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:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	28 May 2024
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0043760

About the designated centre

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

Youghal Community Hospital was built in 1935 and is managed by Health Service Executive (HSE). It is a two storey building with beautiful views out over the sea and river Blackwater. Accommodation is provided for male and female residents usually over the age of sixty five. Care can be provided to an individual under sixty five following a full needs assessment. The maximum number of residents who will be accommodated in the hospital is thirty one. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of other health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants. It provides care to all level of dependencies from low to maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

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 28 May 2024	09:45hrs to 18:15hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives, Youghal Community Hospital was a nice place to live where residents were facilitated to avail of comfortable accommodation and safe care. There was a homely atmosphere in the centre which was confirmed by residents and relatives spoken with. In the morning, the inspector observed that all residents had their breakfast in their bedrooms and a staff member was seen supporting those who required help. During the day, the inspector met and spoke briefly with all residents, and with five residents and their relatives, in more detail. The inspector spent time observing residents' experiences and care practices, in order to gain insight into life in the centre. Residents informed the inspector that they felt very well cared for, by a group of "kind and caring" staff. All residents were observed by the inspector to be content and, in general, appeared satisfied with their care.

This inspection was unannounced. Following an opening meeting with the clinical nurse manager (CNM) the inspector was accompanied on a walk about the premises. Some residents were walking independently or others were being accompanied from their bedrooms to the communal sitting room. Residents and staff were seen to be familiar with the layout and the staff and were relaxed in each other's company. Visitors were seen to come and go during the day. One relative said "staff are very good and I feel I could raise any concerns".

Twenty nine residents were living in the centre on the day of inspection. One resident was in hospital and there was one vacant bed. The premises was warm and residents described their rooms as "comfortable". It was similar to other buildings of this era (1936) and was laid out over two floors. In recent years, the multi-occupancy bedrooms had been reconfigured to accommodated two residents. Personal items, such as photographs and ornaments from home, decorated the bedrooms. The one remaining four bedded, multi-occupancy room was well laid out, in a way that maximised residents' privacy, which mitigated some of the drawbacks of four people sharing a bedroom. Additionally, that room had full en suite facilities, and large picture windows with sea views, where the occupants and their relatives were seen to sit, at times throughout the day. One lady, sitting there, said she was happy to look out at the views and enjoyed the summer sunshine. She told the inspector that staff were "respectful and caring". The inspector observed that the downstairs hallway was bright and clean. It was decorated with new pictures, new flooring, information boards and plants. On the morning of inspection, a number of residents were sitting in the large comfortable sitting room, which was the central area for activity and relaxation. Members of an external activity group were leading a lively, activity session with the twelve residents present. This room also had a lovely view out over the surrounding countryside.

Most residents shared communal showers and toilets, and a number spoken with said that they were happy with this arrangement. A number of residents were aware that a new centre was to be built and that they would have individual, en-suite

facilities, in the new building. Family members, who were visiting, praised the care, the management and the staff. The CNM stated that new residents visited the centre in advance of admission, where this was possible. This supported staff in getting to know the residents and in assessing their needs. One resident said that they felt "content" since admission and said that relatives had "easy access".

Residents' meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, community and centre events, visits, advocacy, care plans and staffing were discussed. In a small sample of survey results reviewed, the inspector saw that residents felt that they had been consulted about relevant issues. Comments such as "the place is very homely" and "I know all the staff" were recorded. Residents said that staff and relatives provided welcome connection to the locality and they were looking forward to upcoming outings.

The inspector observed that, in general, the rights of residents were respected, in how staff addressed and supported them during the day. Nevertheless, some institutionalised practices were still in evidence, as addressed under Regulations 9: Residents' rights. The inspector observed that there was a good activities programme set out on the activity list. Residents spoken with were aware of each day's programme. The inspector viewed the duty roster and saw that there was a staff member allocated to the role of activity leader each day. They also supported the external activity team on the days when they were present. On the day of inspection, residents were seen to be well dressed in their choice of clothes and they said they had access to the hairdresser regularly, both from the visiting hairdresser and the hairdressers on the staff cohort. In the afternoon, the inspector observed 14 residents, in the sitting room, enjoying group activities, such as bingo, a modified numbers game, a ball game and music. A snack trolley was brought around to each person on two occasions throughout the day, and home baking featured on this. A number of residents said they enjoyed reading the daily papers, doing crosswords, watching TV and meeting with visitors in their rooms, as an alternative to the activity session on offer.

The dining room was observed to be set up for approximately 12 residents to dine at each setting. The inspector observed that there was a menu displayed on each table and the room was furnished with dressers and appropriate tableware. This size room would necessitate two sittings, to accommodate most of the residents for each meal. This option had not been explored however, and there was very limiting use of the lovely, new dining space, as addressed under Regulation 9.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements, support the quality and safety of the service, provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

The governance and management systems in the centre were well defined and roles and responsibilities were clearly set out. Audits were scheduled on a regular and frequent basis: for example, medicine management, incidents and accidents and antibiotic use were reviewed and audited. Results of audits were used to inform learning, amongst similar centres, at the senior management team meetings. However, despite this, the inspector's findings indicated the need for action in governance and management oversight, to ensure compliance with the regulations on, fire safety, premises, medicine management, rights and staff training. These issues were discussed in detail under the relevant regulations in this report.

The Health Service Executive (HSE) was the registered provider for Youghal Community Hospital. The centre consisted of a two storey building on an elevated site which had lovely sea views. Renovations had been undertaken in recent years to improve the quality of life of residents, while awaiting commencement of a new building. A senior HSE manager was nominated to represent the provider and they liaised with the local management team on a regular basis. The day-to-day operational management of the designated centre was organised and managed by the person in charge. She was supported by a CNM and a team of nurses, care assistants, catering, household, administration and maintenance staff. In the absence of the person in charge, on the day of inspection, the CNM was the senior nurse in charge and liaised with the inspector throughout the day. The inspector saw that handover reporting took place at each shift change and up to date information about each resident was discussed, and recorded in the daily communication sheet in residents' care plans. These records indicated that communication was effective and all staff were made aware of any changes in residents' condition. Staff, spoken with, were found to be knowledgeable of residents' care and social needs.

On the day of inspection, staffing levels were adequate to meet the needs of residents. The training matrix indicated that the majority of staff received training appropriate to their various roles. Nonetheless, there were some gaps in the records and these were outlined under Regulation 16: Staff Training. Records of meetings with all staff groups were available on request. The person in charge provided assurance that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff and a sample of these certificates were reviewed, for the sample of staff files examined.

Other regulatory records requested during the inspection were accessible: for example, the incident reports, staff files, fire drill records and Schedule 5 policies. Regulatory specified incident reports had been submitted to the Chief Inspector. A sample of residents' care plans reviewed were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Copies of the standards and regulations for the sector were available to staff.

However, the complaints records were not available and this was actioned under Regulation 34: Complaints management.

Regulation 16: Training and staff development

The inspector was provided with the most up-to-date training matrix:

A review of this indicated that:

Refresher infection control training was due for 19 staff, who last received the training in 2022. There was no date on the training matrix for six staff members and two people had last done training in 2020 and in 2021. This was an important issue in the context of Covid-19 and the rise of multi-drug resistant organisms (MDROs).

Responsive behaviour training was due for five staff.

As per the centers policy medicine management training was due for a small number of nursing staff. One person had last attended a refresher in this aspect of clinical skills, three years ago,

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained details of the elements required under the regulations:

For example:

The name and address of the resident's GP, the name of the resident's preferred contact, and where required the cause of death.

Judgment: Compliant

Regulation 21: Records

In general the records required to be maintained under Schedule 2, Schedule 3 and Schedule 4 of the regulations were well maintained.

For example:

- The staff files contained all the required elements as set out under Schedule 2.
- Medicine errors were documented.

- Residents' daily nursing notes were up to date.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured in accordance with the HSE insurance policies for designated centres.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial oversight and action was required, to address a number of outstanding issues :

This was evidenced by:

- lack of oversight of issues related to fire safety management: as highlighted under Regulation 28.
- lack of oversight of premises issues, such as, flooring and other matters: detailed under Regulation 17: Premises.
- Risks such as the use of "portable door-bell" type bells, used for calling staff, required risk assessment and additional controls where required.
- The lack of records related to complaints management: as described, under Regulation 34.
- Oversight of medicine management, outlined under Regulation 29 and, some staff had not completed their mandatory or appropriate training, which is actioned under Regulation 29.
- Not all residents' rights and choices were supported, as described under Regulation 9: Residents' Rights.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contacts were in place for residents.

These set out the fees chargeable, the room number assigned to the resident and

the number of occupant sin the room.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incidents records were maintained in the centre.

All the specified incidents, set out in regulation as requiring notification to the Chief Inspector, had been submitted.

They were found to have been managed appropriately.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints management required action to comply with the requirements of regulations, as follows:

- A comprehensive record of complaints was not available to the inspector, as required under Regulation 34.
- Records of recent complaints could not be sourced.
- It was not clear if all complaints were documented, due to the lack of records for review.

Judgment: Not compliant

Quality and safety

Overall, residents were in receipt of a good standard of care in the designated centre. There was an attentive general practitioner (GP) service available to residents and referrals had been made to the dietitian and external consultants. A choice of activity was available each day and relatives, spoken with, were happy with the visiting arrangements. In this Quality and Safety section of the report, some improvements were required, in premises, medicines, fire safety management, and residents' rights, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a good standard. There was weekly access to the medical team, who were described as,

'available when needed and responsive', to residents. Systems were in place for referral to specialist services, as required under Regulation 6: Health-care, even though currently there was a delay in access, due to vacant posts. Residents' records provided evidence that a comprehensive assessment was done, prior to admission. This information was used to formulate the care plans with relevant information.

The registered provider had upgrading the premises. Flooring in the downstairs hallway had been renewed and painting had been carried out. The fire safe doors had been upgraded and replaced, where necessary. The laundry was moved out to an external building and the three, upgraded, sluice rooms were in constant use. Some aspects of the premises still required action however, and these were detailed, under Regulation 17.

In relation to fire safety management some aspects required attention and action, as described under Regulation 28. Fire drill evacuation reports were seen and the monthly, weekly and daily fire safety checks were documented.

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.

Residents' nutritional and hydration needs were met. 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. Residents' nutritional status was assessed monthly and a dietitian was consulted, if this was required. However, on the day of inspection only six residents had their dinner in the dining room and it was not used at tea time. This was a repeat finding from previous inspections. Nevertheless, food was observed to be nicely presented. There was a sufficient number of staff on duty to assist those who needed additional support. Two residents, in the dining room, described the mealtimes as "breaking up" the day and providing an "opportunity to chat" to others. Residents told the inspector that the food as "plentiful and tasty" and they said that they wanted to thank the chef for the varied meals. However, the dining experience required review, with the aim of enhancing the experience as a social opportunity and a variation in the daily routine, for all residents.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings, every three months, and informally, through the ongoing interactions with staff and the management team. Some of these conversations were witnessed during the inspection, and issues raised by residents were seen to be addressed. Nevertheless, the inspector was not assured that resident rights were fully supported, as described under Regulation 9.

Regulation 10: Communication difficulties

Where any residents had communication challenges this was recorded in the

personal care plans.

I.T. communication devices (such as i-pads) and 'word' boards were available for use by two residents.

Communication care plans had been prepared for relevant residents detailing their preferred communication method and any devices, or staff, required to support them.

Judgment: Compliant

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations.

- The flooring upstairs, flooring in the medicines store and flooring in some bedrooms, required replacement as it was stained, indented and scuffed in some areas.
- The under-sink surround in the staff bathroom required repair as it was broken and had not been replaced. This meant that there were exposed pipes under the sink.
- The fridge in the upstairs staff room, and some radiators, were rusty at the base.
- Sections of the skirting boards required painting.
- Some wardrobe doors were damaged: that is, sections of the protective 'formica' casing was missing, which exposed the underlying chipboard.
- Both arms of a large, specialised, 'comfort' chair, had been repaired with 'parcel tape'.

The above defects would impede thorough cleaning, in the interest of infection control for residents.

Additionally:

- There were no call bells available for two residents.
- Two call bells were of a portable doorbell type, one of which was stored loosely on the resident's body and one on a bed table: there was a high risk that these would fall or be lost, particularly the portable bell, relied on in the external smoker's area.
- These were not connected to the main call bell display unit.
- The privacy curtains required replacement in a shared bedroom.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control management in the centre had been actioned since the previous inspection.

A janitorial room had been furnished to ensure that housekeeping staff had an area to store and refill cleaning receptacles, which was distinct from the sluice room.

Some premises issues, impacting on effective cleaning were described under Regulation 17: Premises.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire:

For example:.

- Annual fire safety training was not completed for four staff. One staff member last did the mandatory, annual training in 2021.

This was of key importance in the context of providing care in a two-storey old building where the night time staffing levels were reduced to four staff for 30 residents,

- Two doors, classed as 'fire safe doors', did not close adequately to ensure their purpose was not negated. These doors were designed to prevent the spread of fire and smoke for defined periods of 30 and 60 minutes when closing automatically, on activation of the fire alarm. Any break in the design, the functionality or the installation would negate the purpose of the door, and the compartmentation of the centre (where these doors provide sealed off areas for the purposes of horizontal fire safety evacuation), would be compromised.
- A door holding magnet had become dislodged from the wall meaning that it was no longer functional to hold a "fire safe door" open: this presented a risk that some alternative device, other than an approved device, could be used to hold the door open.
- One external, designated area for a resident who smoked. was not adequately furnished to mitigate any risk; for example, there were no protective aprons, no fire blanket or no fire extinguisher in the outside area.
- Additionally, as described under Regulation 17 :Premises, the call bell in use by the smoker in this area, was a portable 'doorbell' type, and was not connected to the main call-bell panel.
- The key to the basement did not open the doors to the basement. It took a

while to source the correct key, which was in an external work area. In the event of a fire originating in this section, particularly at night, staff would not have had access to investigate any fire alarm activation in the basement.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had not ensured that all medicines were securely stored in the centre:

Specific fridges used for the storage of medicines were not locked, nor maintained in a locked, clinical room for safe storage requirements.

In a small sample of residents' medicine charts seen, not all medicines were signed for, when administered.

This created a risk that all medicines would not be safely accounted for, or that residents may not have received their usual medicine at a designated time, as set out in their prescription.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning was detailed and followed the requirements of the regulations.

There was evidence that residents, or a significant other, were consulted in formulating person-centred care plans.

Medical issues identified were supported by best evidence-based, clinical risk assessment tools such as, the malnutrition universal screening tool (MUST).

Care plans were reviewed four monthly and there was evidence that medical treatment was sought, when required, or when appropriate.

Judgment: Compliant

Regulation 6: Health care

Some aspects of health care required action.

For example, access to the occupational therapist (OT) and the physiotherapist was described as "problematic" with delays ensuing, due to vacancies in these posts. Where one post had been filled recently, the access for residents was described as "poor" and limited.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector was not assured that all residents' rights and choices were adequately supported:

In particular, during the inspection one resident was moved to a different bedroom. Based on the resident's care plan, the residents' needs did not appear to be adequately supported in this room and they were not happy, when spoken with. It was unclear that appropriate consultation had taken place, prior to making this move. The new, shared room had no privacy curtains and the resident had no access to a call bell. The resident was now located further away from the nurses' desk area, for care and observation.

In a number of care plans reviewed, the activity involvement had not been recorded, on a regular basis, for a number of residents, particularly those who were in bed or in their room. The last activity entry for one resident was recorded by the activity group as occurring on 16 March 2021.

The new dining room, where renovations had been completed, was only used on a limited basis, mainly at lunch time. This was repeat finding. This meant that residents were eating their meals in the bedrooms or in communal rooms and were not facilitated, to avail of the choice of using the dining room, in either one or two sittings. as required since 2022, under the regulations.

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	
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0043760

Date of inspection: 28/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Management will undertake a review of infection control training modules required by all grades of staff and this will be discussed at a combined meeting with IPC and Health & Safety at the end of July with an aim to identify essential training. All staff have been notified by management on 09.07.2024 of the importance of keeping up to date with all relevant IPC modules. All staff will have completed a locally agreed list of IPC modules by end of October, 2024. All outstanding staff training has been added to the training matrix. Responsive Behavior Training will be 100% compliant by the end of August 2024. A Senior Staff Nurse in Youghal CH has recently completed a train the trainer course and will be in apposition to facilitate this training in the future. Medication Management for 2024 completed by remaining 5 x Staff Nurses on 01.07.2024. The training matrix will be audited quarterly by the CNM and any outstanding training issues will be addressed at this time.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
• Fire training was provided on 05.07.2024 and all staff are now 100% compliant in fire safety training.
• All fire doors were inspected by the installer, on 05.06.2024 and are were found to be fully functional. During the inspection on 05.06.2024 by the installer it was highlighted to management and staff that the fire doors are released in a particular sequence to provide proper seal and to avoid obstruction, this was fully tested by the installer.
• The door holding magnet was replaced on 30.05.24 and is fully functional.
• In the short term, a fire extinguisher and fire blanket have been purchased for the outside smoking area. These are to be stored in the store room on the Sacred Heart corridor (adjacent to resident's room) and will be easily accessible for staff when needed. The outdoor smoking facility has been ordered and is due to be in place within 8 weeks.
• The resident who smokes has a smoking apron. This will be worn at all times when they are smoking. A call bell, which is connected to the main call bell panel is now available for this resident 01.07.2024.
• The basement door lock was replaced on 29.05.2024 and the key for same is kept in the reception office, all staff have been informed of same via the local communication log.
• Specialist cleaning is currently being sourced for all flooring areas highlighted.
• Exposed pipes in staff bathroom will be repaired by maintenance by end of July, 2024.
• The rusty areas identified have been repaired on 08.07.2024.
• Skirting boards that require attention have been repaired on 08.07.2024.
• The wardrobes with damaged casing will be repaired by end of July, 2024.
• The arms of the comfort chair are due for upholstering before end of July 2024.
• A new call bell system was installed on 01.07.2024.
• The privacy screen identified was replaced on 29.05.2024.
• Complaint logs are now available on both floors and staff will be cognisant to record, manage and log any complaints as they arise.
Management will collate and monitor complaints and compliments on a monthly basis. All staff have been reminded of the importance of logging all complaints at the Daily Pause meeting for the month of June, this will continue to be raised at regular intervals with a view to reminding staff of the processes in place.
• The fridge key is held by the Nurse in Charge of each shift and the rooms that house the fridges are kept locked.
• The issue of unsigned medication charts was addressed with all nurses via the local communication log and at the Daily Safety Pause meetings during the month of June. The CNM will conduct additional medication administration audits to ensure compliance with Medication Management Policy. These audits will be reviewed by senior management on a monthly basis.
• There has been continuous engagement with the resident who was relocated on the day of inspection. The resident and their family report that they are satisfied with the new location. Privacy curtains are now in place and a call bell has been installed since 01.07.2024. Staff continue to monitor the appropriateness of the resident's placement based on care needs.
• All staff will complete a, Therapeutic Recreational Activities Record on a daily basis. This is reminded to all at the Daily Safety Pause meeting with a further reminder on the local communication log.
• All staff are actively encouraging and promoting the use of the newly decorated dining room to residents, in particular at dinner time, while also respecting the resident's choice

as to where they dine.
This will also be raised at the next residents' meeting for feedback regarding the dining room.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• Complaints logs are now available on both floors and staff will be cognisant to record, manage and log any complaints as they arise.
Management will collate and monitor complaints and compliments on a monthly basis. All staff have been reminded of the importance of logging all complaints at the Daily Pause meeting for the month of June, this will continue to be raised at regular intervals with a view to reminding staff of the processes in place.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Specialist cleaning is currently being sourced for all flooring areas highlighted.
• Exposed pipes in staff bathroom will be repaired by maintenance by end of July, 2024.
• The rusty areas identified have been repaired on 08.07.2024.
• Skirting boards that require attention have been repaired on 08.07.2024.
• The wardrobes with damaged casing will be repaired by end of July, 2024.
• The arms of the comfort chair are due for upholstering before end of July 2024.
• A new call bell system was installed on 01.07.24
• The privacy screen identified was replaced on 29.05.2024.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire training was provided on 05.07.2024 and all staff are now 100% compliant in fire safety training.

• All fire doors were inspected by the installer on 05.06.2024 and are were found to be

fully functional. During the inspection on 05.06.2024 by the installer it was highlighted to management and staff that the fire doors are released in a particular sequence to provide proper seal and to avoid obstruction, this was fully tested by the installer.
• Door holding magnet was replaced on 30.05.24 and is fully functional.
• In the short term, a fire extinguisher and fire blanket have been purchased for the outside smoking area. These are to be stored in the store room on the Sacred Heart corridor (adjacent to resident's room) and will be easily accessible for staff when needed. The outdoor smoking facility has been ordered and is due to be in place within 8 weeks.
• The resident who smokes has a smoking apron. This will be worn at all times when they are smoking. A call bell, which is connected to the main call bell panel is now available for this resident 01.07.2024.
• The basement door lock was replaced on 29.05.2024 and the key for same is kept in the reception office, all staff have been informed of same via the local communication log.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• The fridge key is held by the Nurse in Charge of each shift and the rooms that house the fridges are kept locked

• The issue of unsigned medication charts was addressed with all nurses via the local communication log and at the Daily Safety Pause meetings during the month of June. The CNM will conduct additional medication administration audits to ensure compliance with Medication Management Policy. These audits will be reviewed by senior management on a monthly basis.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• All residents that require assessment and specialist MDT treatment are referred for same through Primary Care.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• There has been continuous engagement with the resident who was relocated on the day of inspection. The resident and their family report that they are satisfied with the new location. Privacy curtains are now in place and a call bell has been installed since 01.07.2024. Staff continue to monitor the appropriateness of the resident's placement based on care needs.
• All staff will complete Form 023a, Therapeutic Recreational Activities Record on a daily basis. This is reminded to all at the Daily Safety Pause meeting with a further reminder on the local communication log.
• All staff are actively encouraging and promoting the use of the newly decorated dining room to residents, in particular at dinner time, while also respecting the resident's choice as to where they dine.
This will also be raised at the next residents' meeting for feedback regarding the dining room.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2024
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	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Orange	15/08/2024

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	04/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	04/07/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in	Substantially Compliant	Yellow	21/06/2024

	accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	21/06/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	21/06/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under	Substantially Compliant	Yellow	21/06/2024

	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.			
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	21/06/2024
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	21/06/2024
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	21/06/2024