



**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:	Phoenix Park Community Nursing Units
Name of provider:	Health Service Executive
Address of centre:	St Mary's Hospital, Phoenix Park, Dublin 20
Type of inspection:	Announced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000476
Fieldwork ID:	MON-0044787

## About the designated centre

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

Phoenix Park Community Nursing Units can accommodate 146 residents, both male and female over the age of 18. The registered provider is the Health Service Executive and is located on the St. Mary's Hospital Campus, Phoenix Park in Dublin. The centre consists of two purpose-built buildings, Teach Iosa (100 beds) and Teach Cara (46 beds). Both buildings have two storeys, and are divided into six units. Residents of all levels of dependency can be accommodated in the centre, and 24 hours nursing care is provided. There are a range of multidisciplinary staff who strive to promote person centred care and aim to implement evidence based quality care for all residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	124
--	-----

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
Tuesday 22 October 2024	08:20hrs to 16:55hrs	Karen McMahon	Lead
Tuesday 22 October 2024	08:20hrs to 16:55hrs	Niamh Moore	Support
Tuesday 22 October 2024	08:20hrs to 16:55hrs	Sharon Boyle	Support

## What residents told us and what inspectors observed

This inspection took place in Phoenix Park Community Nursing Unit, Dublin 20. The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in the centre, in order to gain insight into the experience of those living there. Residents appeared relaxed and those spoken with were content with the care they received and were complimentary regarding the staff caring for them and their living environment. Those residents who could not communicate their needs appeared comfortable and content.

Following a short introductory meeting with the two Persons in Charge and Director of Nursing, the inspectors were accompanied, by one of the persons in charge, on a tour of the premises. The centre consists of two separate purpose-built buildings; referred to as Teach Iosa and Teach Cara. Both buildings have two storeys which are accessible by a stairs and lift. Teach Iosa is registered for 100 residents and is divided into four units referred to as Oisín, Conall, Tara and Ailbhe. Teach Cara is registered for 46 residents and is divided into two units, referred to as Bebhinn Unit and Setanta. Most of the units contained 17 single rooms, two twin-bedded rooms and one four-bedded room, all of which had en-suite facilities. The Setanta unit contained 19 single rooms with one twin-bedded room.

The inspectors observed that many residents were up and dressed on the morning of the inspection, while other residents who did not like to get up too early were resting in their bedrooms. Residents appeared well-groomed and had their hair and clothing done in accordance with their preference. Staff were seen to be supportive of residents communication needs and appeared to know the residents well. Inspectors observed staff tending to residents' needs in a caring and respectful manner. Call bells were seen to be answered without delay.

The residents' bedrooms had identifiers such as photos and names on the door for residents to easily find their own bedroom. Inspectors observed that residents had personalised their bedrooms with personal possessions such as furniture from home, family photos, cushions and other personal items such as balloons and banners to mark recent milestones or birthdays or wedding anniversaries. Some bedrooms had balconies and again many were seen to be personalised with nice plant pots. Residents spoken with reported to be happy with their rooms. Inspectors observed that the works to ensure all residents had sufficient storage had been completed with bigger wardrobes in place which provided sufficient space for residents to store their personal belongings.

Shared rooms had screens in place to protect the residents right to privacy, however these screens were found to be not suited to their purpose as many did not provide full coverage to adequately protect the privacy and dignity of residents, accommodated in these rooms. This is discussed further within this report.

Overall, the premises was well maintained and decorated, with the exception of

some outstanding flooring works required in the Teach Cara unit. A schedule of refurbishment works was due to be completed in Teach Iosa in the coming weeks, with refurbishment works scheduled to then commence in Teach Cara.

There was a choice of communal spaces available to residents across both buildings. These spaces included dining facilities, sitting rooms, activity rooms, quiet reflection rooms and private visitor spaces. The communal spaces and rooms were decorated with memorabilia and decorative wallpaper. The inspectors observed residents sitting together in the communal areas watching TV, reading newspapers and chatting with one another and staff. The atmosphere in the centre throughout the day was calm and residents appeared relaxed.

Residents could attend the dining rooms or have their meals in their bedroom if they preferred. Menus were presented on the walls of the dining rooms and there were some pictorial menus available. Frequent drinks and snacks were provided throughout the day. Residents had easy access to condiments which were available on each table. There was sufficient staff available to provide assistance to residents in a timely manner. Residents reported the food was nice and they were satisfied with the choice available. However, inspectors found that for residents within the Teach Cara unit that not all residents were afforded appropriate choices at meal times. For example, residents on a Level 4 diet (pureed) were not provided with the same choice as the residents on other modified diets or on a regular diet.

The inspectors observed most of the residents engaging in meaningful activities throughout the day of the inspection. The centre had an activities team which was led by the activities Clinical Nurse Manager (CNM). A detailed activities schedule was displayed throughout the centre. A variety of activities were available in house to residents to choose in house and planned day trips were also available. These activities included yoga, live music, and weekly trips including trips to garden centres shopping centres and coffee shops.

On the morning of the inspection there was a coffee morning in Teach Iosa, which a large number of residents participated in. The inspectors observed the table was set nicely with cups and saucers and a variety of cakes. Other activities including arts and crafts and reminiscence therapy were also seen to take place in the various units of the centre, throughout the day of inspection. Activity staff informed inspectors that there was an outing planned for the next day with eight residents scheduled to participate.

Notice boards were displayed throughout the centre on each unit and in the reception area with information on services available to residents. These notice boards also included information on the complaints process, details of access to advocacy and safeguarding services. Residents were provided with the opportunity to express feedback during the three monthly formal residents forum led by the activities CNM.

The inspector observed a resident interacting with her dogs which her visitor had brought in to see her. The visitor informed the inspector that 'they are her babies' and he is very happy that he can bring them to see her every day. The visitors the

inspectors spoke to were happy with the care their relatives and friends received in the centre.

All the residents and visitors spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents told the inspector that the staff looked after them very well. One resident said the place was great and attributed most of their praise to the staff in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall the inspection found that the registered provider provided a good standard of care and support to the residents living in the centre. The provider had arrangements in place to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However some improvements were required to the oversight systems in place to ensure the service was safe and effectively monitored.

This was an announced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013).

Phoenix Park Community Unit is a designated centre for older people registered and operated by the Health Service Executive (HSE). There is a management team with clear roles and responsibilities, including two full time persons in charge (PIC). The persons in charge are both registered nurses who work full time in the post and have the necessary experience and qualifications, as required by the regulations. They engaged positively with the inspectors during this inspection. They are supported in their role by a director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinator, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key quality and performance data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement. However, a review of the centre's risk register found it didn't record all identified risks including fire safety risks. This meant that these risks did not have an adequate risk mitigation plan in place.

Observations made by the inspectors on the day of inspection and review of worked

and planned rosters evidenced that the centre was sufficiently resourced to ensure effective delivery of care and support to residents. Staff were allocated per unit and there was a roster system in place to ensure clear and effective communication between the management and staff.

A selection of staff files were reviewed on the days of inspection. All files inspected were observed to contain all relevant documents, as set out in the regulations. Safe recruitment practices were in place to protect the residents, including satisfactory An Garda Síochána (police) vetting disclosures prior to commencing employment.

There were currently no volunteers working in the centre. The PIC informed the inspectors that they have not had volunteers on site since the Covid pandemic. The centre had a policy in place which included the process for vetting and supervision of volunteers, should it be required.

The incident log was provided to inspectors for review. Inspectors identified a failure by the management systems within the centre to recognise a number of peer to peer incidents, including incidents of psychological and physical abuse, as potential safe-guarding incidents. As a result the three day notifications had not been submitted, as required, to the office of the Chief Inspector. This is further discussed under Regulation 31.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had recently submitted a completed application to register 146 beds in the designated centre. The required information to accompany the application to renewal of registration was also received and included a statement of purpose and floor plans which represented the layout of the designated centre. accurately The required fee for the renewal of the registration was also submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

There were two full time persons in charge working in the centre. The persons in charge are both registered nurses with experience in the care of older persons in a residential setting. They hold a post registration management qualification in healthcare services and work full-time in the centre.

There were appropriate deputising arrangements in place in the event of the absence of one or more of the persons in charge.



Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, there was adequate staff available to meet the needs of the residents taking into consideration the size and layout of the building. There was at least one nurse working in each unit at all times.

Judgment: Compliant

### Regulation 21: Records

All records set out in Schedule 3 were not kept in the designated centre and therefore unavailable for inspection by the Chief Inspector. There were no copies retained of the information sent with a resident temporarily discharged to the acute setting. Furthermore, not all records were stored securely in the centre. Inspectors observed that care plans were kept in cardboard boxes at the nurses station and were visible to anyone passing that area including residents, visitors and contract workers.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The oversight of incidents in the centre did not ensure that all of the notifiable incidents that occurred were notified to the Chief Inspector within the required time frames.

Furthermore the registered provider had failed to appropriately address issues around privacy screens in multi-occupancy rooms as identified on the previous two inspections.

The annual review for 2023 did not reflect appropriate input from residents and their representatives/families. While there was reference to completed satisfaction surveys there was no detailed discussion of these findings and there was no reflection of the residents voice in the quality improvement plan for 2024.

Judgment: Not compliant

## Regulation 30: Volunteers

There were no volunteers on the day of the inspection. However, the centre had a policy which outlined the roles and responsibilities of volunteers and the supervision and vetting process.

Judgment: Compliant

## Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of three incidents of psychological abuse and two incidents of physical abuse.

Judgment: Not compliant

## Quality and safety

Residents were found to receive good care and support by a kind and dedicated staff team. However, further improvements were required in relation to residents' rights, safe-guarding, the premises, transfer documentation, infection control and fire safety which will be further discussed under the respective regulations.

Residents had timely access to medical, health and social care professionals, such as medical practitioners, psychiatry of older age, tissue viability nursing, occupational therapy and physiotherapy. Management and staff were proactive in referring residents to these healthcare professionals. From reviewing residents' records, it was evident that staff had implemented the recommendations from these specialists. While overall access to healthcare was good and in the majority of occasions, staff delivered a high standard of evidence-based nursing care in accordance with professional guidelines. However, inspectors observed that one resident did not have their pressure-relieving mattresses working appropriately as outlined within their care plan.

The registered provider ensured extra storage space was made available to residents as part of the compliance plan following inspection in January and November 2023. Residents had access to sufficient wardrobe space and some had access to a chest of drawers also. Residents had access to lockable storage space

for their personal possessions.

Overall the premises was well-maintained. Inspectors were told that there was ongoing renovations planned on a phased basis which included repairs to flooring and fire safety works. Inspectors were told that these works remained ongoing in Teach Iosa during this inspection. Following this, the works would commence in Teach Cara. However, inspectors noted some areas which required attention to fully comply with the regulations, this is further discussed under Regulation 17: Premises.

There was a policy that guided the temporary discharge and re-admission of residents to the centre. Inspectors reviewed some records of recent discharges to the acute setting. Inspectors were told that the centre utilised the National Transfer Document, in addition to other key information such as a GP letter and a copy of the resident's medicines. Inspectors reviewed the records which were maintained upon the residents' return to the centre, and saw there was review from the GP and the healthcare recommendations such as medicine review or outpatient appointment follow-up were received.

There was a risk management policy in place, which had been recently reviewed. This policy met the requirement of the regulations, for example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident. However the management of risk required improvement as described under Regulation 23 in the capacity and capability section of the report.

There were good examples of infection control processes within the centre. Antibiotic usage was being monitored and there were sufficient resources such as cleaning staff, products and equipment. Overall inspectors found the centre was well-maintained which allowed for sufficient cleaning, however the cleaning processes for some resident equipment was not appropriate.

The registered provider had some good systems in place to monitor fire safety procedures within the centre, such as a fire safety policy and high attendance at fire safety training. There was evidence of fire drills taking place, daily checks of the fire evacuation routes and maintenance of fire safety equipment such as the emergency lighting and the fire alarms at the recommended intervals. However, further improvements were required and discussed under Regulation 28: Fire precautions.

## Regulation 11: Visits

There was an open visiting policy operating in the centre. The registered provider had arrangements in place for a resident to receive visitors in private as is reasonably practicable, which is not the resident's room.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate storage and space for personal possessions and were encouraged to retain control over their personal property, possessions and finances. Appropriate laundry facilities were offered on-site.

Judgment: Compliant

## Regulation 17: Premises

The premises did not fully conform to the matters set out in Schedule 6 Health Act Regulations 2013, and further action was required to be fully compliant. For example:

- Emergency call facilities were not accessible in every area used by residents. One communal area in the Setanta unit did not have an emergency call bell to enable residents to call for support if required.
- While the centre had appropriate sluicing facilities, these facilities were not secured to prevent residents entering the sluice. Inspectors found that the doors to five out of the six sluice rooms were left unlocked on the day of the inspection.
- The flooring on Teach Cara required repairs.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed documentation from four recent transfers to the acute setting and following the residents' return to the designated centre. While inspectors were verbally told that all relevant information about the resident was provided to the receiving centre or service, a copy of this documentation was not retained in the residents' file as further detailed under Regulation 21: Records. There was discharge summaries in place for all records reviewed and inspectors found that these re-admissions were safely managed.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined by the Regulation. There was a safety statement and an emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), but further action is required to be fully compliant. For example:

- Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example:
  - Inspectors were told that residents' privacy screens were cleaned on a weekly basis, this included some shared screens. Some privacy screens were seen to be unclean on the day of the inspection, including dark stains with residue which appeared to be bodily fluids. This practice increased the risk of cross-contamination.
  - A bath in an assisted bathroom was visibly dirty with debris and dust.
- The residents' hand wash sinks available in a number of the residents' bedrooms, were being used by some staff to wash their hands. Staff spoken with said they were dual purpose for staff and for the resident to use. This arrangement was not in line with the national standards for infection prevention and control in community settings. Furthermore, these sink did not have a plug for personal hygiene such as a wash or shave. It was noted that the hand washbasins in residents' ensuites did have a plug in place.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the provider to ensure they made adequate arrangements for containment of fire. For example:

- The inspectors observed some residents' bedrooms doors had items such as door stoppers being used to hold these doors open. In addition the practice was to leave bedroom doors open, inspectors were told that this was to aid with supervision. However, many rooms open had no residents present. These doors were fire doors with stickers on them to keep the doors closed. This required review and mitigating measures in place as in the event of a

fire these doors would be ineffective at containing smoke and fire. Inspectors observed there were no automatic door closure devices on these doors, however management confirmed there were plans to put these in place.

Judgment: Substantially compliant

### Regulation 6: Health care

While it was evident that overall healthcare was delivered to a high standard within the designated centre, inspectors found that care was not provided as per one residents' care plan. For example, a resident had a specialised mattress and inspectors saw that the rotating function was turned off. While this was the residents' request, it was not documented in their care plan and there was no alternative prevention measures such as repositioning in place. This posed a risk that the resident might not receive adequate pressure relieving care leading to skin breakdown and the development of pressure sores.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had failed to recognise five peer to peer incidents as safeguarding incidents and as a result had not responded to them in appropriate manner. For example:

- One resident had been involved in two safeguarding incidents, during which another resident entered their personal space and made them feel unsafe. However there was no appropriate safeguarding care plan in place to protect the resident from further incidents of abuse occurring.
- Both these safeguarding incidents and three further incidents including a further episode of a resident entering another residents space and two incidents of physical abuse had no detailed investigations into these incidents, meaning no learning outcomes or action plans were identified to reduce the risk of further incidents.

Judgment: Not compliant

### Regulation 9: Residents' rights

Notwithstanding the providers' efforts to uphold a human rights-based approach to

health and social care, the providers' oversight with regard to respecting residents' privacy in the multi-occupancy bedrooms required further action. For example;

- As per last inspection, most privacy screens in multi-occupancy bedrooms assessed by inspectors, when fully drawn still had gaps which residents' private space could be seen and therefore impacted on residents' rights to undertake personal activities in private.
- Two staff informed the inspectors that due to the bulkiness and rigidity of the current privacy screens, they were required to move one resident from their space in order to have sufficient room to use the hoist to attend to another resident. Therefore, impacting on both residents individual rights to privacy and choice.

Furthermore, as discussed earlier in this report; while the menus on display detailed all residents had a choice of meals, inspectors found that there was no choice available for Level 4 diets during the lunch-time service in Teach Cara.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Phoenix Park Community Nursing Units OSV-0000476

Inspection ID: MON-0044787

Date of inspection: 22/10/2024

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• With immediate effect there will be a copy of the resident's transfer letter kept in the resident's file when they are transferred to an acute facility.</li> <li>• New lockable filing cabinet has been supplied and is in place to ensure safe storage of residents care plans in Oisin ward</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Reporting of incidents will be a standing item on all CNM/ADON meeting agendas PICS will ensure that all notifications to HIQA will be completed within the time frames.</p> <ul style="list-style-type: none"> <li>• Senior management will look at alternatives to Silentia screens, the use of retractable curtain rails to allow for overhead hoists by 31st March 2025</li> <li>• Senior Management will explore the opportunity to reconfigure beds by 21/03/2025</li> <li>• Annual report for 2024 will more comprehensively reflect analysis of the residents and their families input and feedback</li> <li>• PICS will ensure the action plan developed from the residents surveys will be included in the quality improvement plan in the annual review in 2024</li> </ul>	

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"> <li>• PIC will arrange to provide ward based education sessions on identification of safeguarding incidents</li> <li>• PIC will communicate with all the unit mangers regarding the importance of identifying and appropriate reporting of safeguarding incidents</li> <li>• Both PICS and all staff with access to HIQA portal will ensure that all incidents will be reported within the time frames.</li> <li>• Reporting of incidents will be a standing item on all CNM/ADON meeting agendas.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Sluice Rooms Access</p> <ul style="list-style-type: none"> <li>• All sluice room doors will be secured with swipe access control when not in use.</li> <li>• A sign will immediately be put on all sluice room doors stating doors are to be locked at all times and will display the sign for chemical storage.</li> <li>• PICS will send a memo to all staff highlighting that the sluice room doors must be locked at all times</li> <li>• Installation of swipe access to the five sluice rooms has been completed.</li> </ul> <p>Flooring</p> <ul style="list-style-type: none"> <li>• The work on replacing the flooring in Teach Cara has been delayed and we are awaiting a new commencement date.</li> </ul> <p>Call Bell</p> <ul style="list-style-type: none"> <li>• A call bell will be installed in the day room in Setanta unit by 31st December 2024</li> </ul>	
Regulation 27: Infection control	Substantially Compliant

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

Cleaning of equipment

- Cleaning schedule for bedside screens and assisted bathroom to be reviewed with the cleaning contractors to ensure their inclusion
- IPC advisor met with Cleaning Supervisor to discuss cleaning schedule 02nd December 2024

Hand Hygiene Sinks

- Notices to be applied to all handwashing sinks in resident's bedrooms detailing them as handwash sinks only.
- Memo to be sent to staff informing staff that sinks in resident's bedrooms are hand wash sinks only, completed on 05th December 2024

Regulation 28: Fire precautions

Substantially Compliant

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

Door closures

- Door closures are currently being installed throughout the PPCNU, this work commenced on 17th of September 2024 and will be completed by 31st January 2025

Door stoppers

- With immediate effect all door stoppers are being removed from the centre
- Compliance with the non-use of door stoppers will be monitored on the weekly fire safety check
- This will also be monitored at the quality and safety walk rounds in the centre

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Residents care plan has been updated, in the event that the resident does not wish to have the rotating function of mattress in operation their repositioning care plan will be initiated.

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"> <li>• PICS to ensure all staff attend Safeguarding training</li> <li>• PIC will arrange to provide ward based education sessions on identification of safeguarding incidents</li> <li>• PIC will communicate with all the unit mangers regarding the importance of identifying and appropriate reporting of safeguarding incidents</li> <li>• All safeguarding incidents to be reported to and investigated by the Designated Officer</li> <li>• Safeguarding care plans will be updated as pertinent to each resident</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Privacy Screens</p> <ul style="list-style-type: none"> <li>• PIC to source more appropriate option for resident's privacy within the multi occupancy rooms, ie bed curtains with retractable rails to facilitate overhead hoists to ensure residents privacy</li> </ul> <p>Menu Choice</p> <ul style="list-style-type: none"> <li>• As part of menu planning all residents are offered a choice of meals on the previous day, this includes residents on modified diets. All residents choices are displayed on menu cards at the time of their meal in the dining room</li> </ul>	

## 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	31/12/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	02/12/2024
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/11/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2025
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	Not Compliant	Orange	28/11/2024

	3 working days of its occurrence.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	29/11/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/01/2025
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	28/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2025
Regulation 9(3)(b)	A registered provider shall, in	Not Compliant	Orange	31/03/2025



	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
--	---	--	--	--