



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

Issued by the Chief Inspector

Name of designated centre:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Leigh Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 November 2022
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0037161

About the designated centre

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

The Community Hospital of the Assumption is a modern facility located on the outskirts of Thurles town. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 60 residents. The service provides continuing care for people over 18 years of age across a range of abilities from low to maximum needs. The service also has facilities to provide respite, palliative and rehabilitative care. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. The service provides on-site pharmacy services and a medical officer is in regular attendance. Regular arrangements are in place to provide residents with an activation programme and a number of communal areas are provided throughout the centre for use by residents and visitors. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 14 November 2022	11:10hrs to 17:45hrs	Catherine Furey	Lead
Tuesday 15 November 2022	08:30hrs to 15:45hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff who were kind and caring. The inspector met with many of the residents living in the centre on the day of inspection and spoke with six residents in more detail. Residents were unanimous in their positive feedback regarding their life in the centre. Residents told the inspector that they were very content. One resident told the inspector that "the staff are angels" and another described staff "helping in any way they can".

On arrival, the receptionist guided the inspector through the centre's infection prevention and control procedures before entering the building. On the first day of the inspection, the person in charge was on planned leave, and the assistant director of nursing was deputising in her absence and facilitated the inspection. The person in charge attended on the second day. The assistant director of nursing accompanied the inspector on a walk around of the centre. The centre was warm and very clean throughout and there was a relaxed and friendly atmosphere. During the walkaround, the inspector saw that staff were assisting residents with their individual needs in an unhurried manner. It was evident to the inspector that the management and staff knew the residents and their care needs well.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Community Hospital of the Assumption is a single-storey centre located on the outskirts of Thurles in Co. Tipperary. The centre is registered for 60 beds, and there were 45 residents in the centre on the day of inspection. The centre is divided into three distinct units. Unit A has 17 beds, of which one is a long term care bed. The remaining 16 beds are a combination of short-stay and rehabilitation beds. Unit B has 25 beds, of which two are dedicated palliative care beds, and Unit C has a total of 18 beds, including 2 respite beds. Bedroom accommodation is provided in single rooms and three-bedded rooms. Inspectors observed that the privacy and dignity of the residents in the multi-occupancy rooms on each unit was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Rooms were seen to be decorated with residents' personal possessions and photographs. Bedrooms also had comfortable seating for residents and their visitors.

There was plenty of communal spaces throughout the centre. Each unit had

dedicate sitting rooms, and a central dining room was available nearby for all residents to use. These areas had been recently decorated and provided a homely environment for residents to sit and relax, or enjoy their meals. These rooms contained activity supplies, books, board games and DVD's for residents to enjoy. One resident told the inspector that she was involved in the design of one of the rooms, and she appreciated staff allowing her to have this input. Other areas of the centre included a hairdressing room and a bright oratory. These were regularly used by residents. Staff showed the inspector a new addition to the communal spaces in the centre; a dedicated therapy room, which was designed to maximise sensory experiences through the use of lighting, décor, comfortable furnishings and a music system with access to online music streaming. This room was being used by the staff who were designated to provide "Imagination Gym" therapy for residents with dementia. Staff kept a record of which residents reacted positively to these sessions and those who it did not suit. The inspector saw residents using this area throughout the inspection. There was access to external courtyards from each unit and these areas were well-maintained with flowers and shrubs. Residents and families could walk through the areas on secure paths which were also wheelchair-accessible.

While the communal and bedrooms areas were well-maintained and tidy, storage spaces on each unit continued to require some input to ensure that items currently in use, and those in storage were clearly segregated. This is discussed further in the Quality and Safety section of the report.

On the day of inspection, a resident had been confirmed as COVID-19 positive. The inspector saw that appropriate transmission-based precautions were put in place for this resident. The inspector saw that staff had access to personal protective equipment as required and appropriate signage was in place to direct staff and visitors. Staff were observed to use PPE appropriately during the inspection. Visiting continued in the centre and a number of visitors were seen coming and going during the day.

Residents spoken with were complementary regarding the food on offer. This was supported by the observations of the inspector as the inspector saw that food was attractively presented, and residents requiring assistance were assisted appropriately. Tables in the dining room were set with crockery, cutlery and vintage placemats, in a home-from-home style, however the dining experience on each of the units was less of an occasion, as the sitting rooms were also used as dining rooms, and some residents were seen having their meals on the corridor, despite there being a number of vacant tables in the main dining room. The inspector saw that residents were offered snacks and drinks throughout the day. Meals were served from hot and cold trollies to all areas of the centre to ensure the temperature was maintained during travel from the main kitchen.

There was a varied schedule of activities on offer during the week. This was led by dedicated staff. These included flower arranging, baking, newspaper reading, and bingo. External musicians also attended the centre regularly. The inspector saw that a number of residents had one to-one activities in their rooms as well as group sessions. The inspector saw many of the art and craft projects undertaken by the

residents in the centre such as a creation of autumn flower arrangements, and artwork displayed on the walls. Photographs of residents past and present could be seen in the units and residents were facilitated to take small group outings. Mass was held once a week in the centre. Residents surveys showed a high level of satisfaction with the current activities on offer in the centre.

Capacity and capability

Overall, the inspector found that there were effective management systems in the centre to ensure that residents were provided with good quality care. The registered provider demonstrated good adherence to the regulations. However, action was required to strengthen some of the systems in place in relation to staff records, contracts of care and the notification of incidents.

This unannounced inspection was carried out over two days, following receipt of an application by the registered provider to renew the centre's registration. The centre has a history of good compliance with the regulations and this was echoed in the findings of this inspection. The provider was responsive to issues as they arose during the inspection, and was proactive in offering solutions to achieve compliance.

The registered provider of this centre is The Health Service Executive (HSE). The area general manager for older person's services represents the provider for regulatory matters, and visits the centre regularly to engage with the person in charge and wider staff group.. There is a clearly defined management structure in place. Within the centre, the person in charge has overall responsibility for the daily delivery of care and support to residents. She works full-time in the centre and is supported by two assistant directors of nursing and a team of clinical nurse managers, night duty managers and nursing staff. Multi-task attendants provide direct care and are also assigned to domestic duties and activity provision. There was evidence of good communication through clinical governance meetings, and quality and safety meetings, which discussed all areas of the service provided to residents. There was a system in place to ensure that the service was consistently monitored, including the collection of key weekly clinical data to inform a regular schedule of audits. A new electronic auditing system was being implemented in the centre, with key personnel having received training in its use. Audits were regularly completed for important areas such as falls, restraint, infection control and medication management. The person in charge and management team maintained a suite of centre-specific policies and procedures which guided staff in their various roles and responsibilities. These policies were seen to be up-to-date with relevant national and international guidance and recommendations.

The registered provider had ensured adequate staffing resources were in place to meet the assessed needs of the residents resident on both long-term and short-term basis in the centre. The person in charge outlined that the registered provider had voluntarily decided to reduce total occupancy by four beds, which they retained for

isolation purposes. The person in charge provided assurances that staffing levels were monitored and adjusted according to residents assessed needs and occupancy in the centre. Requested records were made available to the inspector and overall, records were well maintained and the provider had a system in place to keep records safe and accessible. The provider ensured that safe and effective recruitment practices were in place. Files of staff members were reviewed and found to contain all documents as required by the regulations including An Garda Síochána (police) vetting disclosures. As identified under regulation 21: Records, oversight of staff references required strengthening.

Staff were knowledgeable of each resident's individual needs. There was a programme of training available to staff in the centre and uptake of training was monitored by the management team. A training matrix was available to the inspector to review. Good practice was seen in relation to fire safety training and infection control which were fully completed, and domestic staff had completed comprehensive training in best-practice methods of cleaning and decontamination. As outlined in the Quality and Safety section of the report there were gaps in the records for staff training in safeguarding of vulnerable adults. There was a structured programme of induction available for all newly recruited staff and there was adequate staff supervision in place.

Incidents and accidents which occurred in the centre were documented in accordance with the HSE incident management policy. Records reviewed by the inspector identified a good level of detail, including the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again. One incident that required notification was not submitted to HIQA as required.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas, speaking with staff and residents, and observations during the inspection. The inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to a range of training courses appropriate to each staff member's role. there was a system of induction in place for new staff and staff were seen to be appropriately supervised in their assigned duties.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre which contained all of the required information as outlined under Schedule 3 of the regulations

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector. In one file, the record of employment was not complete, and did not correlate with one of the written references supplied. Additionally, a written reference from the staff member's most recent employer was not in place. The reference was made available on the second day of inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had effected an annual contract of insurance against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality and safety of care delivered to residents in 2021 had been completed by the person in charge. While this review set out general quality improvement initiatives for 2022, it was not prepared in consultation with the residents and their families, and was not made available to residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

In two of the three contracts of care reviewed, the terms related to the bedroom to be provided to the resident, including the number of other occupants of that bedroom were not stated.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident logs e injury to a resident which required immediate medical attention had not been submitted to HIQA, as required under Schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents were in receipt of a high level of medical and nursing care and this inspection found an increase in the level of social engagement afforded to residents. However, some improvements were required in respect of infection control procedures, consultation with residents, and to ensure all residents had sufficient choice at mealtimes.

The centre was large, warm and comfortably furnished. Each resident had access to suitable toilet and bathroom facilities. The design of the premises was homely and a programme of regular proactive maintenance was in place. There had been ongoing improvements with the decor particularly in the communal areas providing a stylish appearance. Overall, the main areas of centre were found to be very clean. As previously outlined, equipment storage was an ongoing challenge for the centre, and the current storage arrangements did not sufficiently mitigate the risk of cross-infection between dirty and clean items. The centre's deficits in relation to infection prevention and control were generally centred around premises and equipment issues, as discussed under regulation 27: Infection control. There were good practices observed in relation to hand hygiene and the wearing of personal protective equipment (PPE). The centre had successfully managed a COVID-19 outbreak with the guidance of the public health department. Staff, visitors and residents continued to be regularly screened for signs and symptoms of COVID-19. Training modules in relation to infection prevention and control were up-to-date for all staff.

The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. The registered provider has significantly improved the level of activities on offer for residents, which included dementia- specific therapies and interactions. Staff had attended training

specific to this role and were implementing this learning through a new activities programme across all units. Residents were involved in a variety of different activities and local outings had taken place in small groups.

Good practice continued to be seen in relation to resident assessment and care planning. The inspector found that residents needs were routinely and appropriately assessed and this information incorporated into resident-specific plans of care. Residents were provided with a high level of evidence-based healthcare in the centre. There was good access to medical and other healthcare professionals including speech and language therapy and physiotherapy. Dietetic services has been secured since the previous inspection and many residents had been reviewed by the dietitian. Overall medication management practices were good. There was a strong system in place in relation to the oversight of medications from the pharmacy. There was evidence of regular medication reviews with the GP.

Systems were in place to promote safety and effectively manage risks. The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

The centre utilised the HSE's National Safeguarding policy and had prepared a centre-specific guidance document to support the national policy. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. The inspector verified that there was secure systems in place for the management of residents' personal finances. The registered provider was acting as a pension agent for 7 residents and the arrangements in place were in line with the Department of Social Welfare Guidelines. When required, residents were supported to access independent advocacy services. While these overall measures were in place to safeguard residents from abuse, training in relation to the detection, prevention and responses to abuse was overdue for a number of staff, as outlined under regulation 8: Protection.

The inspector found that residents were generally enabled to make choices about their day-to-day life in the centre, however this choice did not fully extend to all residents, for example, not all residents had sufficient menu choice, as outlined under regulation 18: Food and nutrition. Inspectors saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. The inspector viewed menu sheets which were delivered daily to the main kitchen. These did not contain sufficient detail in relation to the level of modification required. These were rectified on the day of inspection to clearly identify each residents' needs and preference for

meals.

There was evidence that resident meetings had begun to take place again after a long period during the COVID-19 pandemic where these had been suspended. The inspector found that there was unnecessarily long delays in acting on residents feedback from satisfaction surveys, as outlined under regulation 9: Residents' rights.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Records showed that additional storage facilities had been made available when requested. Residents informed the inspector that they were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

Judgment: Compliant

Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. Residents' personal wishes at end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and was generally very well-maintained both internally and externally. A range of assistive equipment was available to residents and residents had suitable bedroom accommodation and communal space.

Judgment: Compliant

Regulation 18: Food and nutrition

Notwithstanding the high quality of the food provided, not all residents were offered choice at mealtimes. For example, on the day of inspection, residents who required diets of a modified consistency such as puréed, were given no option to choose from the two main courses on offer, and were all served the same meal.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to residents. Information in the guide was up to date and accurate. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Systems were in place to ensure that residents were discharged from the centre in a planned and safe manner. Inspectors reviewed transfer documentation that provided evidence that all pertinent information about the resident was provided to the receiving facility. A detailed transfer letter was used to capture relevant details. Additionally, an intra-hospital transfer form was used to identify any infection control-specific information. On return to the centre following a temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

Some improvement was required in order to ensure that the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example all of the following could lead to cross contamination:

- Flooring in a number of areas was deeply scuffed and worn, and therefore effective cleaning and decontamination could not be assured
- A shower drain in an ensuite was unclean, with an evident build up of grime. It is important that staff dedicated to cleaning are aware that these areas can harbour bacteria and area source of cross-contamination
- Dirty utility "sluice" rooms were used to store a number of clean items including commodes, bins, and laundry trollies. Sluice rooms are high-risk and not suitable for storage of excess equipment
- The regime in place to mitigate the risk of Legionella bacteria, by flushing of infrequently used water outlets could not be assured, as not all vacant outlets were included in the sign-off paperwork. Additionally, an unused bath in one unit was being used to store excess equipment, thereby not allowing for the outlet to be flushed according to the Legionella protocol.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. At full capacity, the largest fire compartment could contain eighteen residents. The person in charge confirmed that three of these beds had been kept vacant during the COVID-19 pandemic and that occupancy did not go above 15 residents. Simulated evacuation drills of this area were conducted at regular intervals and simulated various

emergency scenarios. A full compartment drill had not been conducted since May 2021, and this was planned for the next simulated drill.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Medicines were directly prescribed by the centre's medical officer who also signed when any medicine was discontinued. There was an in-house pharmacy store which was managed by the centre's pharmacist. There were strong policies in procedures in place in relation to the storage and control of medications in the centre. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they accurately described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following assessment of a resident's clinical, social and psychological needs using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessment and treatment by the centre's medical officer. Referral pathways were in place to geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a regular basis. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: Compliant

Regulation 8: Protection

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents from abuse, by ensuring that all staff had completed mandatory training in relation to the detection, prevention and responses to abuse. The training matrix supplied to the inspector identified that a number of staff across all various departments and grades had not completed this training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The system of consultation with residents required strengthening, to ensure that all residents, or their representative where required, were consulted about and participate in the organisation of the centre;

- A resident satisfaction survey was undertaken in February 2022, however this was not completed by all residents; staff told the inspector that it was given to a selection of residents on each unit or their family member. The person in charge outlined that these surveys were sent to an external Quality and Risk department, and results were not received by the centre until seven months later in September 2022.
- A review of these surveys showed that there were some actions remaining outstanding, for example, residents had stated that they were unhappy with the timing of the evening meal, however there was no record of this being acted on. Another resident had requested additional storage in their room and documentation showed that this had not been provided.

As outlined under regulation 18: Food and nutrition, not all residents were afforded sufficient choice in relation to their meals.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially

Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0037161

Date of inspection: 15/11/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Action to be completed : An audit of staff files will be completed by end of February 2023 to ensure all documentation is available and that any gaps in information have been addressed. With new appointees to our service, we will ensure their files are complete, ensuring all references and employment history are in place to include most recent employer.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Action to be completed: The annual review will be completed in compliance with Regulation by year end 2022. This will be developed in consultation with the residents/families as necessary, and will be made available to all residents/families, within each ward area.</p>	
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</p>	

provision of services:
 Action completed :
 The Contract of Care has been amended to include the number of residents within each bedroom unit. All current Contracts of Care for the residents will be amended also to meet Regulatory compliance

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Action completed :
 The Community Hospital of the Assumption will notify HIQA of all relevant incidents in line with Regulation.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 Action to be completed :
 The Food and Nutrition working group will meet early January 2023 and decision has been agreed to review the Supper Meal times, as indicated in the Residents feedback questionnaire. The proposal will be to collect the Supper trolley from the main kitchen from 16.30hrs and supper for the residents from 16.45hrs. Unit staff and main kitchen staff engagement is necessary to ensure agreement and communication with the residents to ensure their satisfaction with the revised process.

It has been agreed within the Community Hospital of the Assumption, in consultation with the Catering Manager to ensure a choice is available every day for residents who require modified/pureed diet. This will be agreed in consultation with Catering and Unit staff and communication is essential between both departments to ensure residents are informed of and given a choice, as per Regulation. This had already been highlighted and minuted within the Nutritional working group.

Regulation 27: Infection control	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Actions completed :</p> <ul style="list-style-type: none"> - Clean storage areas have been identified within each of the 3 ward areas for storage of equipment ie: laundry skips, clean commodes. A communal bathroom in each area, no longer used by the residents will be re-configured by the Technical Services team and this work will be completed Jan 2023. --IPC advisor will attend on site visit week commencing 19th December to review the proposal before final sign off. <p>All staff have been made aware of the necessity to ensure the shower drain outlets and cleaned regularly as per the daily cleaning process. A revision of the Flushing templates is underway to ensure every outlet has been identified to mitigate against the risk of Legionella bacteria buildup in the pipes. Quotations are awaited from Contractors to re-configure the bathroom in Unit A Rehab Unit, to remove the bath and install a walk in communal shower. Additional storage space is now available off the unit for excess equipment and furniture, as these had been stored in the bathroom, in the short term. A large quantity of excess PPE had recently been returned to Central Stores so to provide essential storage space internally. All floors will be replaced and repaired early January 2023 as awaiting suppliers to fit same.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Action completed :</p> <p>All staff have been advised to complete Safeguarding training to ensure full Regulatory compliance. Small number of Staff have been identified and to submit their certificate once the training has been completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Action completed :</p> <p>The resident's satisfaction questionnaire was completed in February 2022 and the questionnaire report was not returned back until September 2022. Findings and report were analyzed externally via the Quality, Risk and Safety Department. Quality Improvement Plans were developed in each area on receipt of the findings. To date this has been completed on an annual basis.</p> <p>Action to be completed:</p>	

From 2023, the resident's satisfaction questionnaires will be completed twice yearly as part of the expansion plan with ViClarity Audit Systems. This will have easier access and visibility of the findings for the auditors and enable management and staff to address any issues, in a more timely and efficient manner.

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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/01/2023
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	28/02/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d)	Substantially Compliant	Yellow	31/12/2022

	is made available to residents and, if requested, to the Chief Inspector.			
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, 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.	Substantially Compliant	Yellow	20/12/2022
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	28/02/2023
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	Substantially Compliant	Yellow	20/12/2022

	the incident within 3 working days of its occurrence.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/12/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2023