this was addressed by the person in charge during the inspection.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not 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 St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0039882

Date of inspection: 28/06/2023

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>Refresher training in care planning will be provided to all nurses by nursing management to ensure care plan are maintained in line with regulation and guide staff with regard to residents care needs [Expected date of completion: 01/09/2023]</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> <p>To ensure a safe, monitored and consistent service is provided nursing management have</p> <ul style="list-style-type: none"> • Commenced a robust review of all care planning documentation. This review will be undertaken via the automated clinical audit tool system. All non-compliances will be actioned for resolution by the nurse assigned to the relevant care plan. In addition a care plan review schedule has been implemented to ensure all care plans are updated in accordance with legislation and regulatory requirement. Nursing management will monitor practice and feedback to the nursing team weekly. • The person in charge has created a notifications folder to ensure notifications required by regulation are submitted to the Office of the Chief Inspector in accordance with Legislative and regulatory requirements. The Person in Charge will refer to the notifications folder weekly to ensure all notifications are submitted as per regulatory and legislative requirements. • The person in charge will ensure that actions in relation to infection prevention and 	

control (storage, cleaning and equipment) as outlined in regulation 27 are undertaken and maintained through monitoring and surveillance by nursing management.

- The person in charge will ensure that actions in relation to fire precautions as outlined in regulation 28 (fire drill, fire exits, smoking area, fire panel and fire extinguishers) are undertaken and maintained through monitoring and surveillance by nursing management.

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:

The person in charge has reviewed the two contracts identified during inspection and same have been updated to include the room number and the number of occupants of the room as required in the regulations. Nursing management will ensure that all contracts have the room number and indicate the number of occupants of the room going forward [Date completed: 30.06.2023].

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge will ensure that three day notifications, quarterly returns and NF06 notifications are reported to the Office of the Chief inspector as set out in the regulations. The person in charge has created a notifications folder for nursing management to support this process and added quarterly notifications to the nursing management schedule [Date Completed: 28/06/2023].

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Nursing management are currently supporting the completion of the new extension which will provide increased space for wardrobes for residents' personal possessions.

Nursing management have commenced procurement processes for wardrobes to ensure all residents have adequate wardrobe space for their clothes [Expected Date of Completed: 30.09.2023].

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure the premises conforms to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013) nursing management have

Identified a storage area for equipment such as hoists and wheelchairs to ensure equipment is not inappropriately stored on corridors and communal spaces [Date Completed: 01.07.2023]

- Removed all inappropriately stored nutritional feeding supplies and alerted staff of the inappropriateness of same. Nursing management have outlined to all staff members that all nutritional feeding supplies must be stored in the in assigned locked press. Nursing management will monitor storage to ensure compliance is ingrained within practice [Date Completed: 01.07.2023 and ongoing].
- Commenced a review of residents’ personal storage space to identify each resident’s individual needs. The new extension which will provide increased space for residents to store personal possessions. [Expected Date of Completion: 30.09.2023].
- Commenced a review of the outdoor space to support residents to access same independently. In the interim period all residents are advised daily of staff supports available to access the outdoor space [Expected Date of Completion: 30.09.2023]. New building imminent and this will be prioritized
- Commenced a review of the three bedded rooms to identify storage solutions that will support residents to easily access their personal item and / or have a chair beside their bed. [Expected Date of Completion: 14.07.2023].
- Liaised with maintenance to ensure the bath in the upstairs changing room is removed in the final phase of renovations [Expected Date of Completion: 30.12.2023].

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 To enhance the dining experience for residents and address issues identified during inspection nursing management have

- Emphasized to all staff the necessity for all residents to be offered the opportunity to

sit at a dining table and socialize with other residents during mealtimes. Nursing management have reconfigured the dining area to increase capacity, affording residents the choice to enjoy their dining experience in one of three dining areas under staff supervision [Date Completed: 01.07.2023]

- Alerted all staff to the importance of serving all residents sitting at tables together in the dining room their meals at the same time, to facilitate a social dining experience. Nursing management will monitor and audit the dining experience to ensure compliance and that this practice is embedded within the daily dining experience [Date Completed: 01.07.2023 and ongoing]

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

To ensure effective infection prevention and control in the centre nursing management have

- Identified an alternative storage area for the vacuum cleaner and alerted staff to the inappropriate storage of same during inspection. Nursing management will monitor practice to ensure the use of the new storage area is embedded in practice [Date Completed: 29.06.2023 and ongoing].
- Identified an alternative storage area for the cleaning trolley and alerted staff to the inappropriate storage of same during inspection equipment. Nursing management will monitor practice to ensure the use of the new storage area is embedded in practice [Date Completed: 29.06.2023 and ongoing].
- The identified crash mat has been cleaned in accordance with IP&C guidelines. Nursing management have alerted all team members regarding same. Nursing management will monitor practice and ensure additional IP&C audits are undertaken [Date Completed: 29.06.2023 and ongoing].
- The person in charge has ordered a new cleaning trolley [Date Completed: 20.07.2023 and ongoing].

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

- Nursing management will continue to schedule fire drills in the centre with minimum staffing levels.
- Nursing management have alerted all team members to the importance of keeping all fire exits clear from obstructions at all times. Nursing management will monitor the fire

exits and the daily record of the fire exits to ensure that all fire exits are free from obstruction [Date Completed: 29.06.2023]

- The person in charge is liaising with estates to change the fire alarm panel [Expected date of Completion: 30.12.2023]
- Nursing management have alerted all team members to the importance of fire precautions being in place for residents who smoke. A fire blanket, apron and call bell are all now near the smoking area [Date Completed: 29.06.2023]
- Nursing management have alerted all team members to the importance of not obstructing access to fire extinguishers. Nursing management will monitor the access to fire extinguishers to ensure ongoing compliance [Date Completed: 29.06.2023].

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Commenced a robust review of all care planning documentation. This review will be undertaken via the automated clinical audit tool system. All non-compliances will be actioned for resolution by the nurse assigned to the relevant care plan. In addition a care plan review schedule has been implemented to ensure all care plans are updated in accordance with legislation and regulatory requirement. Nursing management will monitor practice and feedback to the nursing team weekly.
- The identified nutritional care plan has been updated to outline review and recommendations of the dietitian [Date Completed: 14.07.2023]
- The three identified resident records that required review and update in accordance with regulations have been completed [Date Completed: 14.07.2023]
- The identified wound care assessments have been reviewed by nursing management. The nursing team have been and all wound care assessments will be recorded in the wound care assessment form (Form 020) and all dressing reviews and evaluations will be recorded in the dressing record and evaluation (form 020a) [Date Completed: 14.07.2023]

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Nursing management will continue to strive to reduce bedrail usage/ source alternative solutions in collaboration and consultation with residents. All bedrails in use are risk

assessed in accordance with the national restraint policy.	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All allegations have been reported to the safeguarding and protection team and are being processed in accordance with the National Safeguarding Policy. Nursing management will ensure that timeframes for NFO6 notifications specified in the National Safeguarding Policy will be adhered to going forward. Safeguarding awareness training has been delivered to team members' onsite by the safeguarding team.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure residents rights are promoted and upheld nursing management have</p> <ul style="list-style-type: none"> • Commenced a review of the three bedded rooms to identify storage solutions that will support residents to easily access their personal item and / or have a chair beside their bed. [Expected Date of Completion: 30.07.2023]. • Sourced a mobile privacy screen [Date Completed: 30.09.2023] • Scheduled a series of resident forums to ensure that residents are consulted in regard to the running of the Centre • Conducted surveys of the residents experience of living in the Centre [Date Completed: 01.08.2023] <p>Removed inappropriately stored point of care notes to a secure area. Nursing management have alerted all team members of the necessity to keep point of care notes in the assigned designated area [Date Completed: 28.06.2023]</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/09/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	30/09/2023

	and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/09/2023
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.	Not Compliant	Orange	30/09/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/07/2023
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	01/07/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Substantially Compliant	Yellow	30/06/2023

	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	29/06/2023
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.	Substantially Compliant	Yellow	29/06/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	29/06/2023

	lighting.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/06/2023
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.	Not Compliant	Orange	28/06/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	28/06/2023
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.	Not Compliant	Orange	14/07/2023
Regulation 7(3)	The registered	Substantially	Yellow	14/07/2023

	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.	Compliant		
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	14/07/2023
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	30/09/2023
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	01/08/2023