



**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:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 September 2022
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0037933

About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 38 long-term places and eight respite care places. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy. The centre is currently undergoing a redevelopment programme and is now providing accommodation for 28 residents. The respite and convalescent placements have been temporarily relocated to other centres located nearby with the respite placements returning once the works have been completed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Monday 19 September 2022	12:20hrs to 16:30hrs	Siobhan Nunn	Lead
Monday 19 September 2022	12:20hrs to 16:30hrs	Susan Cliffe	Support
Wednesday 5 October 2022	09:10hrs to 17:30hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

Residents told inspectors that they were happy with the care they received in the centre and inspectors observed that they appeared to be content in the company of staff. The person in charge had also issued a survey on the service earlier in the year to residents and their families, which showed that overall they were happy with the service. Overall, a quiet atmosphere was observed in the centre on both days of the inspection.

On arrival to the centre, inspectors completed the centre's infection control protocol for COVID-19, which included hand sanitising, completing a health questionnaire and wearing a mask.

Following a short opening meeting with the person in charge, inspectors completed a tour of the premises and observed that many residents were up and dressed. Some residents were sitting in communal areas or on corridors while others were sitting in their bedrooms. Over the course of the morning on day two of the inspection, the inspector observed that a number of resident's beds had been stripped of the bed clothes but not yet redressed, meaning that residents could not lie in their beds if they so choose.

The centre is laid out over two floors, with administration offices and a day care centre on the ground floor. Residents' bedrooms were on the first floor, and consisted of single bed, twin bed and two four-bedded bedrooms. With resident's permission, inspectors viewed a number of bedrooms and saw that some were personalised with photographs and small personal items. Residents had access to a television and radio in their bedrooms. The registered provider had assigned the four-bedded bedrooms for use by respite residents. However, on both inspection days, these rooms were occupied by long term care residents. Inspectors also observed that the registered provider had not commenced works to reconfigure multi-occupancy bedrooms in order to achieve compliance with regulation 17: Premises, and was therefore not in compliance with their registration condition four.

Overall, the premises was clean and pleasantly decorated. There was a dining room, a day room, an oratory and a family room for residents' use. The dining room was large, bright and decorated with residents' craftworks. Efforts had been made to improve the comfort of the sitting room, and a resident's survey showed that residents were satisfied with the improvements made. However, one resident and visitor commented to inspectors that the high up placement of the windows in this room did not allow residents to enjoy the views out onto the surrounding neighbourhood. There was also a smoking room for residents' use which had been freshly painted just prior to the inspection. Although there was a family room available for resident's use, a number of residents told inspectors that they were not aware that this room was available for their use. There was also a small oratory, with a beautiful stained glass window, and mass was celebrated each Sunday

afternoon by a priest who visited the centre.

There was a small courtyard area with seating and planting for residents' enjoyment. On the second day of the inspection, the inspector met with one resident who informed them that they enjoyed taking their morning tea in this area, listening to the birds and noise of the village. There was also a small internal garden that residents could access. However, no resident was observed to use the garden on either day of the inspection.

Residents were offered a choice regarding the food they ate and where they wished to eat their meals, for example residents could choose to eat in their bedrooms or in the dining room. The afternoon and evening mealtimes were observed to be a social occasion. The registered provider had recently employed a catering manager who engaged monthly with the residents on their preferred menu choices. The manager informed the inspector that they had recently met with the residents to discuss the changeover from the summer to winter menu. Residents spoken with confirmed that they enjoyed the meals provided, and that the food had improved in the recent months.

On the day of the inspection, inspectors observed residents to be well presented. Residents who spoke with inspectors said that they were happy and felt safe living in the centre. They reported that they enjoyed great care and attention from staff. One resident reported that the staff were 'easy to talk to and kind'. Residents spoken with also said that they were aware how to make a complaint and felt comfortable in doing so.

Inspectors spent time in the dining room and day room observing interactions and found that staff were respectful of the dignity of residents. Interactions between staff and residents were seen to be courteous and gentle. Inspectors observed that staff communicated with residents in a manner that took account of the resident's communication abilities. Discussion with various members of the staff team confirmed that they had attended training in safeguarding and were aware of resident's individual needs and preferences.

On the first day of inspection inspectors observed that residents did not use the gardens or oratory during the day, with limited use of the day room. Eight residents used the day room for a planned activity in the afternoon. Staff were overheard asking residents if they wanted to return to their bedrooms following lunch with no other options being offered.

On the second day of the inspection, the inspector observed a large number of residents taking part in a gardening activity in the day room on the morning of the inspection. Residents appeared to enjoy the activity and were encouraged and assisted by the activities co-ordinator and two healthcare assistants. The activities schedule for the week was displayed in the centre, and inspectors saw that residents could choose to participate in organised activities five days of the week, including art and exercises classes, fun and games and newspaper reading. Inspectors saw that residents had recently enjoyed a Harvest Lunch and a Summer BBQ, and that there were plans in place by the activities co-ordinator and catering manager for a

Halloween celebration. However, two residents that inspectors spoke with said that they were unhappy with the opportunities available to them to go on excursions outside of the centre. They reported that they had discussed this with the person in charge at a resident meeting, but that no excursions had yet been offered to them.

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

Since the previous inspection of 28 April 2022, some improvements had been made in the management oversight systems that monitored the care being provided to residents. However, similar to the previous two inspections, inspectors found that the governance and management systems in the centre were not sufficient to provide assurances that the registered provider had good oversight of the services being provided to residents living in the centre. For example, the systems in place had failed to identify care planning, protection and infection prevention and control issues identified by inspectors. The systems had also failed to address issues known to the provider, such as the premises, staff training, resident's feedback on external outings, poor staff record keeping and the lack of personal space in multi-occupancy bedrooms.

The Health Executive Service is the registered provider for Dalkey Community Unit for Older Persons. There were clear governance and management arrangements in place, with the General Manager for Older Persons in the Community Healthcare Organisation (CHO) 6 overseeing the service on behalf of the registered provider. The person in charge reported directly to the general manager and was supported by a catering manager, team on clinical nurse managers, nursing team, healthcare team, activity staff member, and household and kitchen staff. However, there was little written evidence to show that service or care related issues were effectively communicated to the general manager, as there were no records of meetings and inspectors were informed that communication took place by phone.

Inspectors were also not assured that the registered provider had adequately resourced the centre. From conversations with staff and residents, inspectors were not assured that there were sufficient staff available to meet resident's recreational needs.

Furthermore, inspectors observed that the registered provider was in breach of their conditions of registration. This is further discussed under regulation 23 below.

Records reviewed by inspectors showed that all staff were up to date with training in safeguarding vulnerable adults from abuse, and that most were up to with manual handling training. However, inspectors were not assured that the person in charge had robust systems in place to ensure that staff had timely access to all training that

would assist them in providing quality and safe care to residents. For example, approximately one third of staff had not received recent training in fire safety, and although a training date had been set, it was not sufficiently timely to meet the training needs of staff. Also the person in charge did not have sufficient oversight of staff training in hand hygiene and infection protection and control. Effective training in these areas was required as they were listed as a risk minimising control measures in the registered provider's COVID-19 risk assessment.

Staff were appropriately supervised by supernumerary clinical nurse managers during the day and at weekends, and by a senior nurse at night. New staff were also closely supervised through a formal induction programme.

Inspectors reviewed three staff files and saw that none met the requirements of Schedule 2 of the regulations. This was a repeat finding from the previous inspection of 28 April 2022. Following the previous inspection, the registered provider had provided assurances that measures would be put in place to comply with this regulation. However, although inspectors were provided with evidence that there was ongoing engagement with the relevant parties to address this issue, inspectors were not assured that this engagement was receiving timely attention and effort by the registered provider.

In following up from the previous inspection of April 2022, inspectors viewed five residents' contracts on the provision of services and observed that four of the contracts did not clearly outline the terms and conditions under which the residents were residing in the centre. The occupancy of the bedrooms in which the residents resided was not clear, which is a repeat finding of the previous inspection.

Regulation 16: Training and staff development

Training records showed that approximately one third of staff had not received recent mandatory training in fire safety measures.

Also the person in charge did not have effective arrangements in place to ensure that staff had access to training in hand hygiene and infection prevention and control, which were cited as risk control measures on the registered providers' COVID-19 risk assessment.

Inspectors were also not assured that staff were adequately supervised, as throughout the day a number were observed to wear nail varnish, wrist watches and jewellery, and to inappropriately wear personal protective equipment (PPE).

Judgment: Not compliant

Regulation 21: Records

Three staff files were reviewed by inspectors, who found that none met the requirements of Schedule 2 of the regulations. This was a repeat finding from the previous inspection of 28 April 2022.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose. On both days of the inspection, the inspectors observed that the registered provider was in breach of their conditions of registration. Two four bedded rooms, registered to accommodate residents receiving respite care, were being used to accommodate residents for long term care. The rooms were not configured to accommodate long term residents.

Similar to the previous inspection, inspectors were not assured that the registered provider had robust management systems in place to ensure that safe and appropriate care was being provided to residents, or that the services available to them were appropriate. For example:

- The registered provider did not have robust oversight of some clinical areas of the service.
 - Medication audits were not completed. Therefore, there was no assurances that medication systems were safe and appropriate to resident's needs.
 - Although care planning audits were occurring, there was no system in place to ensure that the action plans for audit findings were completed. The inspector followed up on four actions and saw that three had not been completed for an audit that had occurred two months prior to the inspection.
- A review of falls audits showed that there were no action plans with timeframes and a person responsible identified to respond to findings or learnings. This was a similar finding to the last inspection.
- There were no systems in place to ensure robust oversight of timely access to infection prevention and control and hand hygiene training for staff, to reduce the risk of COVID-19 in the centre.
- Since the previous inspection of April 2022, the registered provider had not actioned their compliance plan in respect of regulation 21.
- Governance and management systems required action. Inspectors observed that management meetings between the person in charge (PIC) and the general manger were not documented. Therefore, inspectors were not assured that the registered provider had oversight of the service being provided to residents. For example, there was no evidence that the registered provider had oversight of monitoring system results, resident feedback on the

service and incidents and accidents that occurred in the centre. Inspectors were informed that the Person in charge telephoned the general manager to inform them of these issues.

- Management systems failed to rectify the negative impact of the limited space available for residents in 11 twin rooms. This meant that residents could not carry out personal activities in private.

The registered provider did not have sufficient activity staff resources in place to meet the social needs of the 38 residents living in the centre. For example;

- There was a part-time activities staff member employed in the centre, who worked 19.5 hours per week. Inspectors was informed that a second activities person would be employed when the centre was at full occupancy. On the day of the inspection the centre was at 83% occupancy.
- Inspectors saw that for one resident who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), one of the interventions listed in their care plan was walks in the local area accompanied by staff. However, inspectors saw that this was not happening due to the activity staff member meeting the needs of other residents, and no other resources allocated to support resident's needs.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors viewed five contracts of care reviewed between the resident and the registered provider, and found that four did not clearly outline the terms under which the residents were residing in the centre. For example:

- Two contracts for residents occupying single bedrooms did not state the occupancy.
- The contracts of two residents occupying multi-occupancy bedrooms stated that their contracts were for 'shared occupancy' but did not specify the exact occupancy. For example, if in a twin bedroom or a four bed bedroom.

Judgment: Substantially compliant

Quality and safety

Similar to the inspection of 28 April 2022, this inspection identified that action was required to meet the regulatory requirements for care planning, protection,

residents' rights, the premises and infection control.

Inspectors reviewed a sample of resident records that evidenced that pre-admission assessments had been completed, and that validated risk assessments were also completed within 48 hours of the residents' admission. Although care plans had been developed based on these assessments, inspectors observed that not all were sufficiently updated to support and guide staff in providing appropriate care to residents. There was also insufficient evidence that care plans were reviewed in consultation with the resident, or where appropriate their families, in line with the regulation. This is further discussed under regulation 5: Individual assessment and care planning below.

Overall, inspectors were assured that restrictive practices in the centre were used in accordance with current national policy. A sample of resident records were reviewed, and inspectors saw that there were assessments and care plans in place to inform their use and consents was obtained. A multi-disciplinary team review on the use of restraint in the centre was regularly completed.

There was a regularly reviewed safeguarding policy in place, and inspectors viewed records which evidenced that all staff were up-to-date in training for safeguarding vulnerable adults from abuse. Staff spoken with were knowledgeable on about their responsibility to protect residents.

There were reasonable measures put in place to protect residents from abuse, such as a safeguarding policy and procedure on reporting any allegations of abuse. Staff spoken to were knowledgeable in relation to early detection of abuse and safeguarding the residents.

Since the previous inspection of 28 April 2022, the person in charge had meet with residents on one occasion to consult with them and provide them with an opportunity to participate in the organisation of the designated centre. Inspectors were informed that no further meetings were currently scheduled. A review of the meeting minutes showed that residents had requested outings outside of the centre to places of interest and to maintain links with the community. However, inspectors were informed that, other than walking excursions to local shops and coffee shops, this had not yet been arranged for residents as the centre's minibus was out of action.

The part-time activities co-ordinator led group activities such as gardening, fun and games and reminiscence sessions. Each week, they also brought one resident at a time, for coffee, ice cream or coffee to the local village. While the activities staff member was with this resident, the other residents did not have access to organised activities. External groups also attended the centre approximately four times weekly to complete exercise classes and live music sessions with residents.

The registered provider had arrangements in place to ensure that residents had good access to their families and friends, voting opportunities and to an advocacy service. Residents had access to televisions in communal areas and in their bedrooms. Although, they could request a newspaper at their own expense, no

shared newspapers were provided by the registered provider.

The limitations of the premises affecting privacy and dignity particularly within shared bedrooms has been previously reported on, and has resulted in a registration condition to achieve full compliance by 30 September 2022. However, inspectors observed that compliance with this condition had not been achieved by the second inspection day. There were a number of other issues identified by inspectors on both days of the inspection that are discussed under regulation 17: Premises below.

The registered provider had adequately resourced the centre with cleaning staff and equipment, appropriate sluicing facilities, and sufficient storage space for all cleaning equipment. The household team spoken with also demonstrated a good knowledge of cleaning processes. However, inspectors found that some infection control practices within the centre did not comply with the standards. The poor practices identified on this inspection are clearly outlined under Regulation 27 below.

Regulation 17: Premises

On both days of the inspection, inspectors observed that the registered provider had assigned residents in receipt of longterm residential care to respite beds. This arrangement was not in line with the provider's Statement of Purpose, and was in breach of condition 1 of their registration.

Inspectors observed that 11 twin rooms did not provide sufficient space for residents to complete daily activities in private and without impacting on the privacy and dignity of the other resident in the room. For example,

- In one bedroom when the resident closest to the door was receiving personal care, the second resident was unable to enter or leave the room.
- In another bedroom, staff were only able to provide care from one side of the bed because there was insufficient space on the other side without using the second residents space.

A number of gaps were observed in the maintenance of the designated centre. For example;

- The dining room floor was stained with black marks which resulted in an unclean appearance.
- The linen room ceiling had brown staining on the ceiling tiles.
- Two resident bedrooms had brown staining on the floors
- A bedroom door to one resident's bedroom was broken and did not shut properly, which created a potential risk in the event of a fire, as well as infringing residents' privacy needs.
- There were holes in a corridor wall where a handrail had been removed.
- In one clinical room, one medication trolley could not be secured to the wall.

Inspectors also observed inappropriate storage of a wardrobe and a rollator in a

communal shower room.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were required to ensure the registered provider was in compliance with the National Standards for Infection Prevention and Control in Community Services 2018. Inspectors observed the following poor practices:

- Throughout the day of the inspection, a number of staff were observed to inappropriately wear the personal protective equipment (PPE), with face mask being worn under their noses and under their chins.
- Some staff were observed to practice poor hand hygiene, with two care staff observed to wear rings with stone jewels, three others observed to wear wrist watches and one observed to wear nail varnish. Such practices impact on the delivery of safe services and increase the likelihood of healthcare-associated infections occurring.
- The plug holes in the sinks of two communal bathrooms were rusty, meaning that they could not be effectively cleaned.
- Sluice rooms and items stored within them required review. For example, there were three shower chairs stored in the sluice room of one unit that blocked staff accessing the hand wash sink. There was also a box of dirty vases and plant pots being stored under the sluice sink. Such practices could prevent effective handwashing and cleaning, and result in the spread of infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, improvements were required to ensure that resident's received the appropriate care and supports, required to maximise their quality of life. For example:

- Inspectors followed up on two residents involved in peer to peer incidents and saw that measures put in place to manage their behaviour had not been documented in their care plans. For one resident, inspectors were informed of these measures by a staff member, and also observed them in the dining room during the inspection. While for the other resident, the Chief Inspector had been notified of the measures in writing.
- From the sample of resident records reviewed, inspectors observed that there was no care plan on resident's social needs and preferences. While there was

a care plan titled 'Meaningful Activities', this care plan contained details of resident's preferences for dining, bathing and times for eating. Therefore, there was no plan in place to guide staff on meeting residents social care needs.

- Although, inspectors saw evidence that care plans were discussed annually with the resident, or where appropriate their families, there was no evidence that residents were consulted in line with the regulatory requirements.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had systems in place to ensure that any restraint used in the centre, was used in line with national policies.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to safeguard and protect residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse, and staff spoken to were knowledgeable on how to enact such training.

Judgment: Compliant

Regulation 9: Residents' rights

From a review of the activities schedule, meeting records and from speaking with residents, inspectors were not assured that residents had adequate opportunities to participate in activities according to their interests and capacities. For example, there were few opportunities provided to them to go on external outings.

Due to the layout of the multi-occupancy bedrooms, inspectors were not assured that residents' right to undertake personal activities in private were respected. For example, if a resident in a multi-occupancy bedroom required a hoist for transfer, the use of the hoist would encroach on the floor space of the other room occupant. In addition, the lock of a residents' bedroom was broken, which meant the door could not close properly to ensure this residents' privacy was maintained.

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 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0037933

Date of inspection: 19/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • A new Fire Training provider was appointed by the HSE through public procurement processes. This did cause a slight delay in scheduling of training. • Fire training has been arranged for 18 staff on site for 8th Dec 2022. The Person In Charge (DON) has sent each staff member a letter noting attendance is urgently required and mandatory. • All staff have completed the required (2 yearly) Infection Control Hand Hygiene certification on HSELand. • All staff have been reminded to provided updated certification for their training records of the following Mandatory Training: <ul style="list-style-type: none"> o Children’s First Training o Safeguarding for Vulnerable Adults o HSE Open Disclosure: Module 1 - Communicating effectively through Open Disclosure o Cyber Security Awareness o Dignity at Work (Revised 2022) • Person In Charge (DON) will ensure all training records maintained up to date and available for inspection. 	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	

- All HSE staff records are retained centrally by and available for review in HSE National Personnel Records - Merchants Quay at all times.
- An electronic link to the HSE National Personnel Records Portal (THEREFORE) has been requested and is currently being approved. The PIC and Unit Administration Manager will have access to this national portal and they will in turn be in a position to print hard copy staff files for secure retention within the facility.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Residents have been supported to move back to single occupancy rooms from the 4 bedded respite room (R108) which is in compliance with the Statement of Purpose. The use of the Respite beds was taken as a temporary emergency measure and done in consultation with the Dept of Public Health, with residents and their families at a time of Covid crisis.
- Medication Audits will be completed quarterly, in addition to the yearly audit completed in association with the Pharmacy Dept at St Columcilles Hospital
- CHO6 has employed a Chief Pharmacist who will also link with our existing Pharmacist from St Columcilles Hospital.
- Medication charts are reviewed monthly with the support of our Pharmacist from St Columcilles Hospital during her monthly on site visit.
- Dalkey CNU and participates and contributes to in CHO6 AMRIC Antimicrobial Stewardship and Monitoring.
- Vacancies in Physiotherapist and Occupational Therapist posts had been previously escalated and will be filled as soon as possible. Challenges prevail in Primary Care's ability to fill all vacant posts at this time. This has been escalated to SMT in CHO 6 by the Provider Representative and in turn to Primary Care by the General Manager and the PIC.
- A nominated staff member has enrolled in the HSE IPC link Nurse Programme, and on completion shall be in a position provide onsite face to face IPC education for staff.
- Access and support from the CHO ADON for IPC is in place. ADON for IPC will also provide support for the IPC Link Nurse.
- Person In Charge(DON) linking with ADON IPC to establish if external trainer should be engaged while Dalkey await completing of Link Practitioner training.
- All relevant IPC communications from HPSC, HIQA, and HSE QSSI ADON IPC are reviewed and circulated continually.
- Documented Care Planning audited actions will be monitored by the CNM 2, who will report to the DON monthly.
- All meetings with CHO6 Management are documented and available on site, and same are available for review. These were offered by the General Manager to Inspectors at the time of Inspection.

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • The Person In Charge (DON) has reviewed all contracts of care and ensured relevant details in relation to room designations has been included to reflect occupancy. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Options:</p> <ul style="list-style-type: none"> • All residents who were temporarily residing in Room 108 have been re-located to single-occupancy rooms • All rooms (2, Rooms 108 & 115) are allocated as Isolation and/or accommodation for short-stay residents in line with SOP. • The Centre has undergone significant modernization and investment in recent times and the Provider Representative is anxious to ensure that this investment together with any further investment will assure appropriate residency to any Older Person accommodated within the Centre. To this end, the Provider will undertake all necessary measures to improve the provision of services to residents with appropriate privacy & dignity. • The PIC and Manager have addressed all minor maintenance related issues with the appropriate maintenance officer/department. The Provider representative has advised the PIC and Manager to escalate immediately any unnecessary delays and/or inaction in this regard 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Increased awareness in relation to PPE and face mask compliance is being reiterated to 	

all staff. When breaches are noted, they are being acted on immediately. The PIC will initiate disciplinary action (if necessary) where evidence is available that appropriate direction id =s not been followed in this regard

- General adherence to adequate hand hygiene, restricted wearing of jewelry, and discontinued use nail varnish/false nails has been reinforced across all disciplines with regular unannounced checks of same introduced into the unit.
- High uptake in flu vaccination amongst staff and residents to be continually encouraged. The Centre has achieved significant improvements in uptake in recent years
- Nursing Home guidelines are adhered to with families encouraged to make use of visitor room, oratory and day care area for visits to avoid over congregation in smaller rooms and corridors.
- The Manager and PIC at the Centre have re-enforced the necessity with Household Staff/Contractors to ensure that there is not inappropriate storage of items in designated sluice area's and that maintenance requirements are escalated immediately on identification of any such issues.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- CNMs will ensure upon admission social assessments are included in all care plans.
- Key workers of individual residents shall be identified in the Team to incorporate the residents social needs into the care planning process and shall ensure the resident is included .Using the principal of 'Key to me' to ensure the residents meaningful activities are known, this will be reviewed twice yearly in case resident's likes have changed since admission.
- Families will continue to be encouraged to share their ideas on the likes and dislikes of residents so as to maintain connectivity to important small personal details.
- Noting key family occasions and supporting small celebrations will remain a key component of maintaining connectivity for residents.
- Catering Manager and Activities Coordinator will ensure key celebrations are planned in consultation with residents.

The Provider representative is seeking to deploy a compliance support person to enable regular audit and review of Care Plans.

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

- All doors on bedrooms are lockable and have 'do not disturb' signage in place.
- Door closures mechanisms on the 4 bedded rooms are working.
- An external trip on a hired mini bus will be arranged over the Christmas period for residents who would like to take part.
- Additional Activities Co-Ordinator post will be sought in 2023 in increase activities personnel to 39 hours per week i.e. full time post as opposed to 19.5 hours.
- Residents will be afforded appropriate privacy and dignity to the greatest possible extent in terms of the application of the privacy and dignity policy with full adherence to resident's requests at any time during the day.
- All requests for privacy during visiting will be enabled in alternative facilities such as family room and/or sitting room where appropriate if privacy as requested by any resident cannot be afforded within the residents' own room.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	30/04/2023

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/01/2023
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.	Substantially Compliant	Yellow	30/11/2022
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	31/12/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	30/11/2022

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022
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).	Not Compliant	Orange	30/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Not Compliant	Orange	31/03/2023

	consultation with the resident concerned and where appropriate that resident's family.			
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	31/12/2022
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	30/04/2023