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:	Midleton Community Hospital
Name of provider:	Health Service Executive
Address of centre:	The Green, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000579
Fieldwork ID:	MON-0037714

About the designated centre

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

Midleton Community hospital is a 43-bed facility predominantly for the care of the older persons; however it is registered to care for any person over the age of 18 years, both male and female. The hospital provides 24-hour nursing care provided by a team of doctors, managers, staff nurses, multi-task attendants (MTAs) and other staff members. The hospital has access to a visiting Consultant Geriatrician. Each resident has an individual care plan which is completed in consultation with the resident and/or their representative. These are reviewed every four months or sooner as the need arises. Residents have access to a wide range of services including physiotherapy, podiatry/chiropody, speech & language therapy (SALT), dietitian, optical, dental and hairdressing. The multi-disciplinary team works together to provide holistic care for residents. Close links exist with the local community services which ensures appropriate referral for respite residents and those for discharge. Residents' medicine is provided by a local pharmacy; however should a resident wish to use an alternative pharmacy they may do so. All religious denominations are facilitated and we have close links with the local clergy. There is a chapel on site. The catering department provides nutritious meals which are tailored to meet the different dietary requirements of each resident. All laundry is outsourced. There is an activity programme in place for residents' social needs ranging from art therapy, music, external activity providers, visits by local schools/choirs, gardens on site, day trips, movie afternoons and excursions to the nearby farmers' market. Fund-raising is supported by the friends of Midleton Hospital group.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 September 2022	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Midleton Community Hospital was a nice place to live in and residents felt their rights were respected. Staff promoted a person-centred approach to care and were observed by the inspector to be kind and caring towards residents. The inspector met and spoke with several residents who said they were very happy with the care, the accommodation and the medical care in the centre. They were very pleased with the improvements to the environment and told the inspector that they had been consulted in all aspects of the work. They had chosen the paint, the curtain and blind fabric and the type of chairs. They were found to be comfortable in the company of staff and praised the person in charge for her kindness, her drive and determination. One resident said that staff were very kind while another resident stated that she was "happy with access to the garden and her own quiet room".

The inspector met with the person in charge on arrival in the centre. Having followed the infection control guidelines the inspector was accompanied on a walkabout of the back and front building. The back building has been reconfigured and the hallways and toilets were now wider and more accessible to residents. In the back building residents were seen in the garden room doing an activity with an external facilitator. A group of residents were seen spending time in the small sitting room with relatives. Dining tables and chairs had been provided in the communal rooms to encourage residents to move away from the bedside during the day and enjoy the social occasion presented by a shared dining experience. Residents were seen at these tables during the day of the inspection and they said it was a "new lease of life" to be dining together. Others maintained their choice of eating in the bedroom area where an extra table had been provided for the purpose. All residents now had full size double wardrobes and said they had adequate space for their clothes and possessions. The person in charge explained that she was encouraging relatives to bring in personal items from home to help personalise their bed spaces and make the centre more homely. Photographs and drawings from grandchildren were displayed and in general the wardrobes were neat and tidy. Clothes were seen to be returned from the laundry in clear plastic bags labelled with residents' names. Resident survey results and minutes of residents meetings reviewed confirmed the positive comments made to the inspector by residents and their relatives.

The inspector observed that residents had improved levels of social contact with the activity coordinator, the hairdresser, the staff, and their visitors and they were heard to engage and take part in the banter and fun generated by the activities and the conversations.

Residents said that their choices were respected in relation to visits, meals, bedtimes, to access the local town, personal newspapers and mobile phones. The inspector spoke with one resident who had enjoyed her coffee in the local cafe the previous day and one man was looking forward to his trip to town on the day of inspection. He said he had been particularly unhappy during the restrictions when

this could not be accommodated.

Residents' lived experience had improved greatly because of the enhanced environment. Enthusiastic staff supported social well being and the person in charge and residents described how staff 'dressed up' at times of celebration such as Easter, Halloween, St Patrick's Day and Christmas. Parades had been a source of great camaraderie and fun according to residents who really enjoyed the social events. Motorbike groups had visited and an external marquee had been put up for a summer concert. Photographs of these celebrations were displayed and interactions indicated that staff had a very warm relationship built up with residents, the community and families. Residents were seen to have access to the daily paper which were personally delivered by a care assistant each day. The person in charge explained that most residents now had their own personal TV and headphones enabling choice of programme and viewing times.

Visitors said that there was very good communication with staff about their relatives throughout the COVID-19 period and residents were appreciative of staff support during the restrictions. Community involvement was evident, fund raising was constantly being undertaken and staff said the local community were very supportive during the pandemic.

Residents were seen to use the new social spaces and wear their choice of clothes, their reading glasses and hearing aids which helped them to communicate effectively.

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

The governance and management of the centre was well organised and the management team was committed to ongoing quality improvement. Overall the management team were knowledgeable of the standards and regulations for the sector. Some management systems were found to be comprehensive. For example, incidents and accidents were audited and any trends were identified, complaints were recorded and followed up, policies were up to date and an annual audit schedule was in place. Antimicrobial stewardship (judicious use of antibiotics) was undertaken and results were shared with other similar services. The 2021 review of the quality and safety of care was reviewed by the inspector. However, despite this the inspector's findings on this inspection indicated a need for additional improvements in governance and management oversight to ensure compliance with the regulations on, fire safety, risk assessment and premises which were discussed in detail under the relevant regulations in this report.

The Health Service Executive (HSE) was the registered provider for Midleton

Community Hospital. The centre consisted of two buildings, the front and back buildings accessible to each other across a back garden and patio area. Renovations and upgrade works had been undertaken to improve the quality of life of residents, in compliance with regulations, while awaiting commencement of a planned new building on site. A senior HSE manager was nominated to represent the provider and she was a key member of the management team. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and a team of nurses, health care assistants, catering, household, administration and maintenance staff. There were 33 residents living in the centre on the day of inspection. There was evidence in documentation reviewed of regular meetings between the HSE manager, who represented the provider, and the nurse management team to promote best practice in meeting residents' holistic needs. Key performance indicators (such as falls, infections, the use of restraints and skin integrity) were reviewed and discussed at these meetings. Handover meetings and 'safety pauses' (where staff exchanged pertinent information on each resident's status) held at intervals each day ensured that key information on residents' changing needs was communicated. Documentation recorded in the daily communication sheet, and knowledgeable staff spoken with, provided evidence of this.

Staffing was adequate to meet the needs of residents. The training matrix indicated that staff received training appropriate to their various roles. Staff confirmed their attendance at the sessions and demonstrated knowledge of, for example, reporting allegations of abuse. Records of meetings with all staff disciplines were available and staff said that their feedback was actively sought for the implementation of improvements within the centre. The person in charge assured the inspector that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff, prior to them taking up their respective roles.

Records requested during the inspection were easily accessible and carefully maintained: for example, care plans, health and safety records, complaints log and policies. These were, in general, comprehensively maintained. A sample of residents' care records reviewed by the inspector were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Maintenance records were in place for electric beds, fire extinguishers, hoists, wheelchairs and slings. Copies of the standards and regulations for the sector were available to staff.

Specified incidents had been notified to the Chief Inspector, in accordance with the regulations, in a timely manner. Complaints had been managed well with evidence seen that the satisfaction of the complainant was recorded.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. She was experienced and was engaged in promoting a person centred approach to care. She

was supported by a knowledgeable team.

Judgment: Compliant

Regulation 15: Staffing

Staff was sufficient on the day of inspection with a good cohort of nurses, healthcare assistants and housekeeping staff. There were two clinical nurse managers (CNM2) and six nurses on duty on the day of inspection to support the person in charge in delivering clinical and nursing care. In addition, there were five health care assistants, a student nurse on placement, two housekeeping staff, a kitchen assistant in the kitchenette in both buildings and the chef and assistant in the main kitchen for the centre. One additional nurse was engaged in administration duties as well as two administration assistants dealing with financial issues and other records. Activity provision was organised by staff from an external group who visited four times a week as well as external musicians and pet therapists.

The person in charge explained how she ensured that staff were clear on the duties of their role and there was no crossover between cleaning and care, as staff were now assigned defied roles on a daily basis.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix seen was up to date and staff had been provided with a range of mandatory and appropriate training sessions suitable to their roles.

For example, catering staff had attended food safety training, all staff had attended fire safety, dementia care and elder abuse prevention training and nurses had attended medicine management training.

An induction programme was in place and staff appraisals were undertaken annually.

Judgment: Compliant

Regulation 21: Records

Regulatory records were well maintained and easily retrievable.

A sample of staff files contained all the regulatory requirements including evidence of an Garda Siochana (Irish Police) vetting clearance (GV).

All staff were required to provide GV prior to commencing employment as part of the safeguarding measures in place for residents. Assurances were forthcoming that this was completed.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems pertaining to the oversight of fire safety and risk management were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

Fire safety issues to be addressed such as: the need to provide assurance on fire-stopping on some walls and ceiling where gaps around pipes had not been sufficiently sealed (in order to prevent the spread of smoke and fire).

Open attic access doors which if closed would provide fire and smoke containment.

Risk assessments required on adjoining work areas, for example where the back building was shared with other external services.

Some fire safe doors requiring repair and adjustment.

These and other pertinent risks were highlighted in detail under Regulation 28: fire safety and issues related to the remaining premises works were detailed under Regulation 17: premises.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was seen to contain a description of the service and the ethos of the centre. It also described the management structure and complaints procedure.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints, though infrequent, were recorded.

A review of the complaints book indicated that issues were proactively addressed.

There was an appeals process in place and contact details for the ombudsman and an independent advocacy service were available.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of key policies used to inform care practices and staff recruitment were seen by the inspector.

These were relevant and had been updated within the three year time frame mandated by the regulations.

Other policies, such as the policy on managing an outbreak of COVID-19 had been updated in line with national guidance.

Judgment: Compliant

Quality and safety

Overall, residents in Midleton Community Hospital were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of ongoing consultation with residents and their needs were being met through timely access to health care services and opportunities for social engagement. Nonetheless, this inspection found that some improvements were required in relation to premises, risk assessment and fire safety in this dimension of the report, particularly due to the age and era of the building. The provider had failed to effectively manage identified fire safety risks, and had not identifying day-to-day risks found on this inspection which meant that the safety of residents was not fully ensured.

The centre was beautifully decorated with good quality curtains, furniture, pictures and ornaments throughout. New signage had been put up and this supported some residents to independently mobilise around the two buildings and locate their bedrooms and communal rooms. Residents' bedrooms were spacious and residents

stated they enjoyed the added space since additional beds were removed from the multi-occupancy units. There were a number of communal rooms seen to be in use in the centre such as, small dining rooms, new sitting rooms, the large chapel and visitors' room. This meant that choice was available for personal preference throughout the day to facilitate residents in how they spent the day or where to go with a visitor for added privacy. Issues relating to premises were described in more detail under Regulation 17.

Infection prevention and control training had been undertaken by staff and the centre had availed of the services of an expert public health nurse with infection prevention and control expertise who organised training and audit in this area. Other aspects of infection control were outlined under Regulation 27.

In relation to fire safety there was certified emergency lighting in place and fire fighting equipment such as fire extinguishers and fire blankets were provided and serviced. The fire safety register and policy was available for review and fire evacuation drill records were maintained. Nevertheless, during the day the inspector found unidentified risks and issues of concern relating to fire safety. Overall, on this inspection, fire safety management and the systems of risk management to identify fire safety risks were not effective to ensure the safety of residents living in the centre. A number of fire safety risks were found and immediate action was required by the provider to address those risks during the inspection. In addressing the immediate actions, the person in charge responded proactively by arranging for fire stopping works (sealing gaps by pipe work or other installations in walls and ceilings) to be done, fire safety doors to be adjusted and fire drills to be undertaken. Fire safety deficits were described under Regulation 28.

The inspector was assured that residents' health care needs were met to a good standard. There was attentive care from the general practitioner (GP) service with a medical officer assigned to the centre, this included access to out-of-hours services. Records in a sample of care plans seen evidenced that validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition for which expert opinion, such as physiotherapy and dietitian, was sought where necessary. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation while engaging in staff training and audit of the systems in use.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these. An external group had been engaged to organise and coordinate activity and meaningful, interesting social events. Bingo, quiz music, balloon games, external walks and newspaper reading were observed on the day of inspection. Mass was said weekly in the chapel and an external musician visited weekly. Resident said they enjoyed an outdoor concert and a barbecue in the external grounds in the summer.

Required improvements in relation to the quality and safety aspects of care were

detailed under the respective regulations in this dimension of the report.

Regulation 17: Premises

The inspector identified the following issues in relation to the premises that required action:

Works were required such as upgrading the sluice rooms, painting of units and some floor replacements in the older section of the building and in the sluice rooms.

The provider representative, who attended the feedback meeting over 'Zoom', confirmed that this would be progressed.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy in place did not identify all the hazards and risks throughout the designated centre.

In addition the measures and actions to control the risks had not been identified.

In particular, all risks relating to fire safety management had not been identified and addressed.

Judgment: Substantially compliant

Regulation 27: Infection control

In order to comply with the principles and standards for Infection Prevention and Control further refurbishments of the dirty utilities and housekeeping facilities were required:

Clean and 'dirty' areas were not clearly defined in a sluice room in St Catherine's Unit. The two sinks in the sluice were not adequately separated to prevent cross infection and the clinical hand wash sink required relocation within the room.

The walls in the sluice room were not easy to clean and were awaiting completion with 'white-rock' (cleanable surface).

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions and had not ensured that residents were adequately protected from the risk of fire. Immediate action was required by the provider during the inspection to address risks identified, including:

- The arrangements for containing fire were not adequate, for example:

Gaps were noted in the ceilings and walls of a number of areas, for example in the communications control room, the unused physiotherapy store and the electrics room, which presented a risk that smoke or fire could not be adequately contained. This was brought to the attention of the maintenance team when identified on inspection.

Open attic doors were seen on two ceilings in the upstairs back building. These were secured during the inspection.

The provider was requested to provide assurance that the fire safety doors which were faulty have been reconnected to the system or adjusted where faults or gaps were found. This was completed during the inspection.

- Arrangements for evacuating residents required improvement as follows:

One fire exit upstairs was seen to go through the open linen storage area. Linen is a combustible material and as such it should not be stored along a fire exit.
Records of fire drills did not provide assurance that all staff were familiar with fire drill evacuation of the largest compartment at time of least staffing, evacuation down both stairs of the back building and evacuation to a safe external assembly area if this became necessary.

- In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, for example:

The process for the identification and management of fire safety risks was not adequate.

There was no evidence that fire safety risk assessments had been done on each of the services which shared the back building with residents or for the vacant, locked offices and PPE storage rooms in areas of the back building including in the attic area.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and reviewed four monthly.

They were seen to reflect the assessed needs of residents and the content informed staff in best practice.

Evidence based clinical assessment tools informed the development of care plans.

Care plans were personalised and maintained on a paper based system.

A number of residents were seen to have been consulted about their personal plans including their wishes for care at end of life.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre:

Residents were regularly reviewed by the doctor assigned to the centre. In a sample of residents' files reviewed there was evidence of access to health and social care professionals such as, the physiotherapist, the dentist, the optician, dietitian and occupational therapist (OT). Residents who had skin wounds had appropriate care plans in place and dressings were seen to have been carried out in accordance with advice from the tissue viability nurse (TVN). In addition, residents who were required to use restraints such as a lap belt or bed rails had appropriate risk assessments and consents in place. Medicines were provided by a pharmacy who provided advice, audit and training for staff. Staff nurses had undertaken updated training in medicine management.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse:

Training had been delivered to all staff in safeguarding residents and in the recognition and response to abuse. A number of staff spoken with were familiar with the training and were aware of how to report allegations.

Financial records were well maintained in line with the Health Services Executive

(HSE) financial policies.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents human rights were supported in the centre:

A human rights-based approach underpinned the ethos of care in the centre and this approach was evident in how residents were facilitated to engage in meetings, with their relatives and with staff in the centre. A number of staff had completed training in human rights-based care.

The reconfiguration and decoration of St Anthony's and St Catherine's ward in the front building meant that residents now had increased personal space for their locker, bed, chair, wardrobe and personal items. Residents were observed reading the daily paper at the new table in the 'nook' corner of Anthony's Ward and some residents dined at a similar table in St Catherine's Ward. Resident informed the inspector that the food was very good and they were seen enjoying their choice of dessert after lunch.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Midleton Community Hospital OSV-0000579

Inspection ID: MON-0037714

Date of inspection: 21/09/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In response to the fire safety issues identified, the provider responded immediately and appropriate managed the risk. Actions ensured the services provided was safe, appropriate, consistent and effectively monitored by the provider.

Where fire stopping on walls and ceilings was identified and where gaps around piping were not sufficiently sealed. Immediate action was taken to address issues identified, fire stopping and sealing has being addressed and closed out by the 19.10.22, to ensure adequate fire performance.

Where open access doors to ceilings where identified on the date of inspection, this was addressed on the date of inspection and closed out.

The HSE has committed to undertaking an updated risk assessment of the site to include adjoining work and vacant areas, this work is currently ongoing.

Where it was identified on the day of inspection that some fire doors required repair/ adjustment, this was attended to immediately and rectified. All fire doors where inspected June'22. The HSE has also committed to undertaking a further fire door inspection commencing on the 01.11.22 whereby all fire doors will be tagged to allow appropriate recording, any subsequent identified actions will be addressed immediately to mitigate any identified risk.

Regular meetings are in place for ongoing review of the fire risks with the Person in Charge, Fire Safety Officer, Maintenance Officer and the Estates team.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Where it was identified on the 21.09.22 that the sluice rooms in the front building require upgrading the following works are ongoing and expected to be closed out by the 25.11.22.

Clinical Hand washing sink in St Catherine's ward, has been relocated since inspection this will assist with clearly defining 'clean and dirty zones'.

Double sink/ bed pan hopper sink to be installed in St Catherine's Sluice to prevent the risk associated with cross infection.

Flooring to be replaced in both St Catherine's and St Antony's sluice rooms.

White rocking to be installed to St Antony's sluice, works ongoing.

Painting continues on an ongoing basis across the site to enhance the living environment for the residents.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
A robust and comprehensive risk assessment culture operates within MCH.

Risk assessments are updated on a continued regular basis in response to individual and service need.

The person in Charge updates site risk excel on an ongoing basis, all identified risks are escalated to the provider representative as appropriate.

The HSE has committed to undertaking an updated risk assessment of the site to include adjoining work/ vacant areas, this work is currently ongoing.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Where it was identified on the 21.09.22 that the sluice rooms in the front building require upgrading the following works are ongoing and expected to be closed out by the 25.11.22.

Clinical Hand washing sink in St Catherine's ward, has been relocated since inspection this will assist with clearly defining 'clean and dirty zones'.

Double sink/ bed pan hopper sink to be installed in St Catherine's Sluice to prevent the risk associated with cross infection.

Flooring to be replaced in both St Catherine's and St Antony's sluice rooms.

Cleanable wall covering is to be installed to St Antony's sluice, works are currently ongoing.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider has addressed the failure to meet the regulatory requirements in relation to fire precautions and has ensured that the residents are adequately protected from the risk of fire.

Immediate action was taken on the day of inspection by the provider to address the following identified risks, including:

Open Attic doors identified in two ceilings, have been secured and closed following inspection.

Where fire stopping on walls and ceilings was identified and where gaps around piping were not sufficiently sealed, immediate action was taken to address issues identified, fire stopping and sealing has been addressed and closed out on the 09.10.22 to ensure adequate fire performance.

Both linen storage areas in the back building have been cleared of combustible materials following inspection, this will assist with safe fire evacuation.

There is a process to identify fire hazards which forms part of the local hazard identification/ risk assessment process such as the management of chemicals, oxygen and smoking as particular hazards.

Staff are educated as part of induction and ongoing training of fire risks and hazards.

An up to date site fire assessment completed by the relevant fire professional was not available to the inspector on the date of inspection. The HSE has committed to undertaking an updated risk assessment of the site to include adjoining work areas, vacant areas with this work is currently ongoing.

Mandatory Fire training ongoing, compartmental unannounced fire evacuation drills will continue on a monthly basis.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	25/11/2022
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.	Substantially Compliant	Yellow	25/11/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	25/11/2022

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	25/11/2022
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	25/11/2022
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	25/11/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Not Compliant	Orange	27/10/2022

	building fabric and building services.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	27/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/10/2022
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	19/10/2022

	make adequate arrangements for detecting, containing and extinguishing fires.			