



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

Issued by the Chief Inspector

Name of designated centre:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0034166

About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building is bright and well lit with natural light on all upper floors. The building was originally built as a community hospital in the 1950s and the physical layout retains an institutional presentation, with accommodation and facilities laid out along a single corridor on each floor. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room. A separate room to receive visitors in private is also available. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. Storage areas for equipment and supplies are located variously throughout the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

37

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 November 2021	09:30hrs to 17:30hrs	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 were supported to have a good quality of life in the centre. The inspector met with the majority of the 37 residents living in the centre on the day of inspection and spoke with six residents at length to gain an insight into their lived experience. Residents told the inspector that they were happy living in the centre and that they were supported by kind and caring staff who supported their choices.

On arrival to the centre, the inspector was guided through the centre's infection control procedures by a member of staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. The inspector held an initial meeting with the person in charge followed by a walk around of the centre. It was evident to the inspector that the person in charge was knowledgeable about residents' care needs and that she was well known to residents with them stopping to chat with her during the walk around.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, storerooms and a room designated for the hairdresser. Since the previous inspection, a room on the ground floor had been designated as a clinical store room to reduce the clutter from the three resident units. The ground floor also had a "shop" where residents could place orders for soft drinks, biscuits and treats during the week. Residents' accommodation was located over the upper three floors with accommodation for 14 residents on each floor, namely Avondu unit, Clyda unit and St. Camillus unit. The centre had one triple room, 14 twin rooms and 11 single rooms located over the three floors. None of these rooms had ensuite toilets or showers with shared toilets and shower rooms on each floor. During the walk around the inspector saw that a number of renovations and refurbishments had been undertaken in the centre since the previous inspection. New brightly coloured comfortable chairs had been purchased for residents' rooms and extra wardrobe and storage had been provided in residents' rooms. One of the twin rooms on Avondu unit had been reconfigured for single occupancy to make room for wardrobes and a chair. The inspector saw that some bedrooms were personalised with residents' family photographs, artwork and paintings while some were not. While all bedrooms had a television, one resident had requested a larger one and this had been installed. The inspector saw renovations on Avondu and Clyda ward with both units freshly painted, curtains replaced, new flooring in a number of the bedrooms and a new assisted shower room on each floor to improve the living environment for residents. Each floor had a display board with pictures of residents enjoying themselves, participating in celebrations and activities such as baking in the centre.

Communal spaces on each floor comprised of a day room and dining room for

residents' use. The day rooms on each floor had a fireplace, dressers and comfortable seating which gave these rooms a homely feel. Residents used these rooms during the day to sit and rest or chat with other residents and staff. Residents on Clyda and St. Camilus floor had free access to the outdoor spaces and ground floor. The inspector saw a number of residents were outside for walks in the well maintained grounds or strolling around the ground floor freely during the day. Avondu unit on the top floor of the centre was designated for residents living with cognitive impairment and or dementia who had high dependency care needs. Access to outdoors on Avondu unit was restricted and residents would require staff assistance to leave the unit. The person in charge outlined that residents who would require staff assistance with mobilising were living in this unit.

The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. All three dining rooms were nicely decorated with easily cleaned table cloths, flower posies and condiments. The inspector saw that care staff provided assistance when required to residents in a respectful and dignified manner ensuring the meal was a social experience. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told inspectors that they were happy with the choice and amount of food available to them. One resident who had to attend an appointment outside of the centre was provided with a hot meal when they returned and told the inspector it was lovely after a long day. Another resident told the inspector that the food was "all natural here."

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and compassionate care and told inspectors they were listened to and respected by the staff. Residents who spoke with the inspector said staff were "wonderful, excellent" and "couldn't be better." Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits. Residents' independence was encouraged and some residents left the centre to go on day trips or in some instances shopping trips with staff. The inspector saw a group of residents chatting and admiring beautiful crochet work that had been created by a relative.

There was a varied and flexible activities schedule seven days a week to meet the individual needs of residents. An activities co-ordinator had commenced employment at the centre since the previous inspection and care staff were assigned to participate in activities at weekends. The inspector saw that residents were participating in sing songs, hand massage, board rings and nail painting and saying the rosary on the day of inspection. Residents had access to TV and radio and one of the residents told the inspector they loved watching sport and matches. Mass had returned to the centre and was facilitated by the chaplain each Friday. Residents told the inspector that they looked forward to the return of day trips when the pandemic was over as they had really enjoyed when these occurred.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of

the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on actions from the previous inspection in March 2021. Overall, the inspector found that actions required from the previous inspection had been addressed though some further improvements were required as outlined under the relevant regulations.

Mount Alvernia Hospital is a designated centre for older persons that is owned and operated by the Health Service Executive (HSE) who is the registered provider. The centre was operated through the governance structures of the mental health services for Cork and Kerry Community Healthcare. There were clear lines of accountability with each member of the team having their role and responsibility defined. The person in charge reported to the general manager for mental health services who in turn reported to the head of mental health services for Cork and Kerry Community Healthcare. The head of mental health services was the nominated person representing the registered provider for the centre.

The person in charge attended management team meetings held by the registered provider each month. Minutes viewed by the inspector indicated that key operational and clinical issues were discussed and managed at these meetings. In response to the rising cases of COVID-19 in the community, the registered provider had reinstated COVID-19 conference calls three times a week in November 2021 to share information regarding incidence and management of COVID-19 in the centres including Mount Alvernia. The person in charge held regular management team meetings in the centre with clinical nurse managers to discuss and action key clinical issues with staff in the centre. There was a good system in place to ensure oversight of key clinical indicators such as residents' weights, medication management, falls and bedrail usage. Scheduled audits with associated action plans were also undertaken in care planning and documentation, environmental hygiene and hand hygiene.

The person in charge was supported in her role by an acting assistant director of nursing, clinical nurse managers, staff nurses, health care assistants, multi-task attendants, administration staff and an activity coordinator.

The registered provider had ensured that staffing levels was sufficiently resourced to ensure the effective delivery of care to meet the assessed needs of the residents. Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of training available for staff at the centre. Improved uptake of fire safety training was found since the previous inspection with all staff

now up to date with this mandatory training.

There was a low level of complaints in the centre, nonetheless, there was an effective complaints procedure which was displayed in reception and on the three units. A representative of a new advocacy service for HSE operated nursing homes, had provided residents living in the centre with an information session on how to make a complaint and raise concerns in the weeks prior to the inspection.

An annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff in the centre was appropriate to meet the assessed needs of residents in accordance with the size and layout of the centre. From a review of the rosters and speaking with staff, it was evident that there was one registered nurse on duty on each floor day and night. There was a regular pattern of rostered care staff, multi-task attendants and catering staff on duty every day. The centre had a multi-task attendant assigned to cleaning on each floor each day in the centre. An activities co-ordinator was also employed in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and a review of training records, it was evident that the person in charge ensured that staff had access to training appropriate to their role. Staff were up to date with mandatory training in fire safety, managing responsive behaviour, safeguarding and manual handling. Staff had also completed training on donning and doffing PPE and hand hygiene. A staff member in the centre was trained as a hand hygiene assessor and completed observational audits of staff compliance with hand hygiene regularly in the centre.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and were seen to be well maintained. A sample of three staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including

the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. There were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored. Regular residents meetings and surveys of residents and relatives ensured residents views were taken into account in all aspects of the service. The registered provider had ensured that an annual review of the quality and safety of care delivered to residents had been completed for 2020 with areas for improvement identified for 2021.

Judgment: Compliant

Regulation 31: Notification of incidents

A records of all incidents and accidents occurring in the centre was maintained. Required notifications were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint. The centres complaints policy was displayed at reception and on each floor in the centre. There was a low level of complaints in the centre and those recorded had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Mount Alvernia Hospital were supported to have a good quality of life with good access to medical and healthcare services. Residents rights were supported and the opportunity for them to engage in meaningful activities had been greatly enhanced with the appointment of an activities co-ordinator since the previous inspection. The inspector identified that some improvements in relation to infection control and premises were required following this inspection. These will be addressed under the relevant regulations.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' healthcare needs were promoted through ongoing onsite access to General Practitioner(GP) services and the medical staff from mental health services. A GP from Mallow Primary Care Centre was onsite twice a week. Residents living in the centre also had access to one of five consultant psychiatrists including a specialist in psychiatry of old age who were regularly onsite at the centre. Residents had access to a physiotherapist, occupational therapist, dietitian and podiatrist as required. Dental services were also provided in the centre. The inspector found that more formal access to tissue viability expertise was required. This is discussed under regulation 6.

Visiting at the centre was facilitated in a visitor's rooms where residents could receive visitors in private. Visitors and residents told the inspector that they were happy with the arrangements in place.

Residents were offered the opportunity to participate in activities in accordance with their interests and capacities. Care plans recorded social assessments for residents to determine residents' hobbies and preferences for activities. The inspector saw that one-to-one sessions such as hand massage, nail painting, and small group sessions, such as a sing song was ongoing in the centre during the inspection.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19 and the provider had put controls in place to keep residents and staff safe. Residents living in the centre had managed to remain free from COVID-19 infection by the time of the inspection. There was good uptake of COVID-19 vaccinations for residents and staff at the centre. A new colour-coded flat mop system had been introduced in the centre and clear instructions to ensure the correct dosage of cleaning products was available on each trolley for staff. There was alcohol hand rub available in dispensers throughout the centre and staff were observed to be practicing hand hygiene and wearing personal protective equipment in line with national guidance. There was good oversight of compliance with hand hygiene practices at the centre. One Multi-task attendant was assigned to cleaning for each floor each day and had cleaning schedules for each floor. The rooms and bathrooms in the centre were overall observed to be clean. While findings from the previous inspection had been addressed, some improvements required in relation to infection control are

discussed under regulation 27.

Residents had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. The inspector reviewed the fire safety folder. Daily and weekly fire safety checks were completed and recorded for each floor. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. Since the previous inspection, annual fire training was completed by staff and regular fire drills were undertaken. Signage indicating fire evacuation floor plans had been enlarged and were available throughout the centre. However, some improvements in relation to fire precautions will be discussed under Regulation 28.

Significant renovations to the design and layout of the centre had been undertaken since the March 2021 inspection. New easily cleaned comfortable chairs had been purchased for residents' bedrooms. Extra wardrobes and storage in residents bedrooms had been fitted. Flooring in a number of residents room in Avondhu floor and Clyda floor had been replaced. A new assisted shower room had been installed in Avondhu floor and Clyda floor, while a new dirty utility room had been installed in Clyda floor. Excess storage identified from the previous inspection was now stored in a designated room on the ground floor. Some improvements required in relation to premises will be discussed under regulation 17.

Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with inspectors confirmed that there was sufficient time and access in place for visits. Visiting generally took place in a designated room in the centre where residents and their visitors could meet in private.

Judgment: Compliant

Regulation 17: Premises

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

- The service lift was out of order and required replacement or repair. This required staff to use the main lift to transport necessary supplies to the floors.
- A curtain in a three-bedded room required repositioning to ensure that

- residents privacy could be maintained at all times.
- Walls in a number of resident's rooms were marked and scuffed.
 - Grouting in one of the shower rooms in Avondhu ward required replacement.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place that met the requirements of the regulation. There was an emergency plan in place to respond to major incidents. The risk register was maintained and updated to manage the risks in the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that while the registered provider had addressed the findings from the previous inspection, further improvements were required to ensure that practices in the centre were consistent with the standards for the prevention and control of healthcare associated infections.

Improved oversight of the cleaning of patient equipment and environmental cleaning was required as the inspector saw that

- a number of commodes in use in the centre were unclean.
- the hairdressers room was not in use on the day of inspection and had not been cleaned after use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following improvements in relation to fire precautions were required.

- Signage for oxygen storage was not in place to alert staff to the location of oxygen cylinders and concentrators in the event of fire. This was addressed by the person in charge on the day of inspection.
- While there was a fire blanket and fire aprons available for residents in the outdoor fire shelter, the inspector noted that these were worn from exposure to the weather and required replacement. The person in charge assured the

<p>inspector that these would be replaced immediately.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>From a review of a sample of records, and speaking with residents and staff, it was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission in line with the regulations. The inspector saw that assessments and care plans were updated when residents' condition changed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>There was good standards of evidenced based health care provided in the centre. However, from review of a wound care plan on the day of inspection, access to tissue viability expertise required improvement to ensure consistency in the standard of wound care management.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 7: Managing behaviour that is challenging</p>
<p>From the observations of the inspector and discussions with staff, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person centred way by staff. Responsive behaviour care plans were also seen to be person centred. Bed rail usage was monitored at the centre and the person in charge was proactive in looking at alternatives for residents to reduce the number in use at the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p></p>

Residents rights and choices were promoted and respected in the centre. The centre had employed an activities co-ordinator since the last inspection, who supported residents to engage in one to one activities and small group activities. Resident told the inspector that they were facilitated to take trips to the shops by staff working in the centre. Residents had access to media such as radio and television. Residents had access to religious services and clergy of their own faith. Mass had resumed in the centre once a week and the inspector saw residents participate in a group rosary prayer. Residents on the first and second floor had free access to the grounds in the centre and were seen moving in and out of the centre during the day.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0034166

Date of inspection: 25/11/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has given an undertaking to replace the lift in Mount Alvernia Hospital. The Curtain rails will be repositioned by the company who fitted the curtains .At present the Curtains do close around the bed to maintain Privacy & dignity of the Resident .However they do need to be repositioned & this will be done .In the meantime all staff are aware of the importance of maintaining the privacy of the resident before commencing care. There will be a program of further refurbishment & painting next year to maintain all bedroom and communal areas. Grouting in the Shower in Avondhu ward has been replaced.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: New Commodes have been received .Commodes are being Audited every Monday .The completed Audit comes to the office of the PIC. All Staff are aware of their responsibility to clean the commodes after each use. The PIC has discussed the Hairdressing Saloon with housekeeping staff and this area will be monitored by the PIC to ensure that the area is included in the cleaning schedule going forward .The Hairdressing Saloon will be painted in the new year.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Signage for Oxygen storage is now in place The Fire Blanket & the Fire Aprons have been replaced. An easy open clear door has been fitted to the box that holds the Fire Extinguisher & the Fire blanket to prevent damage from the weather . The Fire Aprons & the use of same has been discussed with the CNM2s & staff on each floor .The Smoking aprons will be made readily available to the 3 Residents who are smoking & every effort will be made to ensure they are encouraged to use them properly and ensure they are stored correctly .</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Referral pathway for the tissue viability nurse services has been further discussed with all Nursing Staff. We have access to the tissue viability nurse in the MUH. If an immediate appointment cannot be given when requested the tissue viability nurse will give advice over the phone. Follow up appointment will then be made to review the Resident in the clinic. Appointment times are swift following the initial assessment. The tissue viability nurse is also available to Mount Alvernia over the phone to raise any concerns between appointment times.</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 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	01/06/2022
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	09/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	09/12/2021

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	09/12/2021