Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	New Houghton Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	04 August 2022
Centre ID:	OSV-0000603
Fieldwork ID:	MON-0037027

About the designated centre

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

New Houghton hospital is situated in the town of New Ross. The building was erected in 1936 and became the fever hospital for the counties Waterford, Wexford, Carlow and Kilkenny. In 1984 the building became a care of the older person's facility. While there have been many changes, renovations and some improvements since then the design and layout of the premises is largely reflective of a small hospital from the period in which it was built. The registered provider of the centre is the Health Service Executive (HSE). The centre is registered for 42 residents over the age of 18 years, both male and female for long term care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, occupational therapy, chiropody, dental, audiography and opthalmic services. All admissions are planned. Residents and relatives are welcome to visit the site in advance of the placement. Residents being admitted will have been assessed by the Geriatric Assessment team and placed on a waiting list for admission. Once a bed becomes available the resident and or relative is informed and is requested to arrive to the unit before 4pm Monday to Friday. The hospital accepts all levels of dependency from level 1 (full dependency) and including residents living with dementia. The services are organised over two floors with 21 residents accommodated on each floor with a passenger lift provided. Residents' accommodation on the ground floor comprises of four, four-bedded rooms, one three-bedded room, one twin-bedded room, and one single-bedroom (end of life suite) with adjacent family/community room. All bedrooms have hand washing facilities. Residents' accommodation on the first floor also consists of four, four-bedded rooms, one three-bedded room, one twin-bedded room, and one single-bedroom (end of life suite) with adjacent family/community room. There is access to an outside suitable secure garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Thursday 4 August 2022	09:25hrs to 18:10hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

Overall, residents expressed that they were happy in the centre and were complimentary about the care they received. A resident described the centre as "it feels like home".

An inspector arrived to New Houghton in the morning to conduct an unannounced inspection to monitor compliance with the regulations and national standards. The inspector was met by the person in charge at the entrance. Following a brief meeting the inspector was accompanied on a walk around of the centre with the person in charge.

New Houghton is laid out over two floors; Abbey Unit on the ground floor and Brandon Unit on the first floor. Abbey unit consisted of one two-bedded room, a mixture of three and four bedded rooms and one end of life suite. The unit had a large sitting and dining room which opened out to an enclosed garden, the doors of which were open and residents were observed to be freely going outside and sitting down, enjoying the sunshine. Brandon Unit on the first floor had a similar layout, with an additional dining room. This room was identified on the inspection in 2021 as "lacking ambiance". The room was not in use on the day of inspection and it continued to lack ambiance. The inspector was informed that the residents in Brandon did not have the same access to the garden that residents in Abbey did. None of the rooms in New Houghton were en-suite. Residents bedspaces contained personal items such as photographs. Paintings were displayed above residents' beds and a resident informed the inspector that these had been painted by an activities co-ordinator. Corridors in the centre were wide and there were assistive rails on both sides. While the centre needed redecorating the corridors and rooms were bright and airy.

The inspector was informed that residents activities were provided seven days per week. The centre had a registered general nurse assigned to oversee the activities and four activities co-ordinators. Activities were observed to be taking place and two activities co-ordinators were covering both floors. Live music was observed to be taking place in Brandon Unit on the first floor in the morning and on the ground floor in the afternoon. Residents were singing along to the music and residents who chose to stay in their room could hear the music along the corridor. Nail-painting of residents nails was taking place and some residents were colouring. However, not all residents could take part in the activities due to for example; hearing difficulties and as such these residents had nothing to occupy them during this time. Consequently, inspectors found that activities were not sufficiently tailored, varied and person centred to meet each residents' needs.

A residents survey took place in in 2021 and 2022. The findings from the 2022 survey were still being collated at the time of inspection, however, no action plan was devised to action the findings from the 2021 inspection. Resident meetings took place monthly. Residents had education sessions over the last few months including

hand hygiene awareness month in May 2022. Photographs were available to view with pictures of residents with cuttings of their hands. Previous education provided was on falls prevention and COVID-19.

The inspector observed the lunchtime experience in Brandon Unit. Three residents were noted to be eating at their bedside. This was a similar finding to the inspection in 2021. The inspector was informed that this was to facilitate social distancing. This will be further discussed under Regulation 9: Residents' Rights. The remaining residents were in the open plan sitting and dining room. All staff were observed to be assisting residents in an unhurried manner.

Open visiting was taking place with a number of visitors observed throughout the day. Visitors were complimentary about the staff and the care received. They expressed how difficult it was for them not being able to visit during previous waves of the pandemic and were happy now that they had unrestricted access to their loved ones.

The next two sections of the report will describe the specific findings of the inspection, describing the capacity and capability of the service and how this impacts on the quality and safety of the care delivered to residents

Capacity and capability

This unannounced inspection was carried out to assess the overall governance of the centre and to identify if actions in the compliance plan had been completed from the previous inspection in 2021 and improvements sustained. Overall, inspectors found that improvements were required in the governance and management of the centre with a number of non-compliances identified including; Training and staff development, records and notification of incidents. While some of the previous non-compliances were addressed, for example the external courtyard was renovated and upgraded, not all of the changes outlined in the previous compliance plan had been sustained or implemented.

New Houghton is a residential care setting operated by the Health Service Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge reported to the residential older person's manager who reported to the general manager for older person services and upwards to the head of social care. The residential older person's manager attended onsite for the close out meeting at the end of the inspection. The person in charge was supported onsite by two clinical nurse managers (one for each unit). Deputising arrangements were in place for when the person in charge was absent. However, the inspector was informed that the centre was challenged in recruiting and attracting staff to the centre. Management stated that they were actively recruiting staff nurses, healthcare assistants and a practice development nurse to the centre, however, at the time of inspection the provider was reliant on employment agencies to cover both staff nurse and healthcare

assistant posts. The inspector was informed that every effort was made to have continuity of care by having consistency in the agency staff working in the centre. Notwithstanding this the centre had recently recruited five staff from a COVID-19 vaccination centre that had closed including for example; catering staff. These staff were being inducted at the time of inspection.

Two clinical nurse managers (one in each unit) had completed infection prevention and control training, one week course. Staff had access to mandatory training such as safeguarding, basic life support and behaviours that challenge, however, improvements were required. Management stated that the gaps in staff training were as a consequence of COVID-19 outbreaks in the centre. This will be further discussed under Regulation 16: Training and staff development.

A number of areas for improvement were identified around governance and management, as discussed under Regulation 23. Systems of communication were in place including meetings between management and the community health organisation quarterly and local quality and patient safety meetings with the person in charge and the clinical nurse managers. At this forum recent incidents were discussed, staff training for example falls prevention training. Regular audits were taking place in both units. Audits reviewed included hand hygiene, medication management and care plan audits.

The inspector was unable to assess Regulation 21: Records as these were requested but not provided in a timely manner. Furthermore, notifications were not notified to the Office of the Chief Inspector as required under Regulation 31.

Each unit had a complaints log in place. A small number of complaints were logged in the log however, the close out of some of the complaints was not evident from the log reviewed.

Regulation 15: Staffing

Inspectors reviewed the centres' staff rosters across all disciplines. These showed that there was sufficient staff, of an appropriate skill mix to meet the needs of the residents, given the size and layout of the centre. Staff supervision was provided by the person in charge and two clinical nurse managers 2, all of which were full-time supernumerary position.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was not available on the day, however, it was submitted following inspection. From a review of the training matrix a number of gaps were

identified. For example:

- 62% of nursing staff fire training was out of date and 57% of non nursing staff.
- 16% (4) of staff training on safeguarding was out of date and 19% (4) of non nursing staff.
- The majority of nursing and non-nursing staff had not completed training on behaviours that challenge since 2018, a small number having completed it in 2015. Management had identified in their training matrix that this training was only required as a once off ,however, in order to respond to behaviours that are challenging, staff must have up-to-date knowledge and skills in this area.

Judgment: Not compliant

Regulation 21: Records

The inspector was unable to assess this regulation as records requested were not provided in a timely manner.

Judgment: Not compliant

Regulation 23: Governance and management

Arrangements in place to enable the provider be assured of the quality and safety of the service were not robust and required strengthening:

- While the centre had a risk register in place, it had was due to be reviewed in February 2021 and had not been updated since then. The inspector was informed that a number of risks on the risk register were in fact closed, however, due to staff vacancies at CHO level these had not been completed.
- Tracking and trending of incidents was not taking place. This is a missed opportunity to share learning from incidents and implement quality improvement plans to address any findings and share the learning.
- Audits were being completed on both units and issues identified, however, no action plan was devised. Findings on audits concurred with inspection findings. For example; inappropriate storage of equipment in bathrooms but the issue remained.
- A number of policy and procedures were out of date, did not reference the most up-to-date guidance or had handwritten dates of review for example; visiting policy. The inspector was informed that due to a vacant post of a practice development nurse these had not been updated.

Judgment: Not compliant

Regulation 31: Notification of incidents

The centre maintained a spreadsheet of incidents that had occurred at the centre. Five incidents which met the criteria for notification were not notified to the Office of the Chief Inspector within the required time lines in accordance with schedule 4. In addition, two pressure ulcers reported were not staged on the incident log so it is unclear if these required notification to HIQA. Following inspection four out of the five notifications were received.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place however, this required updating at the time of inspection. The centre had a small number of written complaints, however, while these were closed off the investigation into the complaints were not available for review. In addition, verbal complaints reviewed did not outline the outcome of the complaint and whether the resident was satisfied.

Judgment: Substantially compliant

Quality and safety

Inspectors found that the healthcare needs of residents were met through good access to medical, nursing and other healthcare services if required. While the centre was endeavouring to sustain a good level of person-centred care, deficits in the governance and management of the centre were impacting on key areas such as premises, infection control and residents' rights.

New Houghton was built in the 1930s and required ongoing review and maintenance. HSE estates had been onsite the day prior to inspection and during a walkaround with the person in charge areas for improvement were identified. For example; painting was required where new televisions were installed in the Abbey Unit. In addition, improvements required to the dining room on Brandon remained since the inspection in 2021. However, at the time of inspection there was no date for completion of the issues. These will be further discussed under Regulation 17: Premises.

Open visiting was taking place in the centre. A number of visitors were observed throughout the day. It was evident that visitors were welcome at the centre. However, the policy required updating to bring it in line with the visiting that was permitted at the centre.

New Houghton was generally clean. Housekeeping staff had good knowledge of their role but had not received training in the principles and practices of cleaning. Laundry of residents clothes were carried out onsite with a dirty to clean flow for the laundry. Bed linen and towels were laundered off-site. The centre was completing weekly checks of the temperature of the bedpan washers. However, the inspection did identify improvements that were required around Regulation 27: Infection control. These will be further discussed under the regulation. The centre had a recent COVID-19 outbreak which was declared over by public health on 19 July 2022. A number of residents and a small amount of staff were diagnosed with COVID-19. A comprehensive outbreak report was compiled on 25 July 2022 which identified the details of the outbreak, timelines and overview. The report identified what went well, the difficulties encountered and what could be improved. Improvements identified included "staff need to be highly suspicious of a change in a residents condition". The report also identified that housekeeping cleaning hours were increased during the outbreak. The report did not detail how the identified improvements required were actioned and shared with staff.

Systems were in place for monitoring fire safety. The centre had engaged a fire consultant who had provided drawings of the compartments in the centre. Staff training and education on the compartments was planned for September 2022. Clear signage of fire exits were on display throughout the centre. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Daily checks were taking place of, for example; fire extinguishers, exit routes and emergency lighting. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Simulated evacuations were taking place on alternate months of each unit. However, some improvements were required which are detailed under Regulation 28: Fire precautions.

The inspector observed a sample of care plans. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. However, care plans were not always updated four monthly in line with requirements under the regulations.

Systems were observed to be in place for medicine management in the centre. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the medical officer (MO). All resident medications were stored in a locked medication trolley. Controlled drugs were stored in line with guidance and checked twice daily. No transcribing of medications was taking place and medications were prescribed and discontinued by the medical officer. The indication for as required (PRN) medications was on the medication record and documented in the nursing notes when administered and the reason for administration. The inspector was informed that a pharmacist had not been onsite in

2022. This was on the centre's risk register. The HSE were in the process of changing contracts with pharmaceutical providers and that this was due to be signed in September with a stipulation that a pharmacist would be on site at specified intervals.

Residents' meetings were taking place monthly and residents' surveys yearly. While the surveys were identifying areas for improvement it is not clear if these were actioned. Furthermore, improvements were required around residents activities to ensure that residents have opportunities to participate in activities in accordance with their interests and capabilities. This will be further discussed under Regulation 9: Residents' Rights.

Regulation 11: Visits

A number of visitors were observed during the day of inspection. There was a high but safe level of visitor activity. However, the visiting standard operating procedure reviewed was out of date since July 2021, referenced guidance from 2020 stating that "visiting is currently not permitted in New Houghton". This will be discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 17: Premises

While there were ongoing efforts to upgrade and maintain the centre, a number of areas for improvement were identified including:

- The inspector was informed that the shower in Abbey Unit which had been installed since the last inspection was out of order for three weeks. On the day of inspection this was being repaired and it was expected that it would be completed by Saturday, 6 August.
- There was no racking in any of the sluice rooms and as such bed pans and urinals could not be inverted. The inspector was informed that racking had been ordered and they were awaiting delivery. However, this had been a finding on the environmental audit in October 2021 and the issue remained.
- Storage areas outside were in a state of disrepair. The centre had decanted stock to these areas including personal protective equipment for storage however, while there was a plan to upgrade them they needed immediate upgrading including cleaning, painting and flooring as they were in use. These were not on the centre's floor plans. The provider was requested to submit revised floor plans following inspection.
- The housekeeping store room in Abbey Unit did not contain a hand hygiene sink and a janitorial sink.

- Laundry room required repainting. The inspector was informed that it was on a maintenance schedule for the repaint.
- A recently renovated linen room had exposed wood which had yet to be painted and or sealed, therefore it could not be effectively cleaned. In addition, exposed wood was noted in the housekeeping room in Abbey Unit and a cupboard on Brandon Unit.

Repeat findings from the inspection in 2021 included:

- Inappropriate storage of dressing trolleys and linen trolleys in shower rooms and toilets.
- General wear and tear was noted throughout the centre including chipped walls and skirting and scuffed paint.
- Little progress had been made in upgrading the dining room in Brandon. The room was not in use during the inspection and it continued to lack ambiance. The inspector was informed that dado rails and wallpapering had been requested during a walkaround the previous day with HSE estates.

Judgment: Not compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which outlined the five specified risks required by the regulation. In addition it outlined the assessment and control of risk and recording, investigation and learning from incidents.

In addition, the centre had a risk register in place. This was due for review in February 2021. This will be discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

While the centre was clean on the day of inspection a number of areas for improvement were identified to ensure compliance with the *National Standards for infection prevention and control in community services* (2018).

- A labelling system to identify items that were clean was not always used consistently, for example; some commodes in the dirty utility had them in place and others did not.
- Monitoring equipment was dusty. In addition, there was the break in the integrity of a thermometer and incorrect disposal of thermometer probes in the monitoring equipment basket.

- A cleaning trolley was inappropriately stored in the laundry room.
- Housekeeping staff had no training in the principles and practices of cleaning.
- A clinical waste bin in a dirty utility contained a black general waste bag.
- The linen trolleys in use required replacement. The replacement trolleys had been purchased and were in a storage room and had a date for implementation of end of August 2022.
- A COVID-19 outbreak report, while detailed, did not outline how identified improvements were actioned and the learning shared with staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified with fire safety that required action:

- An evacuation of the largest compartment with night-time staffing levels did not take place. Furthermore, residents were not involved in the fire drills.
- The inspector released multiple fire compartment doors and observed that in a small number of instances the doors did not always meet. This meant that in the event of a fire the smoke would not be contained in the compartment. A similar finding with fire doors was identified on the daily fire checks and on simulated evacuations.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Areas identified as requiring improvement included:

- A pharmacist had not been onsite to date in 2022.
- The medication management policy had not been fully reviewed since 2020. The policy had handwritten dates for 2020 and 2022.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed four care plans. While care plans were observed to be resident specific, not all care plans were updated four monthly as required by the regulations. Validated assessment tools were used to assess residents clinical, social

and psychological needs, however, a small number of these had not been updated since early in 2022.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a medical officer who was onsite four hours per day, five days per week. The inspector was informed that the centre had good access to health and social care providers including physiotherapist and speech and language therapist which were on the same site as the centre and reviewed residents through a referral system. Occupational therapy was through a private company but was funded through the HSE.

Tissue viability advice was provided through the local acute hospital and infection prevention and control advice was provided through the community health organisation. Residents were reviewed by an optician on admission to the centre and on a referral basis after that. Overall, management stated that there was no waiting times for any of the services provided.

Judgment: Compliant

Regulation 9: Residents' rights

An inspector observed that a number of residents were eating their lunch at their bedside. The inspector was informed that on alternate days residents attended the dining room in order to maintain social distancing due to the COVID-19 pandemic. This was outlined in the centre's COVID-19 contingency plan, however, there was no COVID-19 outbreak at the time of inspection. Furthermore, this was not in line with national guidance and did not take into account resident's individual needs and wishes.

While activities were observed to be taking place including live music in both units with good resident participation, the inspector was informed that there was lack of variety in the activities for example; a resident stated it is 'mainly bingo and not much else'. In addition, while residents from Abbey Unit had unlimited access to the garden the inspector was informed that residents in Brandon Unit did not have the same access as they had to transverse through Abbey to access the garden and this was identified as a risk to the resident. However, no risk assessment was completed and it had not been placed on the risk register.

Action plans from residents meetings and surveys were not evident. For example; a resident's survey was completed in autumn/summer of 2021. A small sample size

returned the survey, however, the survey indicated that 20% of residents were not happy with the mealtimes. No action plan accompanied the survey so it is unclear if this was addressed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for New Houghton Hospital OSV-0000603

Inspection ID: MON-0037027

Date of inspection: 04/08/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Fire Training is presently ongoing and will reach 100% - 31/10/22 • Safeguarding 100%, action complete 22/08/2022. 3 Staff on Long-term Sick Leave who's Safeguarding Training is due to be updated , this will form part of their return to work programme • Behaviour's that Challenge Training is scheduled to take place the 19th , 20th and 21st of October 2022	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All records will be available on the day of inspections, this was due to a misunderstanding on the day with staff .Personal records were locked away and not made available to the Inspector in a timely manner. • Action communication with Inspector. 05/09/2022 –	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Risk Register is in date in hard copy actioned 11/08/2022
• The Don has been in contact with clerical support at CHO5 (SOR) and has agreed with them a system whereby the electronic register updated 12/08/2022
• Tracking and Trending of incidents has commenced with the inclusion of Action Plans. Clinical Nurse Managers are involved in this process. Completion date 31/10/2022
• There has been an action plan developed for each Audit finding with a completion date and responsible person.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• A process for notifiable incidents to HIQA including 3 day and quarterly is now in place since Inspection – Action complete
• Information learning session with each Clinical Nurse Manager arranged for 26/09/22

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The Complaints Policy - updated 26/08/2022 – Action complete
• The CNM2s and CNM1s have provided each Staff Member with the Policy for reading and signing off. The DON will provide the Governance. 31/10/22
• Complaints Review Close Out: All Complaints received will be investigated and all aspects of the investigation documented as per policy and available for onsite review as required.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Shower Room at Abbey Unit is operational since 6th August 2022 – No issues - Action complete

• Inverted Rack Storage for Urinals and Bed pans are ordered and will be installed by 30/11/22
• Outside Storage had been realigned over 3 areas namely Stores A, B, and C this began in May of 2022 for the storage of personal protective equipment. Painting and Floor covering at the areas will be completed by 31st December 2022
• Infection Prevention and Control advice regarding hand hygiene and janitorial sinks, visit has been arranged 30/09/22
• Painting of main Laundry and Linen Room action date for completion 31/12/2022
• Trollies are now stored in linen rooms only, Action complete 01/09/22
• General wear and tear stated in the report " chipped walls and skirting and scuffed paint 31/12/2022
• Dining Room Brandon. The Dining Room was painted, action complete December 2021. Dining room now in use for two sittings daily. Plan to involve residents and activities team to plan to improve ambience, action completion 30/11/2022

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Education is being provided to all Staff regarding the labelling of equipment post disinfection Action will be complete 30/09/22
• A cleaning schedule is being applied to all equipment, broken equipment has been removed and replaced. Action complete 26/08/2022
• Education for Housekeeping Staff is organized for 10/10/22
• The latest Covid – 19 outbreak report was shared daily at the safety pause meeting, during each shift and at each shift handover. Review of the last outbreak to be undertaken with staff, 12/09/22. Identified improvements will be actioned and shared learnings via Quality meetings date 19/09/22
• The CNM's will lead out on all aspects of the above with Governance provided by the DON - Action completion date - 26/09/2022

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire drills take place monthly and will include Residents
• Fire Officer will attend on 25/10/22 to be part of an unannounced Fire Drill
• Fire compartment doors are examined daily, issues have been addressed , doors will be further reviewed by the Fire Officer 25/10/22

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• The Anti- Microbial Pharmacist was on site 26/07/2022
• Pharmacist to visit site on the 28/09/2022

• The Medication Policy has been reviewed 29/08/2022. The CNM2s and CNM1s providing each Staff Member with the Policy for reading and signing off. The Don will provide the Governance. Action completion date 03/10/22

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:
• Residents Care Plans have been updated to comply with 3 monthly requirement.

• All Care Plans will be audited and an Action Plan for completion will be put in place 30/09/22

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Residents Dining takes place over 2 sittings 12.30hrs and 13.00hrs and is accommodated in the Dining Rooms Action complete -08/08/22
• Each Resident has access to the Sensory Garden and or a suitable outside space action complete 08/08/22
• On the day of the Inspection there were 3 activity personnel present plus the Activity coordinator.
• A review of the Activities Programme has taken place 22/08/22. An updated Activity Programme has been completed which contains a variety of Activities ensuring there’s access to Social Activities which caters for all residents.

- A recent Residents Satisfaction Survey has been completed. An action plan is being completed by 30/09/2022
- There is an action plan developed for each Audit finding, the latest acceptable date of completion is added, along with the names of the responsible personnel for carrying out the action.

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	31/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
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	31/08/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Not Compliant	Orange	04/08/2022

	be safe and accessible.			
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	31/10/2022
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	10/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	31/10/2022

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2022
Regulation 29(1)	The registered provider shall ensure, in so far as is reasonably practicable, that a pharmacist of a resident's choice or who is acceptable to the resident is available to the resident.	Substantially Compliant	Yellow	03/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	26/09/2022
Regulation 31(3)	The person in	Substantially	Yellow	30/09/2022

	charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Compliant		
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/10/2022
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 consultation with the resident concerned and where appropriate that resident's	Substantially Compliant	Yellow	30/09/2022

	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	30/09/2022
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	30/09/2022