



**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:	Donegal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Drumlonagher, Donegal Town, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000617
Fieldwork ID:	MON-0043431

About the designated centre

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

Donegal Community Hospital is a purpose built two storey building located in the town of Donegal, within walking distance of all local amenities. The residential part of the hospital is a 29 bed unit located on the ground floor, which provides palliative care, respite care, convalescence, rehabilitation and continuing care. Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple-occupancy bedrooms, each accommodating four residents. There are two sitting rooms, a dining room and an oratory for communal use. The designated centre includes a treatment room, staff facilities, a small laundry and a main kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 8 May 2024	10:00hrs to 17:15hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that the nursing and health care provided to the residents was of good quality, and the residents' feedback was generally positive. However, significant actions were required to improve the lived environment for the residents and to ensure residents had access to meaningful activities in line with their abilities and preferences.

The inspector spoke with many residents throughout the inspection. Residents told the inspector that the staff were very pleasant and kind and that they felt safe in their home. Many residents commented that the food provided to them was of good quality and that staff asked about their food preferences on a daily basis.

Donegal Community Hospital is in a single-storey building located in Donegal Town and is close to local amenities. The centre is registered for 29 residential beds, and 21 residents were accommodated in this centre on the day of inspection. The designated centre has an additional condition, which restricts the provider from admitting long-term care residents because of the limitations of the lived environment.

Following an introductory meeting with the person in charge, the inspector went for a walk around the premises. This allowed the inspector to meet with residents and staff, to observe the residents in their home environment, and to observe staff practices.

The provider was in the process of significant fire safety improvement works following the previous inspection. The inspector observed that the fire safety works were progressing in a phased manner, and there were measures in place to reduce the dust and noise levels in this centre and the impact on the residents. Some sections of this centre were closed off and were inaccessible to residents and visitors until works in these areas had been completed.

The residents' accommodation in this centre comprises seven single rooms, one twin-bedded room and five four-bedded rooms. Although there were en suite and shared toilet facilities in this centre, there were not enough communal toilets for residents' use should the residents wish to use toilets other than the toilets in their en suite facilities, which is a repeated finding from the previous inspections. Furthermore, the layout of some twin-bedded rooms did not uphold the dignity and privacy of each resident accommodated in these rooms. This issue was brought to the attention of the person in charge and the provider representative, who informed the inspector that the next phase of refurbishment works planned for the centre would seek to address the layout of the multi-occupancy rooms and improve infection control facilities. However, there was no start date for this work to commence.

The equipment storage in this centre had not improved since the previous inspection, and equipment such as wheelchairs, mattresses and unused hoists was stored along some sections of the centre's corridors, posing a risk to residents who were mobilising in these areas. Additionally, the inspector observed that many rooms that were used as storage areas appeared dusty and were not clean in all areas.

During the walkabout, the inspector observed that call bells were responded to promptly, and staff attended to the needs of residents in a timely manner. The inspector observed the care practices and found that staff followed safe people-handling practices while assisting residents for their care needs.

Staff interactions with residents were respectful and empathetic; however, residents were observed to spend long periods with little to do, and had limited engagement with staff and spent their day in their bedrooms. There were no activities scheduled for the day, and this was validated by staff and residents who confirmed there were no activities scheduled, and care was focused on rehabilitation. As a result, the residents did not have a stimulating atmosphere in which their social care needs were being met.

The lack of social stimulation was mirrored in the residents' dining experiences. The inspector observed that the dining area was not arranged to facilitate a good social experience for residents. The dining arrangements encouraged residents to have their meals served in their bedrooms. However, there were three residents who told the inspector they would prefer to have their meals in the dining room so that they could enjoy the opportunity to socialise with other residents in the dining room. This feedback was brought to the attention of the management team, who made changes to the evening meal arrangements in order to facilitate residents who wished to do so to have their evening meal in the dining room.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The overall findings of this inspection were that the designated centre had not been managed to meet the needs of residents and that the centre's premises and model of care were not suitable for long-term care. This was a repeated finding from the previous inspections in this centre.

The Health Service Executive (HSE) is the registered provider for the designated centre. The designated centre benefits from access to and support from centralised HSE departments, such as human resources, accounts and information technology.

The provider has a restrictive condition in their registration certificate, which only permits the centre to accommodate short-term residents with a maximum duration stay of 60 days, as the layout of the centre's premises does not support long-stay residents. Despite having this restrictive condition in place, residents who were approved for long-term care were accommodated in this centre, with one resident living in the centre for more than a year. As a result the provider was found to be in breach of their conditions of registration, which is a repeated finding from previous inspections in 2021 and 2023.

The provider had applied to renew the registration of this centre in December 2023, and further to this, the provider had also submitted an application to de-register this centre in March 2024. The provider had confirmed in their applications that no residents were staying in this centre for more than 60 days. Contrary to this information, the inspector found that 12 residents who had been assessed as requiring long-term care support and approved for fair deal funding were accommodated in the centre and had no date for discharge. The provider had failed to develop a specific and time-bound plan to ensure these residents were discharged to a suitable long-term care facility in a timely manner.

Additionally, the provider had failed to take appropriate actions to improve infection prevention and control facilities in line with their own findings following an infection prevention and control audit which was carried out in November 2022. This was in spite of several urgent actions identified in the audit report. As a result, these risks had not been addressed, which was impacting on the safety and comfort of the residents. This is further discussed under the quality and safety section of this report.

There were a sufficient number of nurses, health care assistants, and ancillary staff available in the centre. However, there were not sufficient numbers of staff with appropriate knowledge and skills to ensure that all residents had access to meaningful activities in line with their interests and capacities.

Regulation 15: Staffing

The provider had not ensured that sufficient staff was on duty in line with the centre's statement of purpose to support the social care needs of residents. The post of activity staff remained vacant with no contingency to cover this absence. This was evidenced by the inspector's observations on the day, feedback from residents and a review of the duty rosters, which showed that no staff had been rostered to facilitate the social care programme for several days.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. The training records indicated that staff had completed training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider was not operating the designated centre in accordance with its current registration conditions and statement of purpose, and this was a repeated non-compliance finding.

The provider's management systems failed to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- The provider had failed to comply with the compliance plan submitted following previous inspections in December 2021, March 2023 and July 2023.
- The provider's oversight of the centre's premises was insufficient. As a result, the centre's premises had not been redesigned and refurbished in a timely manner to ensure a safe and comfortable living environment for residents.
- The provider's oversight of infection prevention and control measures was insufficient and failed to address the findings and recommendations of the report issued by the HSE's community infection prevention and control specialists in November 2022.
- The provider's oversight of admission and discharge processes had failed to ensure residents who were approved for long-term care funding were discharged to suitable long-term care facilities in line with their preferences in a timely manner.

Judgment: Not compliant

Quality and safety

The inspector found that the residents were generally provided with good nursing and health care, and their rehabilitation needs were met with good access to the wider health and social care team; however, improvements were required to ensure that residents received care and support in line with their assessed needs and preferences.

The inspector found that some improvements had been made since the last inspection, especially to improve the fire precautions in this centre; however,

significant efforts were now required to improve the centre's premises and to bring the designated centre into compliance with the care and welfare regulations.

On the day of admission, the centre had accommodated 21 residents, and 12 of them were assessed as requiring long-term care support. These residents had stayed in this centre for more than 60 days and six of these residents were approved for fair deal funding to support for their long term care needs. However, the provider did not provide appropriate long-term care placements for these residents, and they were accommodated in this centre.

The inspector reviewed a sample of these residents' care files. Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector found that the provider had to put additional focus on improving assessments and care planning for residents. This is further discussed under Regulation 5: Individual assessment and care plan.

The inspector observed that the staff have up-to-date knowledge and skills appropriate to their role to respond to and manage behaviour that is challenging. There was a low number of residents with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The centre had a restraint register; however, restraints had not been used in accordance with national policy, which is further discussed Regulation 7: Managing behaviour that is challenging.

The inspector found that the residents did not have sufficient opportunities and facilities to participate in meaningful activities in accordance with their wishes, interests, abilities and capacities in this centre. The care provided was mostly task-oriented, with care interventions being the focus. This led to the majority of the residents spending their time in their bedrooms, which is not conducive to a stimulating and engaging environment.

The inspector also observed that the residents did not have the choice of eating in the dining room, and the meals were served in their own bed spaces. As a result, there were no opportunities for residents to socialise and dine together in the centre's dining room. Furthermore, three residents who spoke with the inspector commented that they would enjoy socialising with other residents if they were allowed to. This was brought to the attention of the person in charge, and some improvements were noticed later during the day of inspection.

The centre had an adequate supply of personal protective equipment (PPE) and cleaning and sanitising products. Infection control measures, such as care bundles, were implemented to provide residents with the necessary support to prevent infections. Additionally, the centre had a vaccination program in place to protect residents against COVID-19 and influenza outbreaks. However, significant improvements were now required to ensure that the infection prevention and control procedures in the centre were consistent with the national standards for infection prevention and control in community services (2018). This is further discussed under Regulation 27.

Residents had access to television, newspapers and radios.

Residents' access to advocacy services was supported, and their contact details were displayed in the centre.

Regular residents' meetings were held in the centre, and the records indicated that the residents were informed about the fire safety works occurring in this centre. Residents' satisfaction questionnaires were also used to collect the views of residents using the service in this centre. However, no plans were in place to address the issues identified in the questionnaires.

Some of the residents' comments from the residents' satisfaction questionnaires questionnaire were that " it would be nice if other residents knocked on the door when entering the room", "toilets were bad and needed some work to be done", " I would like to have a nice room just like mine at home, I understand this is an open hospital but what I need is some privacy, but staff are very accommodating", " I like to read and like people calling to me often", "I like to have more exercise", "the room is very small", "There is no music, and I can't go out", "There is only one television and one radio in this room, which I think is not enough, and only one remote control for television in this room for four people is not nice".

The inspector observed that the medicinal products were administered in accordance with the directions of the prescriber. However, the inspector was not assured that the systems in place ensured that the medicinal products dispensed or supplied to a resident are stored securely at the centre. This is further discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 10: Communication difficulties

The inspector reviewed a sample of care files and found that residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support from staff. As a result residents were supported to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector observed that the wardrobes in some four-bedded rooms did not have adequate space for residents to store their belongings. As a result, several residents had to hang their clothes on wall hooks beside their wardrobes, and some residents had to store their clothes and storage bags on the floor beneath their wardrobe space. This was a repeated finding from previous inspections. Additionally, there was insufficient shelving space available for residents in these four-bedded rooms to store their personal belongings, such as photographs.

Judgment: Not compliant

Regulation 17: Premises

The premises did not meet the needs of residents:

- There were not sufficient communal space for residents to use outside of their bedrooms.
- There were no separate visitor's room available in this centre for residents to receive visitors if required.

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- There was an insufficient number of communal toilets in the designated centre to meet the needs of all residents. This is a repeated finding from the previous inspection.
- There was not enough suitable storage available to safely store residents' equipment in the centre. For example, moving and handling equipment such as hoists, transport wheelchairs, and clinical equipment, such as specialised mattresses, were stored in corridors. This is a repeated finding from the previous inspection.
- The centre's premises had not been well maintained and kept in a good state of repair. Furthermore, several areas of the centre required significant refurbishment work. For example:
 - Bathroom wall tiles were visibly damaged in two en suite bathrooms.
 - Floor coverings in some bedrooms and a toilet were visibly damaged.
 - The premises were in a poor state of decoration and required repainting in bedrooms, toilets and communal areas.
 - Several bathrooms in this centre had a malodour, which had not been identified and addressed by staff.

Judgment: Not compliant

Regulation 27: Infection control

The centre's infection prevention and control processes required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- The flooring of several rooms, such as a storage room, medicine storage room and oratory were visibly unclean.
- Equipment such as transport wheelchairs and mattresses stored in the centre's corridors was visibly unclean.
- There were not enough clinical hand wash basins available for staff to use outside of the residents' bedrooms.
- The HSE has arranged to carry out an assessment of the centre's infection prevention and control measures by a team of specialists in November 2022. The assessment report identified several significant findings and made recommendations for improving this centre's built environment and services provided to the residents. However, the provider had failed to address the findings and take the required actions to ensure that the services provided in this centre were consistent with the National Standards for Infection Prevention and Control in Community Health Care Settings (2018).

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The assessments carried out following the admission of residents to this centre were not comprehensive. For example, four residents did not have an assessment of their social care needs carried out to determine their individual preferences and the level of support required to participate in activities and social interactions. As a result, these residents did not have a care plan in place to guide staff how to support them with their social care needs.

Two residents did not have appropriate care plans in place in relation to the restraints that they were using so that the staff had the information they needed on how to support the resident while using restrictive devices, such as a wander tag and a lap belt.

One resident with a medical history of seizures did not have an appropriate care plan that could guide the staff in managing the potential risks and providing the necessary support for this resident during a seizure.

Judgment: Not compliant

Regulation 6: Health care

A review of a sample of residents' files indicated that residents had been regularly reviewed by their general practitioners (GPs), psychologist, occupational therapist, dietitian, dentist, optician, and chiroprapist. This was a particular strength of the designated centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that the restrictive practices were used in accordance with national policy. For example, the inspector observed that appropriate assessments, including consideration of less restrictive alternatives, had not been completed for one resident using a lap belt and another resident using a wandering tag.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had comprehensive systems in place to ensure residents were protected from abuse. These systems included staff training to support staff in the identification, response, review and monitoring of any safeguarding concerns. Staff had received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents were provided with sufficient opportunities to participate in meaningful activities in line with their preferences and capacities. For example:

- The inspector found that the social care activities had not been planned or scheduled for the residents, and there were no social care activities on offer for the residents on the day of the inspection.
- The care records of five residents indicated that the residents had not been provided with appropriate activities for a number of days.

The layout of a twin-bedded room did not support the privacy needs of residents. The layout meant that one resident in this room could only access the en suite toilet by passing through the bed space of the other resident. This is a repeated non compliance from previous inspections.

Residents in twin-bedrooms and four-bedded rooms in the centre did not have access to their own television in their bedspaces. As a result, residents were unable to view their favourite television programmes in private when they were in their space. This is a repeated non compliance finding.

The inspector was not fully assured that the residents were involved in the organisation of this centre. For example, although regular residents' meetings and residents' satisfaction questionnaires were used to collect the views of residents using the service in this centre, there were no plans in place to address the issues identified in the questionnaires or meeting minutes in a timely manner.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the drug storage room in this centre. The medicine storage room appeared warm, and there was no temperature monitoring system in place in this room to ensure that the medicines were store in accordance with the manufacturer's instructions.

There were no arrangements in place for regular pharmacy checks and audits, and as a result, the inspector found that the provider had not ensured that the centre's pharmacist was facilitated to meet their obligations to the residents.

There were no labels regarding the date of opening of the medicines that were kept in the medicine trolley. As a result, the inspector was not assured that the medicines were disposed of in line with the manufacturer's guidelines.

The provider had not ensured that the medicinal products that had been dispensed to two residents and were no longer required by these residents had been segregated from other medicinal products and disposed of in accordance with national legislation.

Judgment: Not compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

Compliance Plan for Donegal Community Hospital OSV-0000617

Inspection ID: MON-0043431

Date of inspection: 08/05/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A Staff member has been allocated seven days per week to ensure that all residents are facilitated with an activity programme to meet their social care needs. An activity care plan has been developed for every resident.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All residents who have been approved for long term care under the NHSS are in the process of transferring to the Nursing Home of their choice. A pathway has been developed to ensure any resident funded under NHSS will be facilitated in a long term care setting of their choice</p> <p>HSE Estates carried out a review and produced a draft strategy to progress IPC works to ensuites ,WC’s and Clinical WHB’s, HSE Management have requested funding from National HSE in order for these works to be completed in Quarter 4 2024.</p> <p>The draft plan and phase 1 drawing are attached showing the proposals on how the provision of Clinical WHB are to be addressed. In the short term Infection Prevention Control have advised that all staff must now carry toggle bottles of alcohol hand product until clinical wash hand basins have been installed</p> <p>The curtain track will be modified to allow access to the en-suite without entering another residents personal space.</p>	

Extractor fans will be serviced twice yearly, the General Operative will ensure that showers and WHB traps are flushed every two days for facilities not used daily.

'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the Regulations'

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Shelving has been provided for all residents so that they can display photographs and personal possessions. Storage space will be reviewed by HSE estates as part of the refurbishment programme.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

HSE Estates carried out a review and produced a draft strategy to progress IPC works to ensuites ,WC's and Clinical WHB's, HSE Management have requested funding from National HSE in order for these works to be completed in Quarter 4 2024. The draft plan and phase 1 drawing are attached showing the proposals on how the provision of Clinical WHB are to be addressed.

The curtain track will be modified to allow access to the en-suite without entering another residents personal space.

Extractor fans will be serviced twice yearly, the General Operative will ensure that showers and WHB traps are flushed every two days for facilities not used daily.

A separate visitor's room and additional storage will be provided as part of the refurbishment plan for this centre. At present all equipment is stored within a storage area within the centre.

'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the Regulations'

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The unit has had a deep clean, floor areas are worn and are to be replaced as part of the planned upgrade works.</p> <p>In the absence of clinical handwashing basins IPC have advised that all staff carry toggle bottles of alcohol hand product in the interim until clinical handwashing sinks are installed as part of the upgrade works.</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the Regulations'</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have been reviewed and a Social care and activity care plan has been developed to meet the individual care needs of all residents. MDT meetings will take place to discuss all residents requiring restraint and all options will be explored prior to commencing restraint. Personalised care plans will be developed from this meeting and all risk assessments will be completed. All residents with a history of seizures will have a care plan in place.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Prior to using restraint all other options will be explored to manage the behaviour. A multidisciplinary team meeting will take place before any restraint is commenced A personalised care plan and risk assessments will be completed. There will be a daily schedule of activities following a review of resident's meetings and each resident will have a social care and activity care plan.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An activities co coordinator will be rostered seven days per week to ensure that there is a planned activity schedule for residents. Estates have reviewed the layout of the twin bedroom access to the bathroom. Curtain rails and tracking hoist will be adjusted to ensure that one resident does not invade the bed space of another resident ensuring privacy and dignity is respected. Mobile televisions with earphones are being sourced so they can be brought to the bedside of any resident wishing to watch television while in bed. Residents' views will be addressed in a timely manner following any residents meetings and an Action Plan will be put in place.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: On the day of inspection the drug room was closed due to fire upgrade works. The medicine trolleys, DDA cupboard and all the contents of the drug room were stored in an alternative location. Fireworks in this area have been completed so trolleys and the DDA cupboard have returned to the original room. A temperature monitoring system is in place to ensure that medicines are stored according to manufactures instructions. The Community Pharmacist has completed an onsite review and arrangements have been put in place for monthly pharmacy visits to meet his obligation to residents. All liquid medications are marked with the date of opening. Medicinal product leaflets are available and accessible to both residents and staff. Medicines are disposed of in line with manufacturer's guidelines.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Not Compliant	Orange	31/07/2024
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	Substantially Compliant	Yellow	23/07/2024

	of the designated centre concerned.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	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	31/12/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/12/2024

	consistent and effectively monitored.			
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	31/12/2024
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	23/07/2024
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	23/07/2024
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by	Substantially Compliant	Yellow	23/07/2024

	that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	23/07/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Not Compliant	Orange	23/07/2024

	designated centre concerned.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	23/07/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	23/07/2024
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	23/07/2024
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.	Not Compliant	Orange	23/07/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	23/07/2024

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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