



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	29 January 2024
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0041847

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Monday 29 January 2024	07:20hrs to 16:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 20 residents residing in Cois Abhainn at the time of inspection. The inspector met with many residents during the inspection to gain insight into their experience of living in Cois Abhainn. Residents spoken with gave positive feedback and were complimentary about staff, and they reported that the quality of food was good.

Cois Abhainn is a single-storey building laid out in a rectangle which enclosed a large garden. The main entrance is wheelchair accessible and leads to a small enclosed porch where the centre's risk management procedures of hand hygiene and a signing in process were located. Beyond this was a foyer with comfortable seating by a dresser for residents to sit and enjoy the comings and goings of the centre. Directional signage was displayed throughout the building to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the foyer. There is a large white board with information for residents such as the activities programme, meal times, information on SAGE advocacy and bus times. There is a seating area at the entrance to the enclosed garden and residents were seen to use this exit during the day and cross through the garden to the back corridor.

From the foyer, the dining area was on the right and the main day room area to the left. The nurses' office was to the left, and offices of the person in charge and administration were on the left beyond the day room. Residents' bedroom accommodation was located on adjoining corridors to the right and left of the centre. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms. Emergency call bells were located along corridors should residents or staff require urgent attention.

The inspector attended the night duty staff handover and information provided to day staff was very comprehensive. This included the resident's health and well-being status, additional medications such as antibiotic treatment, residents' being discharged and liaising with public health to ensure a safe and seamless transition. Advocacy services were availed of when necessary, to support residents transitioning to either home or long-term care.

The dining room was a lovely bright space with views of the main entrance on one side and the garden on the other side. Dining tables were circular and could seat four residents. Tables were set for residents' breakfast; residents were seen coming and going to the dining throughout the morning. The inspector sat and chatted with five residents as they came for their breakfast. Some residents had boiled eggs and toast, others had porridge or cereal with a variety of fresh fruits such as blueberries and kiwis. Later, the chef was observed to go around to residents explaining the menu choices for their dinner and again in the afternoon for their supper. Snacks and beverages were offered at 11:00hrs, 15:00hrs and again at 20:30hrs. Tables were seen to be appropriately set for dinner with glasses, cutlery, napkins and

condiments. The dining room was full at dinner time and meals were seen to be served appropriately and staff chatted with residents during their meal to ensure they were happy with their food. Mealtime was relaxed and was seen to be a social affair where residents met up with their friends and chatted. A few residents chose to have their meal in their bedrooms and this was facilitated.

The main day area was a bright space with similar views as the dining room. There was ample space and comfortable seating and foot rests for residents to enjoy and relax. There was a large flat screen TV and music centre for residents. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. The oratory for residents to enjoy peace and reflection was also located on the back corridor. The hairdressers room was along the corridor to the right and the hair dresser visited the centre on request. Artwork decorated the corridors as well as old and historical photographs of Youghal and the surrounding countryside.

Residents' bedroom accommodation comprised 18 single and four twin rooms. The twin bedrooms had toilet and wash-hand basin shared facilities; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms. Bedrooms could accommodate a bedside locker and armchair; bedrooms had TV's enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobes and cupboards for storage and hanging their clothes. Profiling and low low beds with specialist pressure relieving mattress were seen in residents' bedrooms.

The inspector observed that residents were well dressed and appeared comfortable and relaxed. One of the residents celebrated a significant birthday over the weekend and there were balloons, bouquets of flowers and bunting displayed in the main day room. Residents said they had two days of partying and it was great fun.

The schedule of activity for the week was displayed on the notice board by the day room and the second notice board on the back corridor. An external activities company visited the centre twice a week on Tuesdays and Fridays; there was live music on Wednesdays; and the other days, staff were allocated to the activities programme. Residents reported that they watched mass every morning as it was live-streamed from Youghal. Following this, artwork was held in the main dayroom and the inspector joined residents during the art and they said they enjoyed painting. In the afternoon, some residents read the paper and listened to music. Later in the afternoon, the regular musician played the guitar and sang for residents.

Visitors were seen coming and going throughout the day and mostly visited residents in their bedrooms.

Wall-mounted hand sanitisers were available throughout the centre along with

advisory signage showing appropriate usage. The centre was visibly clean and tidy. Rooms such as the treatment room, cleaners room and sluice room were clean and tidy and did not have any inappropriate storage; the laundry room had inappropriate storage on the floor and mops were on the floor. In the secure clinical room medication trolleys were locked and securely attached to the wall; the medication fridge was locked. Dani centres were available throughout the centre to store personal protective equipment (PPE) such as disposable gloves and aprons. The housekeeping, laundry and sluice room had separate hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms. There were two washing machines and one industrial dryer in the laundry. One washing machine was designated for cleaning mop-heads and other cleaning cloths; the second washing machine was used for residents' personal clothes. Bed linen laundry was outsourced. Appropriate signage was displayed on rooms where oxygen was stored and used. Emergency evacuation plans were displayed in the centre and orientated appropriately so the display correlated with their relevant position in the building. Works were completed regarding emergency exit routes and the associated walls were plastered and re-decorated.

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

While there was a clear governance structure for Cois Abhainn, some of the management systems in place did not provide assurance that residents were safeguarded, and required action.

Cois Abhainn Residential Centre is a residential care setting operated by the Health Services Executive (HSE) providing accommodation for low to medium dependency residents. It is registered to accommodate 26 residents. The organisational structure comprised the nominated person representing the registered provider – the newly appointed general manager for the CH04 HSE area, the person in charge and senior nurse who deputised for the person in charge. The person in charge was responsible for the day-to-day running of the centre and was supported in her role on site by senior nurses, care and catering staff, and administration staff.

The inspector reviewed the actions from the previous inspection and found that the following regulations were addressed: information relating to residents' temporarily absent from the centre, resident care documentation of assessment and care planning, and wound care records. Issues identified regarding complaints procedure, safeguarding and fire safety, remained outstanding. On this inspection, further action was necessary regarding regulations relating to safeguarding, submission of notifications and implementation of Schedule 5 policies into practice. On the

previous inspection, the inspector was informed that segregation of duties for multi-task attendants (MTAs) had been implemented, however, it was evidenced on this inspection that segregation of duties regarding household and care responsibilities was not implemented (MTAs answered call bells, assisted with personal care delivery and undertook household duties when on duty).

The registered provider had applied to renew the registration of Cois Abhainn. The relevant documentation was submitted and fees were paid as part of the application. The updated statement of purpose required re-submission to support the application. The application was updated to reflect that the centre comprised four buildings. The annual review for 2023 did not reflect the requirements of the updated legislation (Statutory Instrument [S.I.] 628 of 2022) relating to complaints and advocacy services. Schedule 5 policies and procedures available on site required review to ensure the most up-to-date documents were available to staff.

Training records showed that mandatory training was up to date for all staff. There were no volunteers supporting Cois Abhainn at the time of inspection. Staff levels were adequate to the size and layout of the centre.

The centre was pension agent for some residents and robust systems were in place regarding residents' finances. Nonetheless, other safeguarding concerns remained an issue as some safeguarding notifications were not submitted within the required time-lines as specified in the regulations. Other incidents requiring notification were not initially recognised as safeguarding concerns and consequently not notified in accordance with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had applied to renew the registration of Cois Abhainn as a designated centre. The application was made, fees paid and specified documentation submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were 20 low-to-medium dependency residents in Cois Abhainn.

The staff roster for 26 residents comprised:

- person in charge, 8am – 4pm Monday - Friday
- deputy person in charge, 8am – 4pm Monday - Friday
- registered nurses, 8am – 8:15pm x 2 Monday – Sunday [2nd nurse - times varied depending on residents being admitted for respite care]
- chef x 1, 8am – 5pm
- administration x 1, 9 - 5
- multi-task attendants x 2, 8am – 8pm [MTAs role and responsibilities included personal care delivery, assistance with meals and snacks, and household cleaning duties]. Sometimes there are 3 MTAs and the third supervised the dining room.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and all staff training was up-to-date for mandatory and other training. Further training regarding responsive behaviour and resident protection was scheduled for February to ensure training remained current.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had the specified requirements as detailed in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Some managerial systems were not sufficiently robust to ensure the service was safe, appropriate and effectively monitored as evidenced by:

- there was a lack of oversight of the notification process, this was a repeat finding, and further discussed under Regulation 8, Protection,
- the system for segregation of roles for multi-task attendants (MTAs) had not been implemented as informed on the previous inspection, it was evidenced on this inspection that MTAs answered call bells, assisted with personal care delivery and undertook household duties when on duty
- the annual review for 2023 did not reflect the change to the legislation S.I.628 of 2022 regarding the requirements relating to complaints and advocacy services.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to ensure regulatory requirements specified in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Action was required to ensure that notifications were submitted in line with regulatory requirements as:

- there were delays in submitting Schedule 4 notifications within the specified three-day period; this was a repeat finding.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure displayed in the centre did not reflect the change in legislation regarding complaints, for example, action and response time-lines, access to advocacy services as specified, and designated persons specified in S.I. 628 of 2022 legislation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure the most up-to-date policies were available to staff; that Schedule 5 policies and procedures were updated in line with changes to legislation; and implemented into practice to ensure care was delivered in line with current best practice:

- the complaints policy did not reflect S.I. 628 of 2022 changes to legislation
- policy information regarding the current legislation on complaints procedure and the HSE 'Your Service Your Say' policy was conflicting
- the HSE policy relating to retention of records was a 2013 publication; a more up-to-date policy was not available in line with specified regulatory requirements
- the end of life policy was last reviewed in 2019 and had not been updated in line with the requirements of legislation
- delays in reporting concerns indicated that the policy relating to safeguarding was not implemented into practice.

Judgment: Substantially compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Residents had access to advocacy and care documentation showed that people were supported to access this service in accordance with their choice. Records were maintained of additional activities to show that residents were facilitated to engage in accordance with their wishes and preferences. A named staff was allocated to activities on a daily basis and the activities notice included detail of the activities programme throughout the day. Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status gave good detail on the resident's well-being, their responses to interventions including pain management, supports and care provided. A sample of residents' care plans and assessments were reviewed and showed improvement in care records maintained to inform individualised care.

Safety pauses were facilitated on a daily basis where updates were given on residents' status, appointments, highlighting risk such as residents on antibiotics and those at high risk of falls for example.

The GP attended the centre routinely as well as residents visiting the GP in their

surgery in accordance with their preference and choice. Medication administration records were comprehensively maintained in the sample examined. Records demonstrated that there was ongoing review of prescriptions along with residents' responses to medication to ensure best outcomes for residents.

The service was a pension agent for some residents at the time of inspection. Records shown demonstrated a robust system for safeguarding residents' finances. Quarterly bank statements were available to residents as part of safeguarding their financial affairs.

Regulation 11: Visits

Information pertaining to COVID-19 precautions was displayed at the entrance to the centre and hand hygiene infection control precautions were in place on entering the building. Visitors were seen coming and going to the centre throughout the day.

Judgment: Compliant

Regulation 13: End of life

A sample of end of life care plans were reviewed and they had information regarding residents' wishes. One end of life plan seen was written by the resident's daughter and signed by the resident. It detailed beautifully the chosen music, colours, and other personal wishes of the resident to enable staff provide holistic care in accordance with their preferences.

Judgment: Compliant

Regulation 17: Premises

The following was identified for action to ensure the premises was in accordance with the statement of purpose for Cois Abhainn:

- privacy screens in twin bedrooms were cumbersome and difficult to use and could not be used independently by residents due to their structure and the requirement to release at least 10 breaks to activate them; this was a repeat finding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented and looked appealing. Residents reported that the menu choice had improved since the last inspection. The inspector saw that residents had an abundance of choice for their breakfast and evening meal, and that dinner had several choices depending on individual resident's preference.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer letter template was in place. Improvement was noted regarding these as minimal information was input into this document on admission of the resident; information such as their medical history, medical treatments, vaccinations and infection history were recorded. This enabled additional information to be input should a resident become acutely unwell and reflect their changed care requirements.

Judgment: Compliant

Regulation 28: Fire precautions

The following required action to ensure compliance with fire safety:

- fire drill and evacuation records did not provide the necessary detail to be assured that evacuations could be undertaken in a timely and safe manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvement was noted regarding assessment and care planning records to enable individualised care to be given to residents. Social histories were now included and this informed assessment and care planning to enable a person-centred approach to care delivery.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant psychiatry and geriatrician services. Resident notes demonstrated that timely referrals were made and residents were reviewed by specialist services, allied health professionals and community services. Records showed effective oversight of residents' conditions, medication management and responses to medications.

Wound care records evidenced comprehensive overview and monitoring of residents' wounds to enable best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that comprehensive measures were not taken in the centre to safeguard residents:

- while training records demonstrated that staff had up to date training relating to safeguarding, notifications submitted evidenced delays in reporting possible safeguarding concerns to management. In addition, other notifications showed that some safeguarding concerns were not initially recognised as such by the management team, which resulted in long delays in investigation, and subsequent implementation of safeguarding protection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' activities programme showed that residents had access to activities over seven days a week. An external activities company provided activities two days a week, live music was held once a week, and the priest said mass on site on a weekly basis. The MTA was assigned to activities on a daily basis. The inspector saw that the activities person visited residents in their bedrooms inviting them to the activities in the main day room.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0041847

Date of inspection: 29/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Notification & serious incident reporting timeline will be discussed at daily PAUSE & quarterly staff meetings. Encourage all staff to re-visit the Safeguarding Policy. • Staff attended Safeguarding training in December 2022- in house training currently being organised with Safeguarding Team. • Encourage discussions about examples of safeguarding issues, discuss the importance of timely reporting with all staff-during handover. This can be encouraged during daily PAUSE. • In relation to MTA segregation of roles - Ongoing engagement with HSE HR and Unions in relation to this. • The Annual review was updated on the 30th January following the inspection and was submitted to HIQA • Care Plan training was provided by the Clinical Development Coordinator on 08.04.2024 • All staff to review and sign off on the Safeguarding Policy • Notification of incidents in a timely manner to Management and to HIQA was discussed with staff by the CDC at Care Plan training on 08.04.2024 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Increase staff awareness of the reporting of Schedule 4 notifications immediately to management to enable dealing with the issue in a timely manner & enabling submission of notifications within the required timeframe. 	

- Discussion with staff at staff meetings about the Regulation 31, ensuring staff are aware of protocol for Notification of Incidents
- Staff have received Incident Management training on-line June 2023 to present
- QPS advisor to supply online National Incident Management training with staff

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Updated complaints procedure has been introduced on 30.01.2024
- All staff informed of updated complaints policy & procedures, all staff to read & sign off- in progress
- All residents updated at residents meeting & individually if not present at Residents meeting 11.04.2024 & same minuted
- Updated complaints information displayed in prominent areas

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- Review & update policies set out in Schedule 5 in accordance with best practice
- Complaints Policy updated on 30.01.2024
- Updated Safeguarding Policy released in Feb 2024- staff will read and sign off having reviewed this.
- Clinical Development Coordinator (CDC) has been appointed & is working with CKCH reviewing & updating policies.
- The Clinical Development Coordinator delivered care plan training on site 08/04/2024.
- HSE Policy re Retention of Records Policy has been updated- to be reviewed and signed off by staff
- End of Life Policy is currently under review by the Clinical Development Committee

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Privacy screens/curtains have been sourced & ordered for the twin bedrooms. Awaiting delivery & fitting of same. Awaiting delivery date from the company. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Currently reviewing evacuation drill paperwork. Evacuation drill completed on 09/02/24 without any issues arising • Exploring enhancing paperwork to support evacuation drill 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Regular discussions with staff members to ensure their understanding of the importance of timely reporting. • Discussions at daily PAUSE in relation to safeguarding, reporting & possible issues that may arise around safeguarding. • Further Safeguarding training on-site is being arranged for all staff- awaiting dates from Safeguarding Team. • All staff to review and sign off on the Safeguarding Policy • Notification of incidents in a timely manner to Management and to HIQA was discussed with staff by the CDC at Care Plan training on 08.04.2024 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	11/04/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	30/04/2024

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/02/2024
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	09/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Substantially Compliant	Yellow	09/02/2024

	placement of residents.			
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	11/04/2024
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that	Substantially Compliant	Yellow	30/04/2024

	website.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints	Substantially Compliant	Yellow	30/04/2024

	procedure provides for the provision of a written response informing the complainant of the outcome of the review.			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant,	Substantially Compliant	Yellow	30/04/2024

	as is necessary, for the complainant to (iii) request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as	Substantially Compliant	Yellow	30/06/2024

	often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/04/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	02/04/2024