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. John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	19 July 2024
Centre ID:	OSV-0000660
Fieldwork ID:	MON-0044342

About the designated centre

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

The aim of St.John's Community Hospital is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. The objectives of St. John's Community Hospital include providing a high standard of care in accordance with evidence based practice, providing individualised care to residents and their families respecting the choices, values, dignity and beliefs and ensuring that the residents live in a comfortable, clean and safe environment. St. John's provides a multi-disciplinary approach to the care of residents. The services provided include on-going care of dependant older people, palliative care, dementia care, and physical and mental health care. The centre comprises of four units, Tir na nÓg, Rosses, Cairde and Hazelwood unit. St. John's accommodates male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 19 July 2024	09:00hrs to 16:15hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this designated centre were supported and facilitated to enjoy a good quality of life and to live the best life that they could. The inspector found that residents autonomy was respected with residents making choices about how they spent their day. There were many opportunities for residents to engage in a well-planned meaningful activity programme or to pursue their individual activities and hobbies. Residents gave a positive account of the care that they were receiving from the staff team. One resident who spoke with the inspector said that " staff do all they can for you".

Accommodation is provided across four units in a mixture of single and shared rooms. One of the units Tir Na Nog, provides care and support for residents who have a formal or informal diagnosis of dementia or cognitive impairment. Rosses unit which had recently been upgraded and redeveloped provides care and support for residents under 65 years of age. The remaining two units Cairde and Hazlewood units provide care and support for residents with varying dependencies and medical conditions. Overall, the centre was well-maintained and tastefully decorated. There was an ongoing decoration programme underway which enhanced both the communal and resident areas. There were however, some areas of the premises that still required upgrade and redecoration and these findings are set out under Regulation 17: Premises.

Residents had access to a range of both internal facilities and external grounds which were well-maintained and suitable for the needs of the residents.The provider was found to have upgraded the external facilities with the provision of an outside gym located in the indoor courtyard area. In addition, the provider upgraded an area within Tir na Nog unit to reflect a village theme that residents were familiar with. All units visited on the day of the inspection were calm and there was a relaxed atmosphere throughout. Residents were observed to be able to move about the centre and access all resident areas without restrictions.

The inspectors observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in a supportive unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt safe and secure in their presence.

Residents had access to televisions and radios in their bedrooms and in the communal lounges. Newspapers and books were also available. Residents had access to the internet if they wished to use it. Residents could use a telephone in private and a number of residents had their own mobile phones and tablet devices to keep in touch with families and friends. Resident rooms were tastefully decorated and personalised by the residents occupying them. There was sufficient space available for residents to be able to store and retrieve their personal belongings.

There was a range of interesting activities provided to suit residents social care needs, in accordance with their capacities and capabilities. Some residents who were living on Rosses unit were in receipt of personal assistant hours. A review of records confirmed that these resources were been used effectively to assist residents to access community services and to maintain links with the local community. Other activities provided on the day of the inspection and included a baking session, gym exercise, hand massage and table games. The inspector noted that residents were well supported to participate in these activities by staff who provided ongoing support and encouragement.

A music session organised in the garden room was attended by over 60 residents, staff and visitors. The provider had managed to secure the services of musicians who were attending a local music festival to attend the centre. Residents from all of the units in the centre were in attendance and the music session was well received with residents singing along to the music. There was support available for residents who did not want to join in the organised activities. Staff were observed facilitating residents with activities in their rooms. In addition there was access to the gardens, a library, and a range of games for residents to use.

Resident meetings were held every two months and residents from all of the units came together to attend. Minutes of these meetings were made available for the inspectors to review and confirmed that residents' views were accessed on all aspects of the service provided including activities, food, staffing, access to gym equipment and the current position regarding the building upgrades.

Residents who spoke with the inspector reported that they were content with quantity and quality of the food provided. Residents confirmed that they were asked each morning which main meal they preferred to have although there were a range of alternative meals available to choose from. The main meal on the day of the inspection was a smoked fish dish.

Residents reported that they were no restrictions in place regarding their visitors attending the centre. The inspector observed visitors coming and going throughout the day and the inspector observed that they were familiar with the staff working on the units.

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 inspection found that designated centre was well-managed for the benefit of the residents who lived there. The oversight and governance systems that were in place helped to ensure that care and services were provided in line with the designated centre's statement of purpose and that residents were able to enjoy a

good quality of life in which their preferences for care and support were upheld. The provider ensured that there were sufficient resources in place to provide services that met the assessed needs of the residents.

Since the inspection held in June 2023, the provider submitted an application to vary the centre's registration which increased the capacity of the designated centre from 82 to 101 beds. As a result of the increase in bed numbers the provider was able to dedicate a unit specifically for residents who were under 65 and who required enhanced social care support. The inspector attended the under 65 unit (Rosses unit) and found that residents had settled in very well to their new surroundings. All residents currently residing on this unit had been transferred from the Cairde unit.

An application to renew the registration of the designated centre was received by the Chief Inspector and was currently being processed in line with procedures.

This was an unannounced inspection by an inspector of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspector also followed up on the compliance plan received from the provider following the previous inspection held in October 2023,and setting out how the required improvements were going to be made. The inspector found that the registered provider had made good progress in implementing their compliance plan. However there were some areas of current practice that needed improvement and these issues are described in more detail under Regulation 20: Records, Regulation 23: Governance and Management and under the theme of Quality and Safety.

The Health Service Executive (HSE) is the registered provider for this designated centre. There is a clearly defined management structure in place that was accountable for the delivery of safe and effective health and social care support to residents. The management team consists of a regional manager, who supports the person in charge on the day-to-day running of the centre. The clinical team also consists of a director of nursing, an assistant director of nursing, and clinical nurse managers. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre.

At the time of this inspection the provider was in the process of resubmitting a registration notification to appoint a new person in charge for the designated centre.The inspector reviewed a sample of governance and management documentation including audit records, records relating to incident reports and complaints. The inspector found that on the whole there were systems in place to provide effective oversight and to monitor the quality of care and services provided for the residents. Where improvements were identified action plans were put into place to improve the quality of the service provided. However the inspector found that care plan audits required review as they had not identified that the language used to identify care plans goals for two residents did not support person centred care planning.

The inspector reviewed a sample of staff meeting records, staff communications and spoke with staff working in the designated centre on the day of the inspection. There were clear lines of communication in place between staff and managers. Reporting structures were clear and staff were aware of what was expected of them in their roles. Staff were seen to work collaboratively with each other which helped to create a positive and calm atmosphere for the residents. Records were on the whole well-maintained and updated when required. However, not all records were secure as the inspector observed residents' medication records were left unattended for a period of time. The records were accessible to staff and residents passing by which created a risk to residents confidentiality. This was pointed out to the director of nursing who made arrangements to secure the records and to follow up with the staff members in charge of those documents to prevent a recurrence.

The registered provider maintained sufficient staffing levels and an appropriate skill mix across all of the units to meet the assessed needs of the residents. There were three staff nurse and five health care assistant vacancies noted at the time of this inspection. The provider informed the inspector that a recruitment drive to fill these posts was now underway. In addition the provider submitted a plan to increase staffing levels as occupancy increased. A review of rosters confirmed that where gaps occurred due to sickness or annual leave that they were covered either internally using existing staff resources or by agency staff cover. Where agency staff were used this was clearly identified on the roster.

Observations of staff and resident's interactions confirmed that staff were aware of residents needs and were able to respond in an effective manner to meet those assessed needs. Records confirmed that there was a high level of training provided for staff in this centre. Besides mandatory training in Fire safety, Moving and Handling and Safeguarding, staff had access to a range of supplementary training to support them in their roles. For example, records confirmed that clinical staff had access to wound management training, the prevention of pressure ulcers, medication management, and audit training. Non clinical staff as well as clinical staff has access to a number of training modules which covered positive behaviour support training, restrictive practice training and the role of good communication in upholding human rights.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy.

There was an annual review of quality and safety in place which incorporated the views of residents and their families for 2023 and this document described some service improvements for 2024 and included details of the building upgrades.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the

registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records found that all staff had completed their mandatory training which included fire safety, moving and handling, and safeguarding training. Training records were well maintained and easy to follow.

Staff had access to other training commensurate to their role and included, medication management, cardio pulmonary resuscitation (CPR), infection prevention and control and dementia training.

Judgment: Compliant

Regulation 21: Records

The inspector found residents personal records were left unattended for a period of time in one unit and were not stored securely.

Judgment: Substantially compliant

Regulation 23: Governance and management

A range of systems were in place to monitor clinical, operational and environment aspects of the service, however some of these systems were not as effective as they could be, for example:

- Care Plan audits were not identifying non person-centred narrative in the formulation of resident care plans.
- The registered provider did not ensure that there was robust succession planning measures in place to provide suitable cover for the absence of the person in charge. The proposed candidate did not have the required experience to meet the requirements of Regulation 14: Person in charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document contained all the required information as set out under Schedule 1 one the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Reports of incidents which were required to be notified to the Chief Inspector had been submitted in line with the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider gave notice in writing to the Chief Inspector of the absence of the person in charge for a period of 28 days or more.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider submitted a notice in line with the regulations indicating the arrangements to be put in place to cover the absence of the person in charge.

However, the arrangement to appoint another person in charge to manage the designated centre during this absence did not meet the requirements of the regulations. This is discussed in more detail under Regulation 23: governance and management.

Judgment: Substantially compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services. The inspector found that the registered provider had carried out several actions to improve the quality of life for residents living in the centre and incorporated better social care opportunities for the residents.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident’s condition. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions. However, the narrative describing the assessed needs for two residents did not identify a holistic approach

to meeting the assessed needs of these residents. These findings are set out under Regulation 5.

Residents had regular access to medical officers who were based on the campus and there were arrangements in place for out of hours medical support. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. Residents had access to specialist services such as psychiatry of old age and nurses had access to expertise in tissue viability when required. There was regular oversight of clinical indicators by the multi-disciplinary team who conducted regular reviews of residents' clinical care needs.

There was effective oversight regarding the use of restrictive practices. For example, where bed rails were in place, there were clear protocols as to how they were managed.

The provider made a number of improvements since the last inspection to improve the lived environment for the residents which included the provision of additional storage which meant that residents now had unrestricted access to their toilet facilities. Cosmetic improvements had also taken place across the centre.The inspector observed that the holes in walls had been repaired and walls repainted on Hazlewood unit. The inspector acknowledged that the provider had an ongoing programme of decoration, however some areas of the centre required further upgrades as described under Regulation 17.

The inspector found improvements had been carried out with regard to fire safety. The provider had implemented their compliance plan actions following the October 2023 inspection. These actions are recorded under Regulation 28: Fire precautions. There was good knowledge among the staff team as they were able to identify the different fire compartments within the centre and confirmed their attendance at simulated fire evacuation. Staff were aware of the fire procedure and knew what their role was in the event of a fire activation. The fire safety management folder was well-maintained with records available to confirm servicing from fire maintenance company. Personal emergency evacuation plans (PEEPs) were in place for residents and were updated in line with care plans or as and when required.

Fire doors were checked on a regular basis and were linked into the fire alarm system which meant that when the alarm was activated these fire doors would automatically close providing a sealed compartment to protect against the spread of fire and smoke.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

There was a good programme of individualised and group activities available in the centre. A number of residents were supported to access community based services which enhanced their social well-being and maintained their links with the local community. Residents were also supported to attend numerous festivals and events

held both in the centre and in the community, for example , there was good attendance at the "wise roots festival" where residents had the opportunity to view craft stands, participate in dancing and listen to performances from local musicians. Trips out included excursions to Knock Shrine, and a trip to a holy well.

Resident meetings were been held every two months where key service areas were discussed, such as care, catering, and activities. Communication with residents was further enhanced through the circulation of a newsletter which focused on past and future activities and provided in formation on the running of the home. The newsletter also featured pictures of residents and staff in attendance at activities.

There was good oversight of measures in place to promote effective infection prevention and control . There were four infection prevention and control link nurses working in the centre. All resident equipment observed on the day of the inspection was clean and in good working order. Cleaning records were well- maintained.

Regulation 11: Visits

Visits were seen to take place in line with visiting guidelines. Visitors were seen attending the centre throughout the inspection. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place

Judgment: Compliant

Regulation 17: Premises

While the provider was making good progress in upgrading facilities and improving the lived environment for residents to enjoy, there were some areas of the premises that required repair and redecoration, for example,

- There were holes in a wall at the entrance to Tir na Nog unit.
- A number of ceiling tiles were damaged and required replacement or repair.
- Two skylights located in a corridor required cleaning or replacement.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider maintained effective oversight of infection prevention and control practices and ensured the centre was in compliance with the regulations and

associated standards for the prevention and control of health care associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken actions to ensure that adequate precautions were in place against the risk of fire and that all residents in the designated centre were protected in the event of a fire emergency. The provider had implemented their agreed compliance plan actions in respect of the following,

- The ansul system in the kitchen was serviced in November 2023
- All fire exits were fitted with emergency lighting.
- Narrow doors were found to be in the secured position
- Remedial works to fire doors were completed in November 2023.
- Storage in the patient accounts office were removed.
- Damaged fire doors had been refitted.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While on the whole care planning was of a high standard, the inspector found the narrative in two care plans that were reviewed required improvement, for example,

- Terminology used in the care planning process for two residents, identified needs as problems and self care deficits. This narrative ran the risk of labelling residents according to their assessed needs and as a consequence, impact on the delivery of person centred care interventions.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken measures to protect residents from abuse. There was an up-to-date safeguarding policy in place which was well-known among the staff team. Staff demonstrated a good awareness in relation to their role in keeping residents safe and were aware of when to report a concern. The provider acted as a designated pension agent for some residents, a review of records found that there

was a robust and transparent process in place to ensure that residents finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted about the quality of the service provided. Resident forums (meetings) were held every two months and it was clear that the provider was using these forums to identify where improvements were needed by incorporating resident feedback into their action plans. There were no restrictions on visiting, with visitors observed attending the centre throughout the day. Residents had access to advocacy and to the centre's complaints policy.

Residents had access to a range of group and one-to-one activities. The designated centre had access to their own transport and meant that the centre was able to support residents access the local community to do their shopping or meet their friends. Those residents who were under 65 years old and wished to go to community groups and activities were also supported to do so.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John's Community Hospital OSV-0000660

Inspection ID: MON-0044342

Date of inspection: 19/07/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance with Regulation 21(6) Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible. Compliance will be met by the following: 1. The Person in Charge has conducted a review of the storage and management of all residents' personal files, documentation and medication drug charts within the designated centre on the 03/09/2024. 2. Following this review all confidential documentation relating to residents care is now stored in accordance with the principles of the GDPR and HSE Data Protection Policy within a locked room or cabinet. 3. It is a mandatory requirement for all staff within the designated centre to complete the HSE online GDPR training module.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with 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. Compliance will be met by the following: 1. The Registered Provider has reviewed the measures in place to ensure a suitable	

candidate was available to cover the absence of the Person in charge. When the Registered provider became aware that the proposed candidate did not meet the requirements of Regulation 14, they immediately rectified this and appointed a suitable person and advised the regulator of same.
2. The Person in Charge has returned to post from the 02/09/2024.
3. The Practice Development Coordinator has supported the Person in Charge to review and amend the care plan and audit tool documentation and the terminology used. This was completed on 03/09/2024

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially Compliant

Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:
To ensure compliance with Regulation 33(2)(b)
The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.
Compliance will be met by the following:

1. The Registered Provider has reviewed their processes in respect of ensuring cover is in place in the absence of the person in charge.
2. The Person in Charge has returned to post from the 02/09/2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with 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.

Compliance will be met by the following:

1. The Person in Charge and HSE Maintenance manager reviewed the identified ceiling

tiles, holes in the wall at the Tir na nOg unit entrance and sky lights on the 03/09/2024 and developed a works schedule. This will be completed by the 30/11/2024.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
To ensure compliance with Regulation 5(1)
The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).
Compliance will be met by the following:

1. The Person in Charge reviewed the individual assessment and care plan documentation on the 03/09/2024.
2. The Practice Development Coordinator has supported the Person in Charge to review and amend the care plan documentation terminology used. The care plan documentation is now holistic and person centered. This is in place since 03/09/2024.
3. The care plan documentation is audited quarterly by each residential unit within the designated centre, and reviewed by the Person in Charge. The care plan documentation audit tool has been amended to reflect the change to terminology in the care plan documentation.
4. The Practice Development Coordinator provides onsite care plan training to staff within the designated centre.

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 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.	Substantially Compliant	Yellow	30/11/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	03/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	02/09/2024
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Yellow	03/09/2024

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Substantially Compliant	Yellow	02/09/2024