



**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:	St Joseph Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Announced
Date of inspection:	09 January 2024
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0033467

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.

It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 24 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (20 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The centre is situated on ground floor level and located on the outskirts of an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Tuesday 9 January 2024	09:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 9 January 2024	10:00hrs to 16:30hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

This inspection was an announced inspection carried out over one day. The inspectors met with residents, staff and members of the centre's management team and the manager representing the provider. Inspectors observed that residents were mostly supported by staff to make independent choices about their daily lives and to enjoy a good quality of life in the centre.

As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Five questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was mostly positive and all residents confirmed they were comfortable, felt safe in the centre and that their care needs were met. Most residents expressed their satisfaction with the quality and choice of food provided for them including one resident who commented that their vegetarian diet was 'well catered for' and the 'food was lovely'. However, one resident was not satisfied with the choice of menu options available.

Two residents commented that the service successfully accommodated their different needs and choices without difficulty. Although, residents were mostly satisfied with their bedrooms and the space available for their belongings, one resident was not satisfied with the standard of decor in their environment and suggested that upgrade in the decor was necessary in Woodville unit.

Residents reported that if they made a complaint, it was responded to without delay and to their satisfaction.

The majority of residents confirmed their satisfaction with the social activities they could participate in, but a small number of residents commented that they did not have enough opportunities to integrate in their local community.

With the exception of the variety of food provided to residents, this mixed feedback in the returned residents' pre-inspection questionnaires generally concurred with what residents told the inspectors and with the inspectors' observations on the day of this inspection.

Following a short introductory meeting with the Person in Charge, the inspectors walked around each of the three units that accommodated residents and chatted with residents and staff. The inspectors observed that residents in each of the units were independently or getting support from staff to start their day. Residents who preferred to get up later had their wishes respected and they were observed enjoying a late breakfast. Other residents were participating in a Mass televised in the sitting rooms in the morning.

Finn View unit in the designated centre provided accommodation for residents admitted on a short-term basis, Barnes View unit provided accommodation for

residents receiving long-term care and Woodville unit is a dementia specific unit. Residents in Finn View and Barnes View units enjoyed panoramic views of the surrounding countryside from the communal sitting and dining rooms. Residents were observed mobilising independently or with the support of staff around the unit they were accommodated in and could access the church on the main corridor without restrictions. Residents could also access the enclosed safe outdoor area for each of the units, as they wished.

The inspectors observed that each of the three units in the centre operated independently of each other with designated staff, different activity schedules and separate outdoor areas. The inspectors were told that this arrangement was in place as part of the provider's infection prevention and control measures in the event of an infection outbreak in any of the individual units. However, this arrangement did not support residents to meet residents in the other units and did not support them to make decisions to participate in the social activities taking place in the other units that may be of interest to them.

The inspector saw that residents living in each of the three units were provided with separate safe outdoor areas. These areas were nicely laid out with flower and shrub beds, seating and safe pathways. Residents in Woodville unit were able to access an outdoor area that had been designed for residents living with dementia. However the residents on Finn View unit were waiting for their outdoor area to be completed.

Residents' communal sitting and dining rooms were bright, spacious and well decorated in a domestic style that was familiar to residents. Items of traditional memorabilia and furnishings made these communal rooms in the units comfortable and relaxing areas for residents.

The centre environment was visibly clean. The inspectors observed that no further refurbishment works had taken place since the last inspection and a number of areas in the residents' lived environment were in need of repair and refurbishment. These areas are detailed under Regulation 17: Premises.

The inspectors also observed that the provider had taken one of two cubicle toilets in Barnes View unit out of use to ensure residents' privacy needs were met. The provider had committed to refurbishing these two toilets into one spacious communal toilet for residents' use. However, the inspectors observed that this action had not been progressed to ensure residents' privacy and dignity when using these toilet facilities.

Many of the residents' bedrooms and bed spaces were personalised with their photographs, soft furnishings, books and ornaments. Residents displayed their personal photographs and other items on the shelves provided by their beds. Most residents' wardrobes and lockers provided them with enough storage for their clothes and possessions. Residents' wardrobes were located within their bedspaces and this facilitated them to maintain control over their clothes and personal possessions.

Residents ate their meals in either the dining or sitting rooms in the three units and they told the inspectors that they were supported to choose where they preferred to

eat their meals. Residents' dining experience was optimised on this inspection and their meals were appropriately served to them. The inspector observed that residents had a varied choice of menu and were appropriately supported by staff.

The inspectors observed that residents and staff were comfortable in each others company. Staff interactions with residents throughout the inspection were observed to be warm, kind and caring. Staff were observed to be attentive to residents' needs and were at least one staff member stayed with and available to meet residents' need for assistance while they were in the communal rooms.

Residents told the inspector that they would talk to various members of the staff or to their family, if they were worried about anything or were not satisfied with any aspect of the service. Residents said they were listened to and although most residents said they found no reason to complain about any aspect of the service, they were confident that any issues they raised would be addressed without delay.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013 under the capacity and capability and the quality and safety pillars. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, care and services provided for residents were well managed and ensured that the service provided met residents' assessed nursing and healthcare needs. However, the provider's failure to maintain adequate oversight of fire safety to ensure that adequate measures were in place to protect residents from risk of fire is a repeated finding on this inspection. A fire safety risk assessment was forwarded to the inspectors in the days following this inspection which identified significant fire risks that required urgent action to protect residents. Notwithstanding the refurbishment works done to the premises in 2023, the absence of an ongoing maintenance programme meant that parts of the residents' lived environment were in a poor state of repair. These findings are discussed under Regulations 17: Premises and 28: Fire precautions in the quality and safety section of this report.

This announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in August 2023 and on the statutory notifications and other information received since the last inspection. The provider had applied to the Chief Inspector for renewal of the registration of St Joseph's Community Hospital and this application was reviewed as part of this inspection.

The registered provider of St Joseph's Community Hospital is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As

a national provider involved in operating residential services for older people, St Joseph's Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training and finance.

The designated centre's management structure consisted of a person in charge who was supported locally by an assistant director of nursing and six clinical nurse managers who oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff. The person in charge and the senior manager representing the provider met on a regular basis to review the quality and safety of the service., There was an established governance and management structure in place and the quality assurance systems included effective monitoring and auditing of key clinical indicators such as falls and wounds. In contrast the oversight and monitoring of non clinical areas such as premises and fire safety required significant improvement. For example, there was limited evidence that the poor standards of maintenance in a number of areas as found by the inspectors were identified by the provider. Consequently, plans were not developed or available to the inspectors to address these areas of disrepair in parts of the premises that residents were living in.

The provider had ensured there was adequate numbers of staff available with appropriate skills to ensure consistency of the staff team and continuity of care for the residents. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory training. A wide programme of professional development training was available to staff to ensure that they had the necessary skills and competencies to meet the complex needs of residents. The inspectors' observations of staff practices and discussions with staff gave assurances that they were familiar with residents' needs and were appropriately supervised according to their roles.

Records were held securely and records that should be held in the centre were made available to the inspectors for the purpose of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notifications as required by the regulations were notified to the Health Information and Quality Authority within the specified timeframes.

There was a low number of complaints received by the service since the last inspection and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

The centre's policies and procedures had been updated and were accessible to all staff working in the centre.

Regulation 14: Persons in charge

The person in charge was appointed on 07 August 2023 and their qualifications and

experience met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and were observed assisting residents with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre attended professional development training to keep their skills and knowledge updated to competently meet residents' needs.

Staff were appropriately supervised according to their roles and the registered provider had effective systems in place for staff development.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against

injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not made sufficient resources available to ensure effective delivery of residents' care in line with their statement of purpose, regarding the layout of a number of the three and four bedded rooms and completion of refurbishment of two cubicle toilets. The inspectors' findings are discussed under Regulations 9: Residents' Rights and 17: Premises.

The quality assurance systems in place for monitoring the quality and safety of the service were not effective and consequently a number of the inspectors' findings on this inspection had not been identified by the provider through their own oversight and auditing processes. Furthermore a review of audit records found that action plans were not consistently developed to address the deficits that were identified in some audits and subsequent follow up and evidence of completion of the improvement action plans was limited.

Oversight and management of fire safety risks in the centre was not effective. The inspection findings are discussed under Regulation 28: Fire precautions. The provider completed a fire safety risk assessment dated January 2024 but their own risk management systems had failed to address the significant risks identified in the fire safety risk assessment.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed. They were signed and dated and outlined the terms and conditions of the accommodation and the fees to be paid for services by each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the required time frames

as specified by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies as required by Schedule 5 of the regulations were available to staff and were implemented. These policies were reviewed at a minimum of every three years and were available to staff to inform their practice.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. However improvements were still required to ensure adequate privacy for residents accommodated in the four bedded rooms and to ensure that centre was well maintained in all areas. their right to carry out personal activities in private upheld. Furthermore this inspection found the provider had not ensured that residents were adequately protected from risk of fire.

Although, the provider had some measures in place to protect residents from risk of fire, fire stopping measures were not effective and posed a significant risk of spread of fire and smoke in the event of a fire in the centre. This findings concurred with the significant findings in a fire safety risk assessment completed by the provider and forwarded to the inspectors following the inspection.

The provider had not ensured that all parts of the premises were adequately maintained These findings did not support effective cleaning or provide residents with a safe and pleasant living environment.

The inspectors also observed that one resident did not have adequate storage for their personal possession and residents in the multi-occupancy bedrooms could not choose their television viewing and listening as only one television was provided in these rooms.

The provider had carried out work to ensure the requirements of the National Standards for Infection Prevention and Control in Community Services (2018) were met and that residents were protected from risk of infection. This work included installation of additional hand hygiene sinks and other measures to ensure that residents were protected from risk of infection. The inspectors observed that staff carried out effective hand hygiene procedures as appropriate.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Effective arrangements were in place to ensure treatments and recommendations for residents' care made by members of the multidisciplinary team were implemented and monitored.

Residents' care plans were mostly detailed their individual needs in sufficient detail to direct staff regarding their care and support needs. Care plans were developed to meet residents' assessed needs in line with their individual preferences and to support their usual routines. These practices optimised residents' continued good health and clinical well being. Residents' care plans were regularly updated and residents or, where appropriate, their families were consulted with regarding any changes made.

Inspectors found that residents were provided with opportunities to participate in a variety of meaningful social activities facilitated by staff and external contractors. However, a more flexible approach to sharing activities across the units would ensure that when an activity was not available for residents on their own unit they could attend the activity provided on another unit. Each resident had a social activity care plan developed to meet their individual interest and capabilities including supporting them to access their local community.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to local and national television and radio and to newspapers.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened on a regular basis and issues raised as needing improvement were addressed.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours.

While, the person in charge and staff team demonstrated commitment to a minimal restraint use, Further improvements are required to ensure that restraints are informed by risk assessments and that they are used in line with national restraint policy guidelines.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for a small number of residents, and procedures were in place to ensure this process was managed in line with the legislation and best practice.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in one multiple occupancy bedroom did not have adequate storage space to store their personal possessions and could not maintain control of their possessions as their wardrobe was located outside their bed space and could be accessed by other residents.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the centre were not appropriate to the number and needs of the residents. For example:

- The layout of one of the three bedded rooms and a number of the four bedded rooms did not meet the needs of each resident residing in these bedrooms as a number of residents' bed spaces did not provide them with sufficient space to rest in a chair by their bedside, which meant they were encroaching into other residents' bed spaces. This is a repeated finding from

previous inspections and had not been addressed by the provider.

- The nurse call bell system in two units was inefficient and created delays in staff responses to residents' calls for assistance. On these two units staff could not identify the location of resident requesting assistance without going first to a panel which indicated what bedroom/location the call bell ringing was located. Resident feedback was that this was impacting on them as it meant they often experienced delays in the staff responding to their calls for assistance.

Furthermore, some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

- Gaps and holes were visible in the ceilings in several areas of the corridors in Finn View and Barnes View Units.
- The floor covering on areas of the corridors and in two bedrooms in Finn View and Barnes View Units were worn and damaged and in need of replacement. This meant that these surfaces could not be effectively cleaned and posed a risk of trips and falls.
- There was a redundant pipe projecting from the floor in a section of the main corridor which posed a trip hazard for residents accessing this area
- Part of the wall surfaces in a store room in Barnes View Unit and in an area of the wall above the entrance to Finn View Unit Ward were missing. This meant that these surfaces could not be effectively cleaned.
- Handrails were not available on either side of one part of the main corridor which posed a risk of fall to residents and did not promote their independence with moving around the centre.
- The reading lights over most residents' beds were not easily accessible to them as the switch to turn on the lights was not clearly identified and the light fittings required some manual adjustment to ensure the position of the light was correctly set to individual resident's needs. One resident told the inspectors that they could not use their reading light because of these issues.
- One resident did not have adequate space to store their personal belongings in a bedroom that provided accommodation for four residents.
The radiators on the circulation corridor used by residents in Finn View unit were very hot to touch and posed a risk of burn injury to residents

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not ensured that residents were protected from risk of fire as follows;

- Oxygen cylinders were not stored safely. The inspectors observed oxygen cylinders stored in clinical rooms containing potentially combustible materials in Barnes View and Finn View Units.

- Effective containment of fire and smoke in the event of a fire in the centre was not assured. For example,
 - a number of cupboard and storage room doors were not intact as gaps were visible due to missing keys and door handles.
 - the fire doors at the entrance to the chapel, and a communal room in Barnes View Ward did not meet required fire door specifications and were fitted with standard lever handles with key-operated locks. These fittings further impacted on their efficiency to prevent the spread of fire and smoke.
- One section of a cross-corridor door en route to a final fire exit in Barnes View Unit could not be opened. The inspectors found that the bolt lock device was not operational. This meant that residents' emergency exit from the centre in the event of a fire was significantly obstructed. This had not been identified in the provider's own fire door safety checks which were carried out weekly. This finding was immediately addressed by the provider.
- The provider had not ensured that effective fire stopping was in place around a number of service penetrations (plumbing, electrical, gas, or telecommunication pipes, wires, and cables). For example, gaps were visible in the walls and ceilings in many areas of the centre, including the corridors, store rooms and dining room in Woodville Unit.
- Directional signage was not in place to the external fire assembly point from Barnes View Unit. This posed a risk of delay in accessing a place of safety in the event that an emergency evacuation of the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although, each resident's needs were regularly assessed and a care plan was developed to meet their needs, further improvements were required in a small number of care plans on one unit. This was evidenced by;

- Two residents' personal care plans did not provide sufficient information regarding the resident's preferences for support with their personal care and getting dressed.
- One resident's behaviour support care plan did not clearly identify the triggers to their responsive behaviours and this posed a risk that this pertinent information would not be effectively communicated to staff caring for them.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met and they had timely access to their General Practitioner (GP). An on-call GP service was accessible to residents out-of-hours as needed.

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. A physiotherapist attended the centre each week and their consultations included assessment of residents' mobility needs and supporting their rehabilitation post falls and hospital admissions.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that where residents were using bed rails these were all full length bed rails and modified length bedrails were not available for residents who requested bedrails to support their repositioning and fear of rolling out of their beds.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies and in individual resident's safeguarding plans. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. There was evidence that learning from investigations was implemented to protect residents from abuse.

All staff were facilitated to and had completed training on safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

A number of residents' privacy needs could not be met in three bedrooms with four beds in each as the privacy curtains surrounding the residents' bed spaces in these shared bedrooms could not be fully closed due to the location of the ceiling hoist units. This meant that these residents could not carry out personal activities in private.

Residents in the twin and multi-occupancy bedrooms on each of the three units in the centre were required to share one television. Although, the inspectors was told that portable television devices were available to residents in these bedrooms, these devices did not give residents opportunity to view live television programmes. Furthermore there was insufficient space available in these bedrooms to accommodate additional mobile television equipment safely. This is a repeated finding from the last two inspections.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially 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

Compliance Plan for St Joseph Community Hospital OSV-0000625

Inspection ID: MON-0033467

Date of inspection: 09/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</p> <ol style="list-style-type: none"> 1. The Provider and the Person in Charge met with the Fire Officer, HSE Estates, Maintenance, and Infection Prevention Control Manager on the 14/02/24 to discuss refurbishment works to take place within the Centre that will address issues in relation to Residents Rights, Premises and Fire. Following this meeting an action plan has been developed which will address the issues. 2. In the interim all residents accommodated in three and four bedroom units have been consulted regarding their bed space and in some instance changes have been made to residents bed spaces which allows them to have more space and enhances their Privacy and Dignity. 3. A reconfiguration of the curtain rails will take place in conjunction with the proposed refurbishment works. This will ensure the seating arrangements in the bed rooms are within the bed space of residents and to ensure privacy. 4. The 2 cubicle toilets will be reconfigured into 1 toilet – work to be completed by 31/03/2024. 5. The Provider and the Person in Charge have reviewed the auditing process to ensure Quality Improvement Plans are developed in detail, including evidence of their completion. This was completed on 20/02/2024. The provider will continue to monitor the auditing process within the centre during the compliance review meetings. 6. Following the fire safety risk assessment report dated 17th January 2024, the Provider and the Person in Charge met with the Fire Officer and HSE Estates to develop a plan to mitigate the risk identified in the Inspection Report. Based on the plan submitted, works will commence on 25/03/2024, and will be completed by 29/11/2024. The Provider and Person in Charge will meet regularly to review this. 	

The phased plan for fireworks is as follows:

- Finn View – 06/05/2024 to 14/06/2024
- Barnes View – 17/06/2024 to 26/07/2024
- Woodville – 29/07/2024 to 06/09/2024
- Main Corridor- 09/09/2024 to 18/10/2024
- Kitchen – 21/10/2024 to 29/11/2024

7. To ensure all residents can remain in the centre for the duration of the building works and not have to be accommodated in another Centre while the works is taking place the HSE will use the Drogheda Ward which is located in the facility but is not part of the Designated Centre. This unit will accommodate patients who require short term care and this unit will be inspected under the Better Safer Health Care Standards. This unit is currently being upgraded in order to accommodate these patients.

8. With the securing of an additional unit this allows for a decanting unit to be used for the duration of the works. This unit will allow for works to be completed in a phased basis. Time scales for re-location of residents to upgraded wards will concur with timescales of the phased fire upgrade works. The phased plan is as follows:

- On completion of the Drogheda ward short term residents will relocate to this newly refurbished unit.
- Works will commence in the Finn View unit and on completion residents from Barnes View will move to Finn View
- On completion of the works in Barnes View residents from Woodville will move to Barnes View until all units have been completed.

9. As to accommodate the schedule of works a bed reduction of five will take place (in the short term unit). This will serve to assist in the re-location of patients/residents. This bed reduction will also reduce the total number of residents/patients required to be evacuated in the event of a fire.

10. A staffing review has taken place within the centre and day time staffing levels will remain as during the day despite the bed reduction. An additional staff member has been allocated to night time. This staff member's role solely is to complete fire checks throughout the facility overnight. A checklist was provided by the HSE Fire Officer and is implemented. Records of these checks is clearly documented as instructed by the HSE Fire Officer. This additional staff member further increases the staff to resident ratio for evacuation purposes.

11. On receipt of the Fire Risk Assessment report a review of evacuation procedures within the centre has taken place.

12. Resident's personal evacuation plans have been reviewed and updated. This review resulted in some residents following consultation being relocated to different bedrooms based on their individual risk assessment. i.e mobile residents are located closest to the fire exit stairs in the L wing of both Finn view and Barnes view wards.

13. To aid with Fire Evacuation chairs are available at the top of the fire exit stairs on each L wing this ensures timely evacuation in the event of a fire

14. All Staff are aware of the changes in evacuation strategy within the centre

15. Weekly evacuation drills are ongoing and will continue for the duration of the works. All drills are documented and recorded and are stored within the units Fire Risk Register.

16. Fire Training remain ongoing monthly in the centre incorporating all new procedures and/or equipment required and any issues highlighted in the drills are addressed through this process.

17. A review of residents accommodation with compartments has taken place and remains under review by the Person in Charge

18. To ensure effective governance and oversight the Provider has arranged monthly scheduled meetings with all key stakeholder for the duration of the works as to ensure timelines are adhered to and any issues are addressed in a timely manner.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

1. Residents in multiple-occupancy bedrooms are now provided with adequate storage space to store their personal possessions. This was completed on 10/01/2024.
2. Curtain rails in Finn View and Barnes View require reconfiguration to ensure residents' wardrobes are located within their personal bed space. The work to complete this reconfiguration will be completed in tandem with the planned phased fireworks and will be completed by 30/09/2024.
3. The cohort of residents in each phased area will be assured adequate space for their possessions once the works are completed and as each phase progresses.
4. Following completion of phases 1, 2 and 3 estimated to be 06/09/2024 the space, privacy and dignity for residents will be enhanced as there will be 2 to 3 residents accommodated in each bedroom.

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

1. The Provider and the Person in Charge met with the Fire Officer, HSE Estates, Maintenance, and Infection Prevention Control Manager on the 14/02/24 to discuss refurbishment works to take place within the centre that will address issues with the Premises. Following this meeting an action plan has been developed which will address the issues.
2. In the interim all residents accommodated in three and four bedroom units have been consulted regarding their bed space and in some instances changes have been made to residents' bed spaces which allows them to have more space and enhances their Privacy and Dignity.
3. A reconfiguration of the curtain rails will take place in conjunction with the proposed refurbishment works. This will ensure the seating arrangements in the bed rooms are within the bed space of residents and to ensure privacy. These works will commence after the phased fireworks plan in each unit, as per the plan submitted and will be completed by 30/09/2024.

4. A new call bell system will be provided for the residents in two units, and this will be completed by 31/05/2024.
5. All fire doors are to be repaired or replaced as part of the fire upgrade work. This will be completed by 30/06/2024.
6. Gaps and holes in the ceiling will be addressed as part of the phased fireworks. Works to be completed by 14/06/2024.
7. The worn and damaged floor covering in areas of the corridors and in two bedrooms in Finn View and Barnes View Units will be replaced. These works will commence along with the phased fireworks in each unit as per the plan. This will be completed by 30/09/2024.
8. The projecting pipe identified during the inspection has been boxed in to mitigate the trip hazard. This will be completed by 31/03/24.
9. The missing part of the wall surfaces in a store room in Barnes View Unit and in an area of the wall above the entrance to Finn View Unit Ward will be replaced. This will be completed by 31/03/2024.
10. Handrails will be provided on either side of the main corridor. This will be completed by 31/05/2024.
11. HSE Estates Department will review the reading lights over the residents' beds. The lights will be reconfigured to meet residents' needs, including access to and clear identification of switches or install a new lighting system which addresses all the issues identified during the inspection. These works will commence in April 2024 and will be completed by 30/09/2024.
12. A review of residents storage facilities has taken place and larger wardrobes provided to those residents who required same
13. Radiators are fitted with thermostatic controls this is monitored by the CNMs on each ward daily.
14. Oversight will be assured as the Provider will meet with the PIC, HSE Estates, The Contractor, HSE Maintenance and any other stakeholders on a monthly basis or more frequently if required to be appraised of the progress to ensure compliance. Timescale of 29/11/2024 is for completion of the full works. The ward areas will be completed by 06/09/24 as per the phased schedule of works with the general areas and main kitchen areas completed by 29/11/24

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

1. Oxygen cylinders have been removed from clinical rooms. A suitable room/area has been identified to ensure the cylinders are stored in a safe manner. This will be completed on the 15/03/2024.
2. All fire doors to be repaired or replaced as part of the fire upgrade works. This will be

completed by 30/06/2024.

3. Fire doors at the entrance to the chapel and communal room in Barnes View will be replaced by doors meeting fire door specifications during the phased fire works. To be completed by 30/06/2024.

4. The door en route to a final fire exit in Barnes View Unit has been removed .This was completed on 10/01/2024.

5. All fire stopping will be reviewed and repaired as necessary as part of the fire upgrade project. This will be completed by 30/06/2024.

6. Directional signage has been installed to the external fire assembly point from Barnes View Unit. This was completed on 31/01/2024.

7. Following the fire safety risk assessment report dated 17/01/2024, the Provider and the Person in Charge met with the Fire Officer and HSE Estates to develop a plan to mitigate the risk identified in the Inspection Report. Based on the plan submitted, works will commence on 25/03/2024, and will be completed by 29/11/2024. The Provider and Person in Charge will meet regularly to review this.

- The phased plan for fireworks is as follows:
- Finn View – 06/05/2024 to 14/06/2024
- Barnes View – 17/06/2024 to 26/07/2024
- Woodville – 29/07/2024 to 06/09/2024
- Main Corridor- 09/09/204 to 18/10/2024
- Kitchen – 21/10/2024 to 29/11/2024

8. To ensure all residents can remain in the centre for the duration of the building works and not have to be accommodated in another centre while the works is taking place the HSE will use the Drogheda Ward which is located in the facility but it not part of the designated centre. This unit will accommodated patient whom require short term care and this unit will be inspected under the Better Safer Health Care Standards. This unit is currently being upgraded in order to accommodate these patients.

9. With the securing of an additional unit this allows for a decanting unit to be used for the duration of the works. This unit will allow for works to be completed in a phased basis. Time scales for re-location of residents to upgraded wards will concur with timescales of the phased fire upgrade works. The phased plan is as follows:

- On completion of the Drogheda ward short term residents will relocate to this newly refurbished unit. once
- Works will commence in the Finn View unit and on completion residents from Barnes View will move to Finn View
- On completion of the works in Barnes View residents from Woodville will move to Barnes View until all units have been completed.

10. As to accommodate the schedule of works a bed reduction of five will take place (in the short term unit). This will serve to assist in the re-location of patients/residents. This bed reduction will also reduce the total number of residents/patients required to be evacuated in the event of a fire.

11. A staffing review has taken place within the centre and day time staffing levels will remain as during the day despite the bed reduction. An additional staff member has been allocated to night time. This staff member's role solely is to complete fire checks throughout the facility overnight. A checklist was provided by the HSE Fire Officer and is implemented. Records of these checks is clearly documented as instructed by the HSE Fire Officer. This additional staff member further increases the staff to resident ratio for evacuation purposes.

12. On receipt of the Fire Risk Assessment report a review of evacuation procedures within the centre has taken place.

13. Resident's personal evacuation plans have been reviewed and updated. This review resulted in some residents following consultation being relocated to different bedrooms based on their individual risk assessment.i.e mobile residents are located closest to the fire exit stairs in the L wing of both Finn view and Barnes view wards.

14. To aid with Fire Evacuation chairs are available at the top of the fire exit stairs on each L wing this ensures timely evacuation in the event of a fire

15. All Staff are aware of the changes in evacuation strategy within the centre

16. Weekly Evacuation drills are ongoing and will continue for the duration of the works. All drills are documented and recorded and are stored within the units Fire Risk Register.

17. Fire Training remain ongoing monthly in the centre incorporating all new procedures and/or equipment required and any issues highlighted in the drills are addressed through this process.

18. A review of residents accommodation with compartments has taken place and remains under review by the Person in Charge

19. To ensure effective governance and oversight the Provider has arranged monthly scheduled meetings with all key stakeholder for the duration of the works as to ensure timelines are adhered to and any issues are addressed in a timely manner.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. A review of residents' personal care plans has taken place to ensure they provide sufficient information regarding the resident's preferences for support.This was completed on 10/01/2024 .
2. Resident's behaviour support plan has been reviewed and updated to identify the triggers to their responsive behaviours. The care plan is available to all staff. This was completed on the10/01/2024.
3. Residents care plans are reviewed and updated by the assigned Staff Nurse every 3 months or as changes occur. The designated staff nurse meets with the Resident and their Nominated Care Person during this review to discuss ongoing care needs and incorporate feedback/suggestions from them.
4. This process is overseen by the CNM's on each ward. Two separate Audit tools are in use in the facility which are then completed by the CNM's, one is monthly (OPS care plan audit) and the other quarterly (Metrics).
5. The results of these audits are reviewed by the CNM and a Quality Improvement Plan developed. This is submitted to the ADON who over sees the quality improvement plan and discusses the outcomes with each ward manager.
6. The Provider and the Person in Charge has recently introduced an additional governance measure that on a quarterly basis the CNM's must submit a report to the ADON regarding progress on Q.I.Ps, identifying any outstanding items and any trends or

patterns. The first of these reports is due on the 31/03/2024. This ensures appropriate governance and management systems within the designated centre

7. There is also a process in place that an independent auditor (Care Notes Co Coordinator) randomly reviews and assesses the care plans and provides a report of their findings to the Provider and the Person in Charge. These findings are discussed at team meetings. This ensures that care plans clearly reflect and inform the residents individual care needs.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The residents who requested bedrails for repositioning and fear of rolling out of beds have been offered modified length bed rails. This was completed on 08/03/2024.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The Provider and the Person in Charge has met with the Fire Officer, HSE Estates, Maintenance, and Infection Prevention Control Manager on the 14/02/2024 to discuss refurbishment works to take place within the Centre that will address issues in relation to Residents Rights. Following this meeting an action plan has been developed which will address the issues.
2. In the interim all residents accommodated in three and four bedroom units have been consulted regarding their bed space and in some instance changes have been made to residents bed spaces which allows them to have more space and enhances their Privacy and Dignity.
3. A reconfiguration of the curtain rails will take place in conjunction with the proposed refurbishment works. This will ensure the seating arrangements in the bed rooms are within the bed space of residents and to ensure privacy.
4. Residents in multi-occupancy bedrooms will be provided with a wall mounted or ceiling mounted television. Residents' who prefer to watch television in the sitting rooms have the choice to do so also.
5. Residents' care plans have been reviewed to ensure they reflect their individual preferences with regards to access to televisions. The work to install additional ceiling / wall mounted televisions will be completed in tandem with the phased fire works in each unit and will be completed by 30/09/2024.
6. The cohort of residents in each phased area will be assured privacy once the works

are completed as each phase progresses. Following completion of phases 1, 2 and 3 estimated to be 06/09/24 the space, privacy and dignity for residents will be enhanced as there will be 2 to 3 residents accommodated in each ward.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2024
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	Not Compliant	Orange	30/09/2024

	3.			
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(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	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.	Not Compliant	Orange	20/02/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	29/11/2024

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/11/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	29/11/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/11/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/01/2024
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 designated centre concerned.	Substantially Compliant	Yellow	10/01/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	08/03/2024

	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.			
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	30/09/2024
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.	Not Compliant	Orange	30/09/2024
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	30/09/2024