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:	Raheen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tuamgraney, Scariff, Clare
Type of inspection:	Announced
Date of inspection:	18 September 2024
Centre ID:	OSV-0000611
Fieldwork ID:	MON-0043835

About the designated centre

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

Raheen Community Hospital situated in an idyllic rural setting in Raheen Woods, three miles from Scariff includes a Community Nursing Unit and a very active Day Centre. The aim of Raheen Community Hospital is the enablement of all residents to live the most fulfilled lives in an environment, which is cognisant of their needs, dignity and privacy. We do this by providing a Quality Assured Residential Community Nursing Unit and Day Care Centre Service to those Older Persons entrusted into our care to achieve and sustain a high quality care environment, which cares for supports and values each resident.
The Day Centre provides day services to a wide geographical area, which spans an expansive area reaching ten community areas in East Clare.
The Community Nursing Unit registered to accommodate 25 residents. It is a two-storey building and the bedroom accommodation comprises eleven single rooms, six-twin rooms and two palliative rooms, all with en-suite facilities. There are varieties of private and communal spaces for residents to relax and enjoy. Communal areas comprise of sunroom/ conservatory, two sitting rooms, church, dining room, family room, kitchen and Sunflower activities area.
The Community Nursing Unit provides 24-hour nursing care to both male and female residents aged 18 or over requiring long-term, short-term, respite and palliative care. Raheen CNU aims to promote a human rights based –approach to health and social care services which upholds the resident's core human rights, principles of fairness, respect, equality, dignity and autonomy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

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
Wednesday 18 September 2024	09:30hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Raheen Community Hospital told the inspector that they enjoyed a good quality of life in the centre and that staff treated them with respect. Residents received a satisfactory standard of person-centred care from a team of staff, under the supervision of a structured management team. Residents expressed high levels of satisfaction with the service, including their bedroom accommodation, the premises, and the quality of the food. Residents told the inspector that while staff kept them socially engaged, the variety and provision of meaningful and engaging activities did not always meet their needs.

There was a friendly and homely atmosphere in the centre. Residents were observed chatting with one another in the communal dayroom, and staff were seen to be attentive to their requests for assistance. Other residents were seen walking through the corridors, and meeting their visitors. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Residents described how the staff were always 'lovely and polite' towards them. Staff were observed going into resident bedrooms to check on them and chatting with them throughout the day. Many residents were in the dayroom and dining room and staff were always present in these areas. The staff appeared to be very familiar with the residents and were respectful in their interactions. Residents told the inspector that their call bell was always answered without delay.

Residents told the inspector that they had good access to health care such as general practitioners (GP). They said if they needed to see someone for a health care related matter it would be arranged for them. For external appointments the residents could go with their family or the nurses would make the arrangements for them to attend the appointment.

Residents were complementary of the quality and quantity of food they received. Residents said they got 'plenty to eat' and had access to snacks and refreshments at their request. Residents were able to choose where they wanted to have their meals, some preferred the dining room and others preferred to have their meals in their bedrooms. The lunch-time meal service was observed to be a social and pleasant experience for residents. Staff were knowledgeable of the residents' preferences and of those with special requirements such as diabetic diet and modified textured diets for those with difficulty swallowing.

On walking around the centre, the inspector observed that the areas occupied by residents, such as the dayroom and conservatory area were generally clean. Residents informed the inspector that they were satisfied with the cleanliness of their bedrooms and that their bedrooms were cleaned most days by staff. However, the inspector observed that some areas of the premises were not cleaned to an acceptable standard. This included some bedrooms, en-suites, the dining room area,

and ancillary storage areas.

Some fire safety risks were observed while reviewing the premises. This included the storage of combustible items in areas such as the heat distribution room, and the storage of items in an electrical switch room along a protected escape corridor.

The premises had undergone significant redecoration and was observed to meet the individual and collective needs of the residents. Residents were complimentary of the physical environment, describing it as warm, comfortable and homely. There were a variety of private and communal spaces for residents to relax and enjoy. The corridors were decorated with pieces of artwork created by residents. Externally, residents had unrestricted access to well-maintained gardens and private patio areas accessible from their bedrooms. Residents were observed enjoying refreshments with their relatives and friends in the garden.

Residents told the inspector that they had adequate storage for their belongings and clothes in their rooms. Residents said that their clothes were regularly laundered and returned to their rooms and that, overall, they were satisfied with the laundry service.

There were large notice boards located throughout the centre that displayed a variety of information for residents. This included information on safeguarding services, advocacy, complaints procedure, and the daily activities schedule. Residents also said that they felt their opinions were listened to at residents' meetings, and that their rights were respected.

Residents told the inspector that the variety of activities 'could be better'. While there was an activities schedule in place, the schedule was not consistently implemented due to the availability of staff. An activities 'engagement board' displayed near the main entrance detailed the weekly activities plan. The plan included activities such as exercises, art and crafts, and activities aimed at stimulating the senses, communication and relaxation. Residents told the inspector that those activities had not been provided.

Visiting was not restricted and a number of visitors were observed attending the centre on the day of inspection. Visitors were complimentary of the service provided to their relatives and described the service as providing a 'home from home'.

The following sections of this report details the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an announced inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on previous inspections of the centre.

The findings of this inspection were that the provider had taken action to ensure that the premises was appropriately maintained to meet the needs of the residents, while also supporting elements of effective infection prevention and control measures in the centre. While the provider had taken some action to improve infection prevention and control practices, adequate staffing resources were not always available to effectively clean the centre, as this impacted environmental hygiene. The inspector found that governance and oversight of aspects of the service such as record management, and inadequate staffing resources impacted on the quality and safety of care provided to the residents. This included fire safety, infection prevention and control and the provision of activities for residents.

As part of this inspection the inspector reviewed unsolicited information received by the office of the Chief Inspector. The information pertained to concerns regarding the quality of environmental hygiene and the staffing resources. This information was found to be substantiated on this inspection.

The Health Service Executive (HSE) is the registered provider of Raheen Community Hospital. The person in charge was supported by a general manager who provided oversight of the centre. Within the centre, the person in charge was supported clinically, and administratively, by a clinical nurse manager (CNM). On the day of inspection, the clinical management support for the person in charge was not as described in the centre's statement of purpose, which detailed the management structure to include two clinical nurse managers. This structure was not in place due to one CNM vacancy. This organisational structure was found to impact on the supervision and monitoring of some aspects of the service such as the oversight of infection prevention and control practices, the provision of social care, and the systems in place to evaluate and improve the quality and safety of the service.

The organisation and management of the staffing resources was not fully effective to ensure that all services were provided in accordance with the statement of purpose. A review of the staffing rosters found that resources were not consistently available to cover planned and unplanned staff leave in health care, social care, and housekeeping rosters, resulting in those areas being under-resourced. On the day of inspection, the impact of this was observed in the poor quality of environmental hygiene, and the limited provision of social activities.

The quality and safety of care provided to residents was monitored through a range of clinical and environmental audits. The audits included reviews of adverse incidents involving residents, nutrition, complaints, infection prevention and control, and other significant events. There was a schedule of monthly audits that were completed by the clinical management team. A review of completed audits found that some audits were effectively used to identify risks and deficits in the service, and informed the development of quality improvement action plans. However, there was no established system in place to monitor the quality of environmental hygiene during the intervening period of time between scheduled environmental hygiene

audits. For example, the quality of environmental hygiene was audited in January 2024, and April 2024 by an external department. This potentially contributed to the poor standard of environmental hygiene observed on the day of inspection.

Risk management systems were underpinned by the centre's risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk, and priority. Where necessary, risks were escalated to senior management and the provider for further review and action.

The provider had systems in place to ensure clear communication between staff. Records evidenced that meetings between the person in charge and staff from different departments in the centre were held regularly. These meetings were used to discuss day-to-day issues relating to resident safety, quality of care and on-going risk. Regular meetings were also held with the management team and the provider allowing for discussion in relation to the progression of quality improvement actions, staffing requirements, and adverse events. These meetings facilitated escalation of risk to the provider.

Record management systems consisted of a paper-based system. A sample of staff personnel files were reviewed and were found to contain all the information required by Schedule 2 of the regulations. This included a vetting disclosure for each member of staff in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, some records required to be maintained in respect of Schedule 3 and 4 were not consistently maintained. This included records pertaining to adverse incidents involving residents, and records of the duty roster that was actually worked by staff.

There was an effective complaints policy and procedure which met the requirements of Regulation 34: Complaints procedure. A review of the records of complaints received by the centre and found that they were appropriately managed, in line with the requirements of the regulations.

A review of the staff training records evidenced that staff had completed training relevant to the provision of safe quality care to residents. Training completed included safeguarding, managing behaviour that is challenging, fire safety, cleaning and decontamination training and manual handling training. With the exception of fire safety, staff who spoke with the inspector demonstrated appropriate knowledge of how they implemented the training that they had received.

Regulation 15: Staffing

The provider did not ensure that there were sufficient staffing levels in the centre to meet the assessed needs of the residents, or for the size and layout of the centre. This was evidenced by;

- The centre did not have adequate numbers of cleaning staff to ensure the centre was clean. There were seven occasions, within the previous 10 days, where there was one housekeeper on duty to clean the centre, where a minimum of two were required. On the day of inspection, there was one housekeeper on duty to clean the centre. This impacted on effective infection prevention and control and the quality of environmental hygiene.
- A review of worked and planned rosters showed that the planned absence of activities staff was not covered for a period of three weeks. Consequently, there was insufficient staff to meet the social care needs of the residents, as detailed under Regulation 9, Resident's rights.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such as safeguarding of vulnerable people, supporting residents living with dementia, and infection prevention and control.

However, staff knowledge of fire safety procedures is detailed under Regulation 28, Fire precautions.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Some records of adverse incidents involving residents did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no results of an investigation, learning, or action taken.
- A record of the duty roster of all persons working at the designated centre, and a record of whether the roster was actually worked by staff, was not accurately maintained in line with the requirements of Schedule 4(9).

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure that there were sufficient staffing resources in place to consistently maintain planned staffing levels and that the clinical nurse management structure was maintained, in line with the centre's statement of purpose. This impacted on the governance and oversight of some aspects of the service. The service was dependent on the use of agency staff to support the rosters in all departments. There was no active recruitment to fill staffing vacancies. On the day of inspection the provider did not have the staffing resources to cover planned and unplanned leave.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and safety was promoted. While the registered provider had taken action to ensure the premises met the needs of residents and to ensure residents safety in relation to infection prevention and control and fire safety, the action taken was not sufficient to bring the service into full regulatory compliance. Additionally, residents did not always have access to a varied programme of activities, in line with their interests and capacities.

A sample of resident's assessments and care plans were reviewed, and evidenced that the residents' health and social care needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs and residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents. The centre was bright and spacious. Residents had access to secure and pleasant garden space that was appropriately furnished.

While the provider had taken some action to improve the physical environment and associated facilities in the laundry and sluice areas to support effective infection prevention and control measures, the inspector found that areas of the premises, including bedrooms, en-suites, areas that contained carpet and corridors were visibly unclean. A reduced schedule of cleaning was in operation as a result of inadequate and inconsistent staff resources allocated to the cleaning of the centre. In addition, daily cleaning records were not consistently completed. This meant that the provider could not be assured that all areas were cleaned according to the schedule. Further findings are discussed under Regulation 27, Infection control.

A review of fire precautions in the centre found that the provider had taken significant action to improve fire safety in the centre. Records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. A summary of residents Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. While action had been taken to ensure the physical environment protected residents from the risk of fire, the oversight and management of fire safety did not ensure potential fire risks, such as the storage of combustible material near sources of ignition, were identified and managed. In addition, not all staff were aware of the system of fire detection in the centre used to identify the location of a fire.

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 detailed their responsibility in recognising and responding to allegations of abuse.

Residents were provided with a guide to the services in the designated centre in an accessible format. The residents information guide reflected changes to the complaints procedure, and the personnel responsible for the management of complaints. The guide also included information in relation to advocacy services,

visiting arrangements, and terms and conditions relating to residence in the centre.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents.

While there was an activity schedule in place, the variety of activities detailed on the activity schedule were not provided to residents in accordance with their interests and capacities. A review of the activity records showed that there was an over-reliance on activities that did not promote social engagement. This included activities such as television viewing and listening to the radio.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents. The premises met the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the designated centre. The guide included the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by findings of;

- Inadequate staffing resources available to maintain planned staffing levels allocated to the cleaning of the centre. This impacted on the provision of a consistent service that ensure a high standard to environmental hygiene was maintained.

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- Some areas of the premises were not cleaned to an acceptable standards. This included bedrooms, en-suites, communal toilets and bathrooms, and ancillary storage areas where floors were visibly unclean.
- The cleaning procedure in practice was not in line with best practice guidance. For example, a reduced cleaning procedure was in operation whereby only frequently touched surfaces and visibly unclean floors were cleaned. This impacted on effective infection prevention and control measures.

Judgment: Not compliant

Regulation 28: Fire precautions

Oversight of fire safety systems was inadequate and did not fully ensure the safety of residents against the risk of fire. For example,

- There were combustible materials stored in an unsecured heat distribution room to the rear of the building. Combustible items were also stored in an electrical switch room along an escape corridor. This presented a potential fire risk- as it would be accelerated by the presence of combustible materials in the event of a fire.

- Staff had received training in fire safety management, however, some staff spoken with on the day of the inspection demonstrated incomplete knowledge of fire safety and evacuation procedures. The effectiveness of the fire training delivered was not reviewed by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following an assessment of residents needs, and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

The care plans reviewed were person-centred, and reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, mobility, and risk of malnutrition. There was sufficient information to guide the staff in the provision of care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care. Residents had timely access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that a GP visited the centre weekly and as required.

Residents were provided with timely access to a range of health and social care professionals through a system of referral. This included physiotherapy, dietitian services, speech and language therapy, tissue viability expertise, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of

abuse. Residents reported that they felt safe living in the centre.

The provider supported a small number of residents to access and manage their finances. There were arrangements in place to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not provided with consistent facilities for occupation and recreation and for opportunities to participate in activities in accordance with their interests and abilities. Residents told the inspector that while staff provided them with social engagement, they were not provided with a varied programme of activities in line with the centre's activity plan and schedule.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Raheen Community Hospital OSV-0000611

Inspection ID: MON-0043835

Date of inspection: 18/09/2024

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To come into compliance with Regulation 15, The cleaning staff roster reviewed and adjusted to ensure adequate numbers of cleaning staff. Adequate cleaning staff resource allocated to ensure a consistent cleaning service in place to maintain a high standard of environmental hygiene. Two cleaning staff allocated to cleaning on a consistent daily basis to ensure effective infection prevention and control and maintain quality of environmental hygiene. Arrangements are in place to ensure consistent staff are in place to provide uninterrupted activities in accordance with resident's interests and abilities to meet the social care needs of the residents on a weekly basis, as detailed under Regulation 9, Residents Rights. Planned Completion Date: 25/10/24, Ongoing	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All Incidents discussed with staff at safety pause and handovers. Management ensure all incidents involving residents contain detailed information under the regulations for example results of investigations, learning and actions are clear, concise, and appropriately documented. All incidents involving residents continue to be documented using the National Incident Form submitted to the Regional Risk and Patient Safety Advisor for their review following all incidents. Continue to share the centers ¼ incident reports received from Regional Quality & Safety	

Committee with all staff for their review and learning.
Planned Completion Date: 25/10/24, Ongoing
Management ensure the duty roster accurately maintained in line with the requirements of Schedule 4 (9).

Monitoring of staff roster on a daily basis to ensure staff roster maintained and updated as per daily changes.

The nurse in charge receiving a call from a staff member advising their unavailability to work as per the preprinted allocated roster will immediately document this on the roster on receiving a call and inform her line manager, i.e. unexpected sick leave.

The CNM's are responsible for the weekly oversight and monitoring of staff roster records.

Planned Completion Date: 25/10/24, Ongoing

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A recruitment process in place within the HSE to address any vacant posts within the services. The Director of Nursing has submitted Business Plans, HR Recruitment Request Forms, and Risk Assessments as per the HSE procedure to recruit the different grades of staff where vacancies exist within the designated centre as per the Statement of Purpose.

The progression of recruitment of vacant posts determined by approval from senior management external to the designated centre to recruit these vacant posts.

While approval is pending to backfill vacant posts with HSE Staff, the service employs agency workers to fill vacant gaps when available in the meantime. These agency workers when available are currently addressing staff gaps with the exception of a Clinical Nurse Manager 1.

As interim governance measure to ensure and maintain the clinical nurse management structure, in line with the centre's statement of purpose and until a Clinical Nurse Manager 1 is recruited via HSE Recruitment process, a nursing colleague is acting up as a CNM1 to enhance her experience. This role will support governance and oversight of some aspects of the service.

Continue to escalate staffing risk assessments until all identified staff vacancy actions closed to ensure sufficient staffing levels.

Planned Completion Date: 30/09/24, Ongoing

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Actions are taken to ensure allocated cleaning staff resources in place:

In line with the HSE Recruitment Process, the Director of Nursing had submitted Business Plans, HR Recruitment Requests forms and Risk Assessments to senior management for approval to recruit additional cleaning staff, to support effective cleaning services to maintain staffing levels allocated to the cleaning of the centre.

The Director of Nursing has commenced exploring outsourcing housekeeping services to an external cleaning company, which is currently being progressed and under review.

The cleaning staff roster reviewed and adjusted to support effective cleaning services. In the interim, adequate staff resource allocated to the cleaning of the center to ensure a consistent cleaning service in place to ensure a high standard to environmental hygiene maintained. Two cleaning staff allocated to cleaning on a consistent daily basis.

The cleaning procedure reviewed and new cleaning procedure and schedule in place to ensure all areas cleaned to acceptable standards in line with best practice and infection and control measures.

The Annual Environment Audit to monitor the quality of environmental hygiene increased to a Bi - Annual Basis.

The Annual Decontamination Equipment Audit to monitor the quality of equipment decontamination increased to a Bi - Annual Basis.

Planned Completion Date: 25/10/24, Ongoing

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Combustible items identified i.e. tissue and a glove, found on the floor of the outside boiler house removed immediately on day of inspection and the potential of fire risk

reiterated to staff.

A combustible item and weighing scale found in the COMMS Room removed on day of inspection and the potential of fire risk reiterated to staff.

Staff knowledge assessed on the effectiveness of their fire safety and evacuation procedures training, discussed at safety pause meetings on a weekly basis to ensure staff demonstrate complete knowledge of fire safety and evacuation procedures.

Ongoing safety fire measures in place i.e. fire drills planned for 31/10/24, 28/11/24 and 12/12/24, to ensure all staff are fully aware of the procedure followed in the case of a fire.

Monitoring of fire drill schedule and staff knowledge of their learning of fire safety and evacuation procedures on an ongoing basis.

Fire safety is a standing agenda item at staff team and resident meetings and fire drills discussed at staff meetings.

Planned Completion Date:30/10/24, Ongoing

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Arrangements are in place to ensure consistent staff are in place to provide uninterrupted activities in accordance with resident’s interests and abilities.

Activity coordinator has returned from leave and in place to co-ordinate a varied programme of activities in line with the activity plan and schedule supported by a colleague.

Staff roster adjusted to ensure consistent staff are in place to provide a varied programme of activities in line with the center’s daily activity plan and schedule on a weekly basis.

Residents continue to have access and links to the wider community.

Planned Completion Date: Completed 23/09/2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	25/10/2024
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	25/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/09/2024

	effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	25/10/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/10/2024
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	Substantially Compliant	Yellow	30/10/2024

	procedures to be followed should the clothes of a resident catch fire.			
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	23/09/2024