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

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| Name of designated centre: | Killarney Community Hospitals |
| Name of provider: | Health Service Executive |
| Address of centre: | St Margaret's Road, Killarney, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 26 March 2024 |
| Centre ID: | OSV-0000568 |
| Fieldwork ID: | MON-0042900 |

## About the designated centre

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

Killarney Community Hospital is located on the outskirts of Killarney town. There is a strong association between this healthcare setting and the local community of Killarney and the wider population of County Kerry. Killarney Community Hospital provides long term care for both male and female adults with a range of dependency levels and needs. The centre is registered to provide care for 66 residents. The centre is divided into three wards: Fuschia, Hawthorn and Heather. Fuschia is a unit for residents diagnosed with dementia and can accommodate 18 residents and caters for all ranges of dementia and residents who need extra support and supervision. Hawthorn and Heather units provide accommodation in a single story building which mainly consists of multioccupancy bedrooms. Each of the three units in the centre had adequate communal space for residents with Fushia unit having an enclosed garden for residents use.

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

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| Number of residents on the date of inspection: | 64 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Tuesday 26 March 2024 | 15:30hrs to 20:00hrs | Mary O'Mahony | Lead |
| Wednesday 27 March 2024 | 09:30hrs to 17:30hrs | Mary O'Mahony | Lead |

## What residents told us and what inspectors observed

Overall, residents spoken with provided positive feedback about the care they received in Killarney Community Hospital. Residents told the inspector the care provided by staff was "really good" and they said that staff were "caring and kind". During the two days of inspection, the inspector spoke with all residents, and with ten residents in detail, and spent time observing residents' daily lives and care practices, in order to gain insight into life in the centre. The inspector also met with four visitors who expressed their satisfaction with all aspects of the centre. One family spoke specifically about the "great welcome" they got on arrival and how they felt that their relative was safe now amongst "knowledgeable" staff. Residents reported that they felt very well cared for by staff who they felt were committed to their care. One resident informed the inspector that staff were "very respectful". All residents were observed by the inspector to be content and well cared for.

Killarney Community Hospital provides long term care for both male and female adults with a range of dependency levels and needs. The centre is situated in the town of Killarney, County Kerry. It is registered to provide care for 66 residents. There were 64 residents living in the centre on the days of this unannounced inspection and one resident was in hospital.

On arrival to the centre, on the first evening of inspection, the inspector met with the clinical nurse manager (CNM), the person in charge and the assistant director of nursing (ADON). After an initial meeting, the inspector walked around both buildings and met with all residents in their bedrooms and in communal areas. The centre was comprised of three separate units, all located on the ground floor, which are called after flowers, namely, Fuschia, Hawthorn (male residents) and Heather (female residents). Hawthorn and Heather were located in a single storey building. The first floor of the building where Fushsia was located, comprised of management and therapists offices, and staff areas were located between both buildings.

The majority of residents living in Killarney Community Hospital were accommodated in four bedded rooms, with shared bathroom and shower facilities located on the corridor. Within the centre there were 13 rooms with four beds, three twin rooms and eight single rooms. The inspector observed that residents in the single rooms had ample storage for personal belongings and a good sized TV. The inspector saw that, for some residents living in the four bedded rooms, storage space for personal belongings was limited and consisted of single wardrobes and a locker. Some residents had access to an extra chest of drawers, which had alleviated the storage issue somewhat. Outdoor space for the residents of Hawthorn and Heather units was limited to the front of the building, which was mainly an area for car parking, and consequently was not suitable for independent outdoor walking. Residents living in Fuschia however had access to a nicely maintained enclosed garden, which was furnished with raised flower beds, an apple tree and appropriate garden furniture.

Each of the three units in the centre had adequate communal space for residents. In Fuschia, which was set up for 18 residents with dementia, residents had access to a dining and sitting room. There were suitable, colourful murals adorning the walls, which created talking points for residents. The inspector saw that the communal rooms were a considerable distance away from residents' bedrooms and could not be accessed independently by all residents. Staff were observed to accompany residents to these rooms for activities and meals during the day. The sitting room was comfortably decorated with leather couches, a fire place, a TV, books and board games. The inspector saw professional and patient interactions between staff and residents in this unit throughout the inspection. Staff explained how they brought in their personal music instruments and played music for residents on a regular basis. It was evident that staff knew residents well and there was a very calm atmosphere in the unit. However, in the evening the inspector observed some residents being brought into a four bedded room, where they did not all reside, to watch a church service on the TV. This practice was also observed on the previous inspection, and is further detailed under Regulation 9. Staff said that this room was used for some communal activities as there was a large table and chairs in the bedroom. However, this was not acceptable as the residents in this bedroom were entitled to their privacy and personal space.

On the second day of the inspection the inspector observed residents on each unit being entertained by an activity coordinator. The inspector saw a number of art works, created by residents, decorating the walls in the communal rooms. There were sufficient staff allocated to activities on a daily basis, including weekends, in all units and resident enjoyed the various activities on offer. Residents told the inspector that bingo was a particular favourite, as well as the birthday parties, beautician, hairdressing, outings, art and various celebrations and concerts.

Residents told the inspector they felt they could express any concern that they had to staff and they would always listen. Residents told the inspector that staff were quick to answer the bells in their rooms and they always were friendly and kind to them. However, when the inspector trialled one bell it was noted that a battery was missing from the handset and it did not work as intended.

The next two sections of this 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

The inspector found that in general the governance and management arrangements, required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined. The provider had applied to renew the registration of the centre and had complied with the requirements of the regulations in relation to this process. A

number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents. Nevertheless, areas such as premises maintenance, residents' rights, aspects of fire safety and personnel possessions, required attention, in order to comply with regulations.

The registered provider for the centre was the Health Services Executive (HSE). The general manager acted as the named person representing the HSE, for the purposes of regulation, and attended the feedback meeting at the end of the inspection days. The care team in the centre was comprised of the director of nursing, the person in charge, an ADON, CNMs, a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints management and key performance indicators (KPIs) such as falls, restraint and antibiotic use, were reviewed and discussed at these meetings. The information for the annual review of the quality and safety of care for 2023 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care including the judicial use of antibiotics (antimicrobial stewardship), were audited monthly. Clinical audit was being carried out in areas such as medicine management, wounds and infections. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

The service was generally well resourced. However, as described under Regulation 17, aspects of the premises required action to comply with Schedule 6 of the regulations. The training matrix indicated that staff received training appropriate to their various roles. Internal trainers were employed to deliver manual handling training, safeguarding and infection control training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information, seen in the daily communication sheet in residents' care plans, provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

The centre had reduced the number of bedrails in use and generally where restraint was used it was risk assessed and used in line with the national policy. Residents exhibiting responsive behaviours (how residents with dementia respond to changes in their environment or express distress or pain) were well managed and staff were observed to respond appropriately to such residents throughout the day. Staff had received appropriate training in this aspect of care and care plans reflected best practice, including the use of a clinical assessment tool to analyse any antecedent and describe the consequence of the behaviour. However, action was required to ensure best practice in the promotion of residents' free movement around the centre as highlighted under Regulation 7, in this report.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to

commencement of employment. There was a comprehensive complaints management system in place.

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

The required documentation had been submitted for the application to renew the registration of the centre.

Judgment: Compliant

## Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

Annual fees were paid as required.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be known to residents and relatives.

The person in charge fulfilled the requirements of the relevant regulations and was seen to hold the required management qualifications.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels were sufficient to meet the needs of residents:

From an examination of the duty roster, and communication with residents and staff, the inspector found that the level, and skill mix, of staff at the time of inspection was sufficient to meet the needs of residents living in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Improvements had been made to the delivery of mandatory and appropriate training since the previous inspection.

According to records seen, training was delivered on an ongoing basis, and attendance at the sessions was recorded on the training matrix.

Staff told the inspector that training was easily accessible. In-house, face-to-face training was delivered, in areas requiring discussion of scenarios, for example, safeguarding and dementia care training.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was maintained in the centre:

The regulatory required details were entered in the directory, for example, the address of the resident and first contact, as well as cause of death, where known.

Judgment: Compliant

## Regulation 21: Records

The records required to be maintained in each centre, under Schedule 2, 3 and 4 of the regulations, were made available for inspection and they were seen to be securely stored.

Judgment: Compliant

## Regulation 22: Insurance

The centre was appropriately insured and this document was viewed by the inspector.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required further action, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

For example:

- there were issues with the premises which required attention to ensure that the premises conformed with the requirements of Schedule 6 of the regulations. This is further highlighted under Regulation 17: Premises and Regulation 12: Personal possessions.
- the oversight of fire safety management to ensure compliance with Regulation 28 as described under the relevant regulation.
- the maintenance of the statement of purpose in line with regulatory requirements
- and the promotion of residents' rights and freedoms, as described under Regulation 7 and Regulation 9.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose did not contain all the required elements as set out under Schedule 1 of the regulations:

- the governance structure was not clearly outlined.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

Complaints were well managed and recorded appropriately.

The review process was clearly outlined and the contact numbers for other review pathways were detailed, such as advocacy groups and the ombudsman.

Judgment: Compliant

## Quality and safety

Overall, residents in Killarney Community Hospital were found to be supported to have a good quality of life which was respectful of their wishes and preferences. Those spoken with were complimentary of the staff, the care and their access to relatives and visits. While findings on this inspection demonstrated good compliance with the regulations inspected, some improvements were required in relation to premises, personal possessions, residents' rights and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs), who were described as attentive and supportive. This was evidenced by the frequent, detailed, medical notes in residents' files. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Prior to admission it was evident that a comprehensive assessment was carried out for each resident, which underpinned the development of a relevant, individualised, care plan.

The registered provider had invested in upgrading sections of the premises, which had a positive impact on residents' quality of life. However, due to the age of the building, which consisted of two separate buildings from the "old workhouse" era, a lot of work was required to keep the centre in good repair. A new building was almost completed on a site near the town. Residents and relatives said they were looking forward to the fact that they would all have private, fully en suite, bedrooms in the new build. The bed linen and residents' personal clothes were well managed, and appropriately labelled, in the very spacious, in-house laundry. The inspector met with the dedicated staff working in this department and they described the system of ensuring that all laundry was kept in good order and returned promptly. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, in relation to hand hygiene protocol and the use of hand gel.

In general, there was good practice observed in the area of fire safety management within the centre. Nevertheless, evidence and certification was required, in relation to dates for servicing the emergency lighting, which was mandatory every three months. Advisory signage was displayed in the event of a fire and this had been updated since the previous inspection. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk. However, there were a number of aspects of fire safety management which required action, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. The provider did not act as pension agent for any residents, and receipts were issued for individual spending.

Residents' nutritional and hydration needs were met. Resident praised the chef and there was a lovely choice of meals seen to be on offer. Daily menus were available on each table, which had the positive impact of creating a talking point between staff and residents at each meal. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, gluten free diet or modified diets. However, in the evenings the dining rooms were not utilised to their full extent, with a large number of residents served their tea-time meal in the bedroom

The inspector found that, in general, residents were free to exercise choice on how to occupy their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and informally through the daily interactions with the management team. A number of individual conversations were seen to be facilitated, between staff and residents, during the inspection. However, further support for residents' rights required action, particularly around external access, as detailed under Regulation 9, in this report

## Regulation 12: Personal possessions

Not all residents had adequate space to store and maintain his or her clothes and other personal possessions:

A number of residents had single wardrobes and a bedside locker in their bedrooms, which provided limited space to store all their personal possessions, when living in the centre on a long stay basis.

One resident explained to the inspector that their relatives obliged them by taking home some outfits and bringing in others from home.

Judgment: Substantially compliant

## Regulation 17: Premises

The inspector found that further action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- on previous inspections of this centre, the limited, even lack of, a safe outdoor space, available for residents in Hawthorn and Heather units, was highlighted. However, despite a commitment to address this in 2022, on the days of this inspection the inspector saw that this had not commenced
- the call bell in one bedroom was not functioning, to allow the resident to call staff if they required assistance. This was addressed on the evening of inspection.

- some walls in the staff office, the clinical rooms and one store room required plastering and painting
- one palliative care room was not clean or tidy even though the room had recently been used for a sick resident
- a number of ceiling tiles in the dining room were lifting or broken and there were mould stains on sections of the ceiling in the hallway
- a staff office was very untidy and cluttered
- some flooring was damaged.

Judgment: Not compliant

## Regulation 28: Fire precautions

Action was required by the registered provider to ensure full compliance with fire precautions in the centre.

This was evidenced by:

- The quarterly certificates, or evidence of the maintenance of the emergency lighting system, were not available for inspection purposes.
- One fire safe door was noted to be damaged and the expandable seal had been painted over. This door was also held open with a laundry trolley. These actions negated the purpose of the door which was to prevent the spread of fire and smoke for a defined period, in the event of a fire.
- The storage of oxygen was not appropriately signposted within the centre: for example, two oxygen cylinders were stored in a resident's bedroom and there was no appropriate signage on the door of the room. This was important in the event of a fire as oxygen is a combustible gas which could accelerate a fire: therefore signage as to its location was important, for evacuation personnel.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans were informative and person centred. They were well maintained on a paper system and were updated on a four-monthly basis. The sample, reviewed by the inspector, contained relevant details and guidelines to direct care. Each care plan was underpinned by an evidence-based clinical risk assessment.

Members of the multi-disciplinary team, for example, the physiotherapist, the palliative care team and the psychiatrist, had inputted advice for staff in providing

best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect residents' social and medical needs.

Judgment: Compliant

## Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records, in the above care plans, found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Some aspects of the management of responsive behaviour required action:

- Similar to findings on the previous inspection there was still a high reliance of safety sensor bracelets in the Fushsia unit, which carried a risk of restricting residents' free movement. Alternatives such as distraction techniques, or one -to-one staffing, which would have promoted the rights of those at risk of absonsion, in a more person-centred way were not used as a first resort.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had taken all steps to protect residents from abuse:

Residents reported feeling safe in the centre and knew staff by name. They were complimentary about the care provided to them.

Up-to-date training in relation to the detection, prevention and response to abuse had been completed by staff.

The centre acts as a pension agent for a number of residents in line with HSE policy on residents' finances.

Judgment: Compliant

## Regulation 9: Residents' rights

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

- access to a secure external space for all residents on the Hawthorn and Heather Unit, to ensure they were offered a choice and had variety in where they spent their day
- similar to findings on the previous inspection the frequency of residents meeting required review to ensure that residents were consulted regularly in regard to the running of the centre. Records of residents meeting showed that while meetings took place on each unit, the intervals between meetings on some units was still too long. This was contrary to information in the centres statement of purpose, which stated residents would be consulted with, quarterly
- one four bedded room in the Fuschia unit was used, occasionally, in the evenings, for communal activity
- one person had not been assessed for a suitable wheelchair to enable external access and independent movement, as was their wish.

Judgment: Substantially 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 |
| Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people | 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 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Killarney Community Hospitals OSV-0000568

## Inspection ID: MON-0042900

## Date of inspection: 27/03/2024

**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 | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Maintenance of the premises commenced on the 02/04/2024 and is now completed. This included plastering and painting of walls and replacement of ceiling tiles.

• Fire safety management - Quarterly fire certificates – these certificates were available however the Person in Charge did not have access to them on the day. Allied fire will now include the Person in Charge when emailing on the certificates

The seal on the fire door has been repaired, and staff education provided on fire doors to remain closed.

• The statement of purpose - The governance structure is under review following discussions between the Chief Officer and Head of Service for Older Persons

• Resident's rights and freedoms - In the interest of safety, but considering the human rights of our residents, and to ensure that their will and preference is respected, residents who are at risk of absconding will continue to wear bracelets unless they refuse to do so. The bracelet does not restrict the resident from movement within the unit but it activates the entrance/exit door to lock as they approach it. All residents are assessed and their individual risk taken into account, and other techniques are promoted and exhausted before a security bracelet is used.

• Residents meetings going forward will be a joint quarterly meeting between Heather and Hawthorn.

• Staff have been informed that residents are not to use other resident's rooms for activities. Evening activities will be carried out in the sitting room.

• The resident requesting a wheelchair has been referred for an occupational therapy seating assessment.

| Regulation 3: Statement of purpose | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The governance structure is under review following discussions between the Chief Officer and Head of Service for Older Persons

| Regulation 12: Personal possessions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• More storage space has been provided to residents for their personal possessions in the form of extra wardrobes.

| Regulation 17: Premises | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 17: Premises:
• Funding for an outdoor garden for Heather and Hawthorn was not granted due to the fact that we will be moving to the new CNU in Q4 2024. Outdoor seating is available to residents who wish to sit outside and all residents can avail of the secure garden in Fuchsia if they wish.

• Checking of call bells has been added to weekly Health and Safety checks.

• Maintenance of the premises commenced on the 02/04/2024 and is now completed. This included plastering and painting of walls and replacement of ceiling tiles.

• The importance of ensuring that each room is thoroughly cleaned and tidied when a resident moves out of a room is reiterated on a daily basis at the ward handover.

• Staff office is currently being decluttered and organised.

| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Quarterly fire certificates – these certificates were available on file, however the Person in Charge did not have access to them on the day. Allied fire will now include the Person in Charge when emailing the quarterly certificates.

• The seal on the fire door has been repaired, and staff education provided on fire doors to remain closed.

• Storage of oxygen – oxygen is not normally stored in the bedroom, therefore signage was not in place. The resident had returned from time out with her brother who left the oxygen cylinder in her room. The cylinder was returned to the clinical room, where there is signage in place.

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|---|---|
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• In the interest of safety, but considering the human rights of our residents, and to ensure that their will and preference is respected, residents who are at risk of absconding will continue to wear bracelets unless they refuse to do so. The bracelet does not restrict the resident from movement within the unit but it activates the entrance/exit door to lock as they approach it. All residents are assessed and their individual risk taken into account, and other techniques are promoted and exhausted before a security bracelet is used.

| | |
|---|---|
| Regulation 9: Residents' rights | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Residents meetings going forward will be a joint quarterly meeting between Heather and Hawthorn.
• Staff have been informed that residents are not to use other resident's rooms for activities. Evening activities will be carried out in the sitting room.
• The resident requesting a wheelchair has been referred for an occupational therapy seating assessment.

## Section 2:

## Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 12(c) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions. | Substantially Compliant | Yellow | 26/04/2024 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Not Compliant | Orange | 31/05/2024 |
| Regulation 23(c) | The registered provider shall ensure that | Substantially Compliant | Yellow | 26/04/2024 |

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|---|---|---|---|---|
| | management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | | | |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 26/04/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 26/04/2024 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 26/04/2024 |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and | Substantially Compliant | Yellow | 26/04/2024 |

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| | respond to that behaviour, in so far as possible, in a manner that is not restrictive. | | | |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 26/04/2024 |
| 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 | 26/04/2024 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Substantially Compliant | Yellow | 26/04/2024 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 27/02/2024 |