



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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	31 August 2021
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0033998

About the designated centre

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

The designated centre provides 24-hour nursing care to 30 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of six twin bedrooms and 18 single bedrooms. Communal facilities include a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities One assisted bathroom is located adjacent to single rooms 1-9 and the other is located adjacent to single rooms 10-18.

There are also five additional toilets which are located adjacent to single rooms, the lounge and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 August 2021	10:30hrs to 17:25hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This inspection was completed over one day and was unannounced. The last inspection in the centre was completed in July 2019 and focused on the service provided for residents with a diagnosis of dementia. This inspection reviewed the service provided for all residents in the centre and ongoing compliance with the regulations. There was a calm but upbeat atmosphere in the centre throughout the day. Although staff were busy with caring for residents, they engaged residents in light-hearted banter and conversation. The inspector met several residents and spoke with three residents in more detail during the day of the inspection. Overall residents' feedback was positive regarding their lives in the centre and they confirmed the centre was a 'happy place', 'a good place to live in' and that they were well cared for. It was clear that staff knew residents well and residents were very comfortable in their company. This had a positive impact on residents' wellbeing and contributed to the generally upbeat atmosphere in the centre.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering the centre and residents' accommodation. Staff were busy with assisting residents with getting up and organised for their day. The inspector was accompanied on a tour of the centre after a short introductory meeting with the person in charge. This tour of the centre gave the inspector an opportunity to meet with some residents and over the day of the inspection, the inspector met several residents and spoke in more detail with three residents about their experiences living in the designated centre. In addition to conversing with residents, the inspector spent some time observing residents' daily routines to gain insight into how their needs were met by the staff. The inspector found staff in this centre respected residents' rights, were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents.

This designated centre experienced two isolated COVID-19 outbreaks in April and December 2020 involving very small numbers of staff and no residents were affected. Residents told the inspector that they had received their vaccine and they were aware that the precautions in the centre needed to continue to protect them from contracting the virus. Residents expressed their satisfaction that their visitors were able to come into the centre to see them. One resident said that she missed her family during the restrictions due to the pandemic but staff helped her to keep in contact with them by phone and social media technology.

On the day of the inspection, many of the residents were observed to spend most of their day in the communal rooms. While there was no coordinated social activities taking place, staff were observed chatting with residents as they carried out tasks of care for them. Residents were engaging and appeared to be enjoying these personal interactions. One resident liked to join in a televised rosary from Lourdes and a television screen was in place at his eye-level to facilitate this. Another resident told the inspector that they enjoyed attending the art classes run by a local arts centre

as a six week online course. The inspector heard that residents had opportunity to participate in a chair exercise session one day each week. The inspector also saw that newspapers and magazines were available for residents to read and was told that staff would read to those who needed assistance. However, these social activities were not taking place on the day of inspection. Although, the inspector was told that facilitation of residents' social activities was an integral part of the care staff roles, the records of the social activities and the inspector's observations suggested that residents' access to a meaningful social activity programme was dependant on the activity coordinator being on-duty and available to facilitate them. Staff told the the inspector that due to the level of residents' care needs, they did not have capacity to also facilitate residents' social activities on the four days each week that the activity coordinator was not on duty. This concurred with the inspector's observations where staff supervising residents in the sitting rooms were observed to be frequently needed to assist residents out to the toilet, with drinking fluids and attending to the high needs of a resident with responsive behaviours.

The inspector spent time in the communal sitting rooms and observed that some residents with impaired cognitive or sensory abilities had newspapers placed in front of them, but staff were not available to assist them with reading these. The inspectors observed that six residents, some of whom had impaired cognitive, physical and sensory abilities, were sitting in the communal sitting room with the television on in the background. No residents were watching the television and one resident in the sitting room said that 'the day is long at times', while another resident said they were not interested in watching television and that they 'loved joining in the ball games and looked forward to them'.

The centre was located in a residential area and was well maintained. The interior of the premises was bright, warm and comfortable. Storage for residents' assistive equipment was adequate. Residents had access as they wished to an attractive and safe outdoor garden. Seating was available and the paths were covered with a foam surface to promote residents' safety. Colourful shrubs were growing in beds and in planters replanted earlier in the year.

The inspector observed that arrangements to consult with residents were in place, including two-monthly residents meetings and surveys. Residents said they felt involved in the running of the centre and their views were valued. For example, residents were given opportunity to decide on the colour scheme for repainting of the outside of the centre. Residents' bedrooms were personalised with their personal possessions to their individual taste and were the bedrooms were observed to be tidy and free of clutter.

Residents were complimentary of the food choice and quality offered in the centre, and residents were seen to enjoy their meals. One resident said that the food was very good and another said they had lots to eat. Staff were seen providing assistance to some residents during lunch in a patient and respectful way.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of

the service being delivered.

Capacity and capability

Overall, the inspector found that the governance and management of this designated centre required strengthening with improved oversight of the service to ensure the service was adequately resourced and that residents were protected from risk of fire and infection. This designated centre had a previous good history of regulatory compliance but the findings of this inspection showed that regulatory compliance had declined in several of the regulations inspected. Assurances that residents were adequately protected in the event of a fire in the centre were not robust and as a result, the provider was required to take urgent action to ensure residents' safety.

The Health Service executive (HSE) is the registered provider for the designated centre. As a national provider involved in providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts and information technology. The provider had appointed a person to represent them and they or their representative visited the centre on a regular basis to review the service with the person in charge. The person in charge had worked in this senior role in this centre since 2017. The person in charge works on a full-time basis in the centre and was aware of the regulatory requirements of the role and the needs of each resident. She is supported in her role by a clinical nurse manager.

The systems in place to monitor the quality and safety of the service were not informing necessary improvements. For example, an infection prevention and control audit completed in June 2021 identified the need to ensure effective hand hygiene facilities by installing appropriate hand hygiene sinks and effective cleaning procedures by appointment of designated skilled cleaning staff. These necessary actions to protect residents from risk of infection were not completed and cleaning in the centre was not carried out on the day of inspection. In addition the findings regarding fire safety, discussed under regulation 28 in this report did not provide

The findings from this inspection supported that there were inadequate staff available to ensure residents were protected from risk of infection and to ensure residents had access to meaningful social activities. This had already been identified and was risk assessed with controls in the form of staff recruitment in progress, but was not completed at the time of this inspection. The provider employed multi-task attendants and care assistants. Multi task attendants were assigned to cleaning, laundry or providing direct resident care roles, depending on their availability. Staff were not available to clean the centre on the day of inspection and staff providing direct care to residents were completing laundry duties as part of their role. This arrangement reduced their availability to meet residents' needs and did not ensure residents were adequately protected from risk of cross infection. The provider

ensured there was a minimum of two nurses on duty during the day but not during the night. This did not provide assurances that effective infection prevention and control (IP&C) cohorting arrangements could be implemented promptly, if residents developed symptoms or were confirmed as having COVID-19 infection.

Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents, Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of leaning identified were implemented. All incidents were notified to the Health Information and Quality Authority as required by the regulations.

An effective complaints' procedure was in place and included a regular follow-up process completed by the person in charge with complainants to ensure they ongoing satisfaction with the service. Residents' feedback to the inspector confirmed their good levels of satisfaction levels with the service.

Regulation 15: Staffing

There was an insufficient number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre, as evidenced by findings on the day of inspection:

- there was inconsistent supervision of residents in the communal sitting room as the staff member supervising was also involved in assisting residents out to use the toilet.
- staff were not available to provide opportunities for meaningful recreational activities and occupation for residents on the day of inspection.
- no cleaning staff were provided on the day of the inspection.
- care staff were required to carry out laundry duties in the absence of a designated laundry staff member. This reduced the time they had to provide care for residents and posed a risk of cross infection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills to meet the needs of the residents in the

centre.

Staff were supervised appropriate to their roles.

Judgment: Compliant

Regulation 21: Records

A record of the annual fire detection and alarm system certificate and the annual emergency lighting certificate were not available in the designated centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Oversight of the quality and safety of the service by the provider was weak as evidenced by the following findings;

- The management systems in place for identification of risks in the centre required improvement to ensure fire safety and infection prevention and control risks were identified, risk assessed and controls put in place to mitigate these risks occurring as discussed under regulations 27 and 28.
- assurances that residents' safe evacuation, containment of fire, smoke, fumes and accurate information regarding compartmentation were not available in the event of a fire emergency in the centre
- records required to be held in the centre and made available for inspection were not held in the centre. This is detailed under regulation 21.
- the monitoring system in place was not informing continuous quality improvements. For example, action plans were not consistently developed identifying the areas needing improvement, the persons responsible and completion timescales. Therefore, evidence of completion of actions identified as needing improvement was not available.
- Adequate cleaning, laundry and activity staffing resources were not provided to ensure the effective delivery of care and service in accordance with the centre's statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose did not provide details of the person who will deputise during an absence of the person in charge.

The information in the centre's statement of purpose regarding the arrangements for residents to engage in meaningful social activities, hobbies and leisure interests was not reflective of the inspection findings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed. Arrangements were in place to ensure complaints were documented, investigated and the outcome communicated to complainants. Three complaints were documented for 2021 and the satisfaction of complainants was confirmed. An appeals procedure was in place for referral of complainants, if not satisfied with the outcome of investigation of their complaint by the designated centre's complaints officer.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that residents were well-cared for and were comfortable and relaxed in the centre. Residents enjoyed good access to meaningful and varied social activities facilitated by the activity coordinator on three days each week. However, their access to meaningful social activities that interested them on the other four days each week needed improvement. Although no residents were affected by COVID-19 infection to date in the centre, resources were not provided to ensure the centre was consistently cleaned to a high standard to ensure residents' risk of infection was effectively mitigated. The absence of an environmental cleaning programme by a skilled dedicated cleaning staff team did not provide assurances

that residents were protected from risk of infection in the centre. This finding was not in line with infection prevention and control standards and public health guidance for protecting residents from risk of COVID-19 infection. The measures in place to protect residents from risk of fire were not adequate. The provider was required to take urgent action to ensure residents' safety in the event of a fire in the centre.

Overall the layout and design of the centre met residents' needs. Residents' accommodation was provided on ground floor level in 18 single bedrooms, each with a sink but none had en suite facilities and six twin bedrooms, four of which had full en suite facilities and two had an en suite toilet and wash basin. There was adequate communal washing and toilet facilities to meet residents' needs. Although, single bedrooms met the floor space required by the regulations, they were small in size. However, each resident had adequate storage facilities, could access their wash basin and had a comfortable chair provided to rest on if they wished. Ceiling hoists were fitted in these bedrooms negating need to bring a mobile hoist into these rooms.

The provider had taken some actions to protect residents from risk of COVID-19 infection, including reducing twin bedrooms to single occupancy to reduce risk of possible cross infection of two residents in twin bedrooms. However, the measures in place were ineffective in the absence of regular environmental cleaning and adherence to recommended best practice infection prevention and control procedures in the centre. The absence of regular cleaning and recommended cleaning procedures in the centre resulted in some areas of the centre being visibly unclean and posed a significant risk of cross infection to residents. Although, staff were observed to consistently and appropriately use hand gel dispensers located throughout the centre to complete frequent hand hygiene, sinks provided for hand hygiene were not in line with recommended standards. In the absence of these facilities, effective hand hygiene procedures were not assured. The inspector's findings are discussed under regulation 27: Infection control in this report.

In the absence of emergency evacuation drills simulating night-time conditions in the centre, adequate assurances regarding residents timely evacuation to a place of safety in the event of a fire during this period were not available. The effectiveness of measures in place to contain fire, smoke and fumes in the event of a fire in the centre was also not assured. Clarity regarding compartment boundaries was required to inform emergency evacuation procedures. The provider was required to take urgent action to provide the Chief Inspector with assurances regarding residents safety in the event of a fire in the centre.

Residents were provided with good standards of nursing and health care to meet their needs. This optimised their continued good health and wellbeing. Residents care plans examined were for the most part reflective of their individual preferences and wishes regarding their care and supports. Information regarding care plan reviews needed improvement to reference this collaborative process and to ensure residents' consent regarding the care prescribed to meet their needs. Residents had access to a general practitioner (GP) of their choice and a GP visited them regularly in the centre. In addition, medical cover was also available if residents became

unwell outside of regular working hours. Good care standards provided for residents was also reflected in the low numbers of residents falling, developing pressure related skin ulcers or residents losing weight unintentionally. Accidents and incidents were appropriately managed and effectively responded to with multidisciplinary input. Staff were familiar with residents' needs and were observed to provide care in line with residents' assessed needs.

While residents' rights were respected in the centre, their opportunities to engage in meaningful activities were confined to three days each week when the activity coordinator was on-duty. Access on the other four days was dependant on care staff availability. However, the records available of the social activities residents engaged in, the inspector's observations and feedback from residents confirmed that this arrangement did not provide residents with adequate opportunities to access social activities that interested them and did not optimise their quality of life in the centre.

Regulation 11: Visits

Indoor visiting for residents by their families had resumed in line with public health guidance for residential centres. The centre had arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the designated centre met residents' individual and collective needs. The centre premises was well-maintained. Not all bedrooms had en suite toilet and shower facilities but shared toilets and shower/bath facilities were located within close proximity along corridors.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control in the centre was not in line with the national standards and other national guidance as follows;

- Some clinical hand hygiene sinks in the centre did not conform with Health Building Note 00-10: Part C requirements including some sinks observed in

residents' bedrooms and as such did not facilitate effective hand hygiene procedures.

- several used containers of personal hygiene products and solutions were observed in an en suite toilet/shower in a vacant bedroom that had been cleaned and in a shared bathroom/toilet. Use of these items by more than one person posed a risk of cross infection.
- equipment used by residents and examined by the inspector appeared visibly clean, however, a system was not in place to ensure equipment was cleaned after each use.
- the bedpan washing machine in the sluice room was leaking and discoloured fluid had spilled along the floor. There was a significant malodour in the room.
- storage of boxes on the floor in a storeroom compromised effective cleaning of this area.
- equipment including three floor cleaning buckets were on the floor, one contained stale water. The surfaces of the cleaning buckets were stained and the areas around the wheels were rusted and therefore could not be effectively cleaned. The inspector was told that cleaning trolleys were not used in the centre for transporting cleaning equipment. The inspector was also told that although staff changed mop heads, they did not change the water/cleaning solution after cleaning each bedroom. This information did not provide assurances that cleaning in the centre was in line with evidence based cleaning procedures and posed a significant risk of cross infection.
- work surfaces including the hand hygiene sink and the sluice hopper in the cleaner's were unclean and stained. Supplies of hand towels and toilet rolls for distribution and use throughout the centre were stored on open shelves in the cleaner's room. This posed a risk of cross infection.

Judgment: Not compliant

Regulation 28: Fire precautions

Assurances regarding residents' timely evacuation to a place of safety and effective containment of smoke, fumes and fire in the event of a fire emergency in the centre were not available due to the following findings;

- there was incomplete intumescent/cold sealing observed on the door of a twin bedroom occupied by one resident.
- compartmentation in two areas for the purposes of containment of fire, smoke and fumes was not clearly reflected on the floor plan displayed to advise on the evacuation procedures to be followed in the event of a fire in the centre.
- the emergency evacuation drill records available did not provide assurances regarding timely and safe evacuation of residents in the event of an fire emergency during night time conditions.

The provider was required to take urgent action to provide the Chief Inspector with

assurances regarding residents' safety in the event of a fire in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were regularly reviewed and updated as their needs changed and staff confirmed that this was done in consultation with residents or their families on their behalf, as appropriate. However, records regarding these discussions and changes made were not consistently maintained.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training on safeguarding residents from abuse. Staff were knowledgeable regarding safeguarding residents from abuse and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Assurances that residents were facilitated to access meaningful social activities that met their interests and capabilities were not adequate due to the following findings;

- There were minimal meaningful, person-centred activities appropriate to the resident profile, their interests and capacities available on the day of inspection. Staff told the inspector that structured social activities were not facilitated on the four days that the activity coordinator was not working in the centre. This concurred with the inspector's observations, residents' feedback and examination of the records of social activities that residents individually participated in. The inspectors' observations and feedback from residents is discussed in part 1 of this report.
- Individual resident's records of the social activities they participated in did not reflect their level of engagement and therefore did not give assurances that these social activities met their interests and capabilities.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0033998

Date of inspection: 31/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: <i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>Staff resident ratios are calculated on a standard norm per bed and skill mix between Nursing/HCA.MTA. Bed occupancy is related to the number of staff available on the roster. All vacant posts have been identified and approved for replacement and recruitment is in progress.</p> <p>Additional care staff are in the process of being recruited in line with staffing norms referred to above.</p> <p>The standard protocol for staff supervising residents in communal sitting room is to use call bell to call for staff on the floor to assist residents out to toilet so they can remain in a supervisory capacity in sitting room at all times. Communal sitting room is staffed from 9.30am to 9.30pm , 7 days a week</p> <p>Staff are dedicated to cleaning duties on a daily basis. Cleaning staff will now be identified in a separate hygiene roster replacing the existing practice of individual Multitask Attendants designated to cleaning duties in overall duty roster.</p> <p>Laundry rota has been developed and specific staff are identified daily on the duty roster to carry out laundry duties. Laundry will be carried out when care duties are completed and staff will adhere to a standard protocol in terms of PPE and Hand Hygiene.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Annual Fire Detection and Alarm System Certificate and Annual Emergency Lighting</p>	

Certificate were on site however due to IT issues could not be produced on the day. These were forwarded to HIQA as requested post inspection.

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:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Risk register has been reviewed and fire safety and infection prevention and control risks have been analysed, evaluated and actions needed to reduce any risks have been identified and put in place.

The CHO2 IPC department has carried out a full audit of IPC in Aras Mhathair Phoil. All actions have been completed other than the hygiene sinks which were being acquired by CHO2 maintenance department. 1 A competent fire door authority has been engaged to carry out an inspection of all fire doors to ensure they will effectively contain smoke, fumes and fire and any findings will be actioned to ensure residents are adequately protected in the event of a fire including the procurement of new fire doors if required.

A detailed fire plan identifying compartment boundaries is now available in the unit. Fire Evacuation Drills are practiced routinely in the unit at minimum of two monthly intervals and include a range of night and daytime scenarios so residents can be safely evacuated at all times of the day as per HIQA Fire Safety Handbook. Fire evacuation drill completed on 1st September 2021 in the largest compartment with night time staffing levels. Dependency level of each resident and evacuation method use recorded. Simulated fire drills will continue to increase learning and reduce evacuation times. A record of Annual Fire Detection and Alarm System Certificate and Annual Emergency Lighting Certificate are available on site. There is a regular programme of audits in place and this will continue.

Action plans will be developed following all audits to identify areas needing improvement, the person responsible and timeframe for completion to ensure evidence of completed actions. Audit results will be disseminated to and discussed with staff. There are now dedicated staff and clear rosters for cleaning, laundry and activities.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Paragraph 4 on page 13 of Statement of Purpose provides details of the person who will deputise during an absence of the person in charge.

All activities listed in Statement of Purpose are available. The Statement of Purpose makes no reference to the frequency of the listed activities.

Staffing is being recruited to ensure activities are available six hours a day on a seven day basis.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Clinical hand hygiene sinks were in the process of being replaced by and this will be completed by 31st December 2021.

Personal Hygiene products have been removed from shared bathrooms and are allocated to individual residents. Reminder notices to desist from this practice have been reissued to staff.

Clinical Clean Indicator Notes have been ordered which will be used to confirm equipment has been cleaned after each use. Bedpan washing machine has a regular six monthly service contract but had sprung a leak on the eve of the inspection. This had been reported to the company and was repaired on the evening of the inspection. Maintenance are installing extra shelving in store room to avoid storage of boxes on the floor.

Flat mopping system for cleaning is in place and training for staff on use of same is underway. This will remove the requirement to change the water/cleaning solution between each bedroom and the requirement for buckets.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

A competent fire door authority has carried out an inspection of all fire doors to ensure they will effectively contain smoke., fumes and fire and any findings will be auctioned to ensure residents are adequately protected in the event of a fire..

A detailed fire plan identifying compartment boundaries is now available in the unit.

Fire Evacuation Drills are practiced routinely in the unit at minimum of two monthly intervals and include a range of night and daytime scenarios so residents can be safely evacuated at all times of the day as per HIQA Fire Safety Handbook. Fire evacuation drill completed on 1st September 2021 in the largest compartment with night time staffing levels. Fire Evacuation Drills are ongoing and continuously seeking to reduce evacuation times. Dependency level of each resident and evacuation method use recorded.

The urgent action notice was responded to within the deadline stipulated.

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

Care plan review sheet will be updated to include a comment box to record discussions with residents and their families and any changes made.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Additional staff will be recruited to ensure activities based on a structured daily programme are provided six hours per on a seven day basis.

Residents records on social activities will be updated to include level of participation to ensure activities met their interests and capabilities.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/06/2022
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.	Substantially Compliant	Yellow	01/09/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	01/05/2021

	effective delivery of care in accordance with the statement of purpose.			
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	01/03/2022
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.	Not Compliant	Orange	31/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Not Compliant	Orange	01/09/2021

	placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2021
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 family.	Substantially Compliant	Yellow	15/10/2021
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	15/01/2022