



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

Issued by the Chief Inspector

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	05 April 2022
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0036643

About the designated centre

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

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are three-bedded rooms. Assisted showers toilets and bathrooms are across the corridor. Communal space includes a dining room and sitting room and a sensory room. Residents have access to an enclosed garden with panoramic views of the valley and countryside. All bedrooms open onto a veranda. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18, long-term residents and palliative care to older people with dementia. The centre provides 24-hour nursing care and medical care is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 5 April 2022	09:30hrs to 17:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, it was clear that residents were treated with patience and kindness in this centre and that their rights were respected. The inspector spoke with all residents during the day and also spoke with a group of relatives who had been scheduled to attend a relatives' meeting. While not all residents met with were able to tell the inspector their views on the care setting in great detail, a number of them said that they were satisfied with the care and service provided. The inspector also met a number visitors who were visiting their family members at various times throughout the day and they were very complimentary of the service and care provided. They described staff as "very good" and said that compassionate visiting was always allowed. The effect of the visiting restrictions associated with the national pandemic of COVID-19 were described as "a very difficult time".

The inspector arrived unannounced to the centre and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask and temperature check. Following an opening meeting with the Clinical Nurse Manager 2 (CNM2) and the person in charge, the inspector was accompanied on a tour of the premises. The centre consisted of one detached unit within a large campus of over 100 acres in Sarsfield's Court, Glanmire. The buildings on campus were reflective of the era, having been built in the mid 1900's. Efforts had been made over the years to improve the lived experience of residents in the designated centre, thereby creating a less institutional, more homely environment overall. Currently there were five three bedded rooms and one single room available to residents. Toilets and showers were shared and located across the hall from the bedrooms. These had been redesigned and appropriately decorated. There were 10 residents living in the centre on the day of inspection.

Residents and their relatives spoke positively about the additional bedroom space available to them since the rooms had been reduced from six beds to three in the last couple of years. They said "it was like a hotel". Residents were happy that their photographs and personal items had been placed near their beds and new larger wardrooms with integrated lockers had been purchased for their personal effects. The inspector observed that the rooms had been reconfigured since the extra beds had been removed and residents now had a coffee table and three chairs in one corner of the room, which staff said was a nice space for relaxation or visiting. Each bedroom and communal room opened on to the external veranda and well-kept gardens where adequate sitting spaces were provided. Flower boxes were located at various intervals along the veranda, which had been repaired and newly painted.

One resident spoken with said that he felt safe in the centre and he was heard to chat freely with staff who were seen to have established a good relationship with him. One resident said that she had all the care and comfort she required. The inspector observed during the inspection that residents were encouraged to

continue to go out for drives with family and friends to maintain social contacts and mental wellbeing. This family and friends contact was seen to be supported by social care plans based on residents' life stories to date. Relatives stated that outdoor visits added to residents' sense of autonomy and they felt that their needs were acknowledged and respected by the inclusion of family in care planning. Meals were nicely presented and served from the kitchen on the unit, having been prepared in the kitchen on the main campus. Menus were displayed and the meals were stated to be tasty with appropriate portions seen to be served. Every evening there was an additional late tea round at 7pm which provided hot milk, sandwiches, tea, or biscuits before bed.

The inspector observed that staff maintained a calm atmosphere when attending to residents' needs. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability.

Throughout the centre visiting was undertaken in line with the Health Protection Surveillance Centre (HPSC) 'COVID-19 Normalising Visiting in Long-term Care'. Visitors were seen coming and going all day. They were guided by staff to follow the infection control rules set out to prevent the spread of any infection. Visitors were known to staff who welcomed them and actively engaged with them at the planned relatives' meeting. A staff member was seen to carry out screening procedures for COVID-19 for each visitor. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were now defined and clearly set out. The management team had been proactive in responding to a number of findings on previous inspections, particularly in relation to the reduction in the number of residents in multi-occupancy rooms, the required renovations and the appointment of a full time person in charge of Unit 1. Consequently the provider had applied to remove the condition placed on the registration relating to compliance with the regulations on person in charge. Nevertheless, further improvements were required in the provision of staff training and the maintenance of records in this section of the report, and in aspects such as premises, fire safety and infection control as highlighted under the Quality and Safety dimension of the report.

There was a senior HSE manager nominated to represent the provider, which was the Health Service Executive (HSE). This senior manager liaised with the management team in the implementation of the required changes and attended a

feedback meeting during the inspection. This support was welcomed by the local management team. The person in charge had responsibility for the day-to-day operational management of the designated centre. Other managerial supports include a CNM1, a CNM2 and a CNM on night duty.

The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time over the last two years while trying to protect residents from the virus and supporting them at times of visitor restrictions. They were satisfied and happy that they had been successful in keeping the designated centre relatively COVID-19 free.

The inspector saw evidence of a good level of preparedness in the event of an outbreak of COVID-19. There was a comprehensive COVID-19 emergency plan in place with risk assessments in place. There was a single bedroom set aside for isolation purposes, which staff said was required to prevent onward transmission of an outbreak, particularly as all other bedrooms were multi-occupancy. Up-to-date training had been provided to staff in infection prevention and control (IPC), hand hygiene and in donning and doffing (putting on and taking off) of personal protective equipment (PPE). Household staff spoken with were found to be knowledgeable of their training and the products in use. Staff were seen to wear their masks appropriately and visitors were also offered masks for their individual protection.

The roster and the staffing levels on the day of inspection indicated that there were sufficient staff on duty to meet the needs of residents. Staff files were available and these were discussed in more detail under Regulation 21: Records.

As found on all previous inspections the management team engaged proactively and positively throughout the inspection. Residents and relatives whom the inspector spoke with were complimentary about staff and the management team. This was also reflected in conversation with relatives who described "good communication" and "regular engagement" with the person in charge and the care team in general. They felt happy that their concerns and complaints would be addressed and listened to.

There was evidence of quality improvement strategies and ongoing monitoring of the service. The annual report on the quality and safety of care had been compiled for 2021. Falls, complaints and incidents were trended for improvement. The inspector found that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. For example, the use of sedative medicine was audited as well as behaviour escalation, care planning systems and cleaning processes. Following completion of audits, there was evidence that an action plan had been developed and the issues were discussed at each management meeting.

Overall improvements had been significant and indicated a proactive and responsive approach by management to regulation and improving the daily lived experience of residents.

Regulation 14: Persons in charge

The person in charge was assigned full time to the centre and fulfilled the regulatory requirements.

She was knowledgeable of the residents, the regulations and the standards for the sector.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of the 10 residents in the centre.

An up to date staff roster was maintained and all staff present in the unit were included on the roster.

Judgment: Compliant

Regulation 16: Training and staff development

Not all the mandatory and required training had been delivered to staff.

For example:

- All staff had yet to undertake training in responsive behaviour as found on previous inspections.

This was seen to be scheduled for the days following the inspection however.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files did not all contain the required documents for inspection and were not well maintained;

These included:

- Personal identity proof for one staff member
- References for a staff member.
- An incomplete CV for another staff.

A number of these were found in additional files before the end of the inspection day and other items were found following the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place ensured that the centre was safe, accessible and effectively monitored.

- Resources had been made available to greatly improve the lived experience of residents.
- New furniture, new windows, a new clinical hand washing sink, an improved laundry room, a newly designed staff room and office as well as remote controlled blinds in the dining room gave a luxurious air to the centre.
- Residents were seen to enjoy the renovated environment and the colourful rooms and pictures.
- Clocks were appropriately placed around the walls to help orientate residents to the time for meals and so on.

The person representing the provider attended the feedback session at the end of the inspection day and demonstrated a commitment to completing the remaining renovations by September 2022. An application to vary an existing registration condition related to this matter had been received and approved by the Chief Inspector.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was up to date and contained details set out under Schedule 1 of the Regulations.

This set out how residents' care needs were to be met and the process for submitting complaints, among other regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints had been recorded and followed up.

The satisfaction or not of the complainants had been documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required to be in place under Schedule 5 of the regulations to support best practice, were seen to be well maintained and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

In Unit 1 residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The findings of this inspection were that the quality of life of residents had been enhanced due to the reduction in bed numbers in the multi-occupancy bedrooms. Additionally the bedrooms had been reconfigured and redecorated for the benefit of residents to improve the available personal space and the lived environment. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and improved opportunities for social engagement. Residents' meetings were held and surveys were undertaken which contained positive comments on the care in the centre and the staff. Staff were

seen to be knowledgeable and kind to residents. Further improvements were required however to complete the required renovations, attend to the remaining infection control issues, improve fire safety and medicine management.

Premises renovations were ongoing. The sitting room had been newly painted and contained lovely book shelves, a large TV, a clock and a variety of board games and activity items. It was decorated in vibrant contrasting but complementary colours. Similarly the dining room decor had been upgraded to a very high standard. Residents' bedrooms had been personalised with their photographs and there were large TVs available in each room. Premises issues were further highlighted under Regulation 17 in this report.

A COVID-19 contingency plan was in place and was updated in line with any new HSE guidelines. The inspector found that there was an adequate supply of PPE (personal protective equipment, such as gloves, aprons and gowns) in the centre and each bedroom now had an individual supply of PPE items in a "danicentre" located on the wall. This meant that staff had access to these items within each bedroom rather than going to the store room for stock as previously occurred, thereby reducing the risk of cross infection. Appropriate infection control signage was in place and an enhanced programme of cleaning had been developed, supported by a detailed audit tool to ensure compliance with the cleaning process. Hand sanitising gel was supplied in sealed pouches as required for best practice. The centre was seen to be very clean throughout. Household staff spoken with were found to be knowledgeable of the products in use and of the training they had undertaken. A colour coded system was in use for cleaning which meant that there were separate cloths used for bedrooms, bathrooms and general areas. This minimised the risk of cross infection. Staff in the kitchen had received appropriate food safety training. The sluice room, janitorial room and laundry room were clean and newly renovated. Further issues related to infection control were highlighted under Regulation 27 in this report.

The care plan system, held in paper form, was well maintained. Detailed documentation ensured that information about residents was accessible and the plans contained evidence of best evidence-based practice as highlighted under Regulation 5: Care planning. Residents' healthcare needs were met with good access to the psychiatric team as well as individual GPs, if that was the resident's preference. On a previous inspection access to allied health services, particularly occupational therapy (OT) was limited. However, this service was now available and OT input and guidance was seen to be documented in the sample of residents' files reviewed.

The provider had put measures in place to protect residents from any form of abuse. Staff had completed training in safeguarding vulnerable older adults and demonstrated their knowledge of this aspect of care. Systems were in place to promote safety and effectively manage risks. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date. There were contingency plans in place in the event of an emergency or the centre having to be evacuated.

Effective systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Residents had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. Fire drills were conducted on a regular basis and there was a positive focus on fire safety in the centre. The fire safety location maps required some additional revision however, as addressed under Regulation 28.

It was evident to the inspector that there had been improvements in the provision of daily activities for residents. To support this a nurse on the unit was tasked with ensuring that residents had access to meaningful activity daily. These staff members supported the activity team from the activity centre on the campus and the OT team. Mass was said in the centre on a rotational basis. Activity access was documented in individual care plans.

Regulation 11: Visits

Visitors were accommodated in a room which could be accessed from the veranda and also in residents' bedrooms where this was more suitable. Visitors complied with updated recommended guidelines.

Judgment: Compliant

Regulation 17: Premises

Premises issues outstanding included:

- Flooring in the hall and store required upgrading
- Painting of woodwork and in the kitchen area had yet to be completed.
- Blinds were required for four of the five bedrooms
- Black out blinds were required for the relaxation room
- Some rooms were still locked as found on previous inspections, for example empty bedrooms and the snoozelan (relaxation) room which would provide more walking and circulation space for residents if unlocked.
- Shower rooms were locked.

Judgment: Substantially compliant

Regulation 26: Risk management

Risks had been assessed and addressed. Controls had been put in place to minimise harm.

The risk register had been updated since the last inspection with additional risks associated with the management of an outbreak of COVID-19. There were arrangements in place for recording, investigating and learning from serious events involving residents.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues which remained to be addressed to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff.

- There was chipped shelving in the bathroom which impeded effective cleaning.
- The shower and assisted bath in one wash room was not in use as it was unsuitable for residents in the centre.
- There were 'dents' in the flooring in the reception area, caused by wear and tear and furniture damage, which was awaiting replacement: this impeded effective cleaning of the floor.
- Broken tiles were seen in the store room: this flooring was also due to be replaced in the coming months.
- There was a broken, empty soap dispenser in the janitorial room with no hand towels in evidence.
- Despite the use of a new cleaning and mopping system the inspector found an older mop system and red bucket containing water in one store room. It was unclear where this had been used in the centre.
- Rust was noted on some bins awaiting replacement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The floor plans, displayed on the wall to aid in the location of a fire, required updating:

- They did not show the compartments for horizontal evacuation in a clear manner.
- Each set of double fire-safe doors, meant to contain a fire, were not included on all maps.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were a number of issues relating to medicine management which required improvement:

For example:

- Clarity and signed instructions were required on a sample of prescriptions checked in order to identify the form in which each medicine was to be administered for example, in syrup form or crushed. This clarity is required under An Bord Altranais agus Cnaimhseachais na hEireann guidelines for nurses on medicine management
- A number of prescribed items, an antibiotic syrup and ointments, had no label attached.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of five care plans viewed the inspector found that there was a good standard of care planning in the centre.

- Care plans were seen to be person-centred.
- Validated risk assessments were completed to assess clinical risks including risk of malnutrition, falls and cognitive abilities.
- Each care plan included life story information to enable staff to engage in a meaningful way with residents.
- Care plans were updated four monthly as required by the regulations.

Judgment: Compliant

Regulation 6: Health care

Health care in the centre was found to be of a high standard.

- Residents were reviewed regularly by their consultant and the medical team.
- The pharmacy provided a good service and it was apparent that psychotropic (a type of sedative) drug use was audited for best practice.
- Input from various health care professionals included written reports by the occupational therapy team (OT), the physiotherapist and the consultant.
- Residents were encouraged to mobilise around the unit.

- The chiropodist visited and attended residents on the day of inspection.
- There was a holistic approach taken to the health of residents with their medical, social and spiritual needs being assessed and addressed.
- End of life wishes were recorded, easily accessible and reviewed annually.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans had been developed for residents experiencing the behaviour and psychological symptoms of dementia (BPSD).

- These residents were seen to be attended to by patient and knowledgeable staff.
- The person in charge indicated that learning opportunities were provided to ensure staff had updated knowledge and skills in this aspect of care.
- Restraint was used at the minimum level and bedrails were not in use at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

There were robust systems in place to protect residents:

- Staff were appropriately trained in safeguarding.
- Residents and relatives felt that the centre was a safe place.
- Residents' personal money was recorded, kept in the safe and checked by two members of staff on a weekly basis.
- There was an ethos of respect for residents apparent in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and their relatives stated that the rights of residents were respected.

- Bedrooms were now occupied by a maximum of three residents meaning that residents had more private individual space.
- Activity provision had increased since previous inspections.

- A new weekly music session was organised by the provider to enhance the lived experience of residents who all liked to listen to music.
- One resident had access to his choice of classical music.
- Residents were accompanied to external activities and places of interest by family, friends and staff from the activity centre on site.
- Relatives meetings were held and residents were included in the group discussion.
- Staff were undertaking training in human rights to ensure optimal personalised care and the development of a less institutionalised approach to supporting a good and meaningful life for these residents in their older years.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0036643

Date of inspection: 05/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Responsive behavior training was scheduled to take place on 14th February facilitated by an external trainer. This training was cancelled by them due to COVID 19. The training was rescheduled for 22nd April and was attended by 50% of Staff. The next training is scheduled for 7th July and will be attended by the remainder of Staff.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>An audit on personnel files has commenced with the support of administration staff. This audit will be completed by 9th May .A separate file will be kept in the PIC office containing HIQA required documents. This will ensure easy retrieval of documents during the inspection process.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The flooring in the hall and store will be replaced during the warmer summer months. This time frame is necessary for the comfort of residents and staff as the veranda will be 	

required for transporting residents between rooms while work is carried out on the hallway.

- Maintenance department have issued an order number for the painting of woodwork in the kitchen area.
- Blinds have been ordered for the remaining bedrooms
- Black out blind have been ordered for the sensory room
- Staff have been reminded during inspection feedback meetings and ward meetings that the sensory room is to remain open at all times. Signage to this effect has been placed on the door.
- Combination locks have been installed on the bathroom doors.

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

- The chipped shelf has been replaced
- The estates department has reviewed all three shower rooms.
- The flooring in the waiting area will be replace during the summer months
- The store room floor will be replace during the summer months
- The broken soap dispenser has been replaced and refilled
- The red bucket has been removed. This has been replaced with a new flat mopping system which is to be used by the MTA night Staff for cleaning purposes. This order was pending during the last inspection.
- An order for new bins to replace the rusting bins was pending at the last inspection. The bins have now been delivered to the unit and are in place .All rusted bins have been removed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The floor plans which were on the wall on the day of inspection had been up-dated in February 2022.
 The PIC has requested a further accurate up-date. Attached up-dated floor plans.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A pilot risk assessment form has been developed for residents who cannot swallow all of their medicines. A meeting was scheduled with the senior pharmacist, CNM2 and PIC on 03.05.2022 to review this document. During the meeting the following points were discussed:</p> <ol style="list-style-type: none"> 1. The risk assessment was reviewed <ul style="list-style-type: none"> • The medicines management policy is currently being up-dated to include reference to the proposed risk assessment in policy and may include an Appendix if lay out of risk assessment form is finalised before update is complete. • The risk assessment is to be piloted in the coming months, and medical, nursing and pharmacy teams to feedback their findings to the CNM2/Person in charge. 2. Review of prescribed medications to ensure clear communication to nursing team on appropriate medication to administer to residents. The Person in charge has proposed a pilot system where the nursing team would review the drug charts e.g. monthly, to ensure that there is clear instructions on the chart on appropriate dosage to be administered to the resident. 3. CNM2/CNM1 to ensure that all members of nursing team who may administer medicines to residents are aware of the resident's swallowing difficulties who may require their medicines to be in oral liquid forms or to be crushed or the contents of capsules opened. 4. CNM2/CNM1 to ensure that all members of the nursing team who may administer medicines to residents are aware of the potential risks with using medicines off label e.g. the risks of crushing medicines which are designed to release slowly over time , as this could put the resident at risk due to "dose dumping" where medicine is released at once rather than gradually over time 5. The prescriber is responsible for documenting on the drug chart which residents may need their medicines crushed ,and should liaise with pharmacy where required to ensure that it is possible to administer prescribed medicines safely to these residents .Prescribers and nursing teams should be aware that some medicines are not suitable for crushing ,and alternative medicines or review of continuing need for medicines considering the overall risk/benefit profile for the resident should be considered. <p>Action required:</p> <ul style="list-style-type: none"> • The CNM2 to email the proposed risk assessment form for residents with swallowing difficulties to the senior pharmacist for her review and to refer the form and procedure in the up-dates to the medicines management plan currently in draft. 	

- This form to be piloted in the coming months medical, nursing and pharmacy teams to feedback to the CNM2/Person in charge.
- Nursing and medical teams to continue to liaise with pharmacy for advice on appropriate dosage forms for residents with swallowing difficulties.
- This information will be relayed to the nursing team during team meetings and will be a recurring item for discussion.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2022
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	09/05/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Substantially Compliant	Yellow	09/05/2022

	be safe and accessible.			
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	01/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/04/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/04/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the	Substantially Compliant	Yellow	03/05/2022

	appropriate use of the product.			
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