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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Anna Gaynor House
Name of provider:	Our Lady's Hospice and Care Services DAC
Address of centre:	Our Lady's Hospice & Care Services, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	23 May 2022
Centre ID:	OSV-0000465
Fieldwork ID:	MON-0036950

## About the designated centre

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

Anna Gaynor House is a designated centre in south Dublin city which provides full time nursing carer and support for up to 89 adult male and female residents. Residents are supported in single, twin and triple occupancy bedrooms across four units in a single storey building. The service provides care primarily for residents who require a high level of care. The centre avails of modern resources to promote and provide appropriate care and facilities for its residents. Residents are supported by a team of qualified nursing and support staff with centre management based onsite. Residents living in this service have onsite access when required to clinical services including geriatrician, physiotherapist, dietician and occupational therapist. The centre premises includes large communal living and dining areas as well as multiple external courtyards and gardens on the site.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	81
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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 23 May 2022	08:00hrs to 18:25hrs	Margaret Keaveney	Lead
Monday 23 May 2022	08:00hrs to 18:25hrs	Margo O'Neill	Support

## What residents told us and what inspectors observed

Inspectors spoke with nine residents and a number of visitors, over the day of the inspection, to elicit their experiences of life in Anna Gaynor House. Overall, residents expressed high levels of satisfaction with the care provided to them by staff, and inspectors observed that there was a relaxed and calm atmosphere in the centre. Although the residents received good care and were well supported by staff, adequate systems were not in place for the effective oversight of all areas of the service, such as the premises, care planning and residents rights.

On arrival at the centre inspectors were asked to complete infection prevention and control measures, such as hand hygiene and the wearing of face masks.

Anna Gaynor House is set out over four units, each with their own bedroom accommodation and communal sitting/dining space. During a tour of the premises, inspectors observed that the combined dining and lounge rooms were pleasant spaces for residents, and were informed that redecorating works throughout the centre had been approved and that residents would be consulted on their preferences for paint colours. However inspectors identified that in some dining rooms there were insufficient dining chairs for residents' use and inappropriate storage of items such as refrigerators, and boxes of books and DVDs which were stacked against walls. Inspectors also observed that rooms allocated as quiet/end of life spaces for residents, were used by staff to store personal items, and therefore were not available as communal space for residents' use.

There was a peaceful prayer room located in the central area of the centre. This room was calm, inviting and contained religious icons. There was also a library area in this central area which was stocked with books, games and puzzles for residents' entertainment. However, inspectors observed that this area was not comfortably furnished.

Bedroom accommodation comprised of both single bedrooms and multi-occupancy bedrooms. Many of the single bedrooms had ensuite toilet facilities for privacy, while residents in multi-occupancy bedrooms shared communal bathrooms located close to their bedrooms. With residents' permission, inspectors viewed a number of bedrooms and saw that the single occupancy rooms were bright, homely spaces, personalised with ornaments and photographs from resident's homes. However, inspectors observed that residents in multi-occupancy bedrooms were not afforded sufficient personal space within which to conduct their personal care activities. One resident in a multi-occupancy bedroom told inspectors that they did not like the big room and that 'it would be better if everyone had their own wardrobe and locker close to them'.

Residents had access to a number of paved outdoor courtyards and spaces throughout the centre, which were found to contain raised flower beds, comfortable seats and coloured garden ornaments. These areas were maintained to a good

standard and residents informed inspectors that they enjoyed viewing these areas from their bedrooms and spending time in them. However, inspectors observed that the doors to these external areas were keypad locked and that residents required assistance to exit these doors.

During the inspection, inspectors observed many positive engagements between staff and residents. Residents were seen to be at ease in the presence of staff, and residents who spoke to inspectors were very complimentary of the staff. One resident commented that staff were 'very attentive' and gave 'great care' to them. Another stated that staff were 'always there to help', while many commented that they would have no concerns speaking to any staff member if they had any issues of concern. Staff were also attentive to individual residents individual social needs, with one resident being facilitated to iron clothes, under supervision, as this was a task that they enjoyed.

Visitors were observed to meet with residents throughout the day of the inspection, and inspectors spoke with a number who were complimentary of the service being provided to their loved ones. Most visits were observed to take place in residents' bedrooms. However, inspectors noted that there was a lack of suitable private facilities available for residents in multi-occupancy bedrooms to receive their visitors should they chose to.

There was a dedicated activity team within the designated centre with two full time activity staff members and one part time staff member. There was a varied activity schedule which included guitar led sing along sessions, bingo, art, knitting, a magic table, chair yoga, exercises with the physiotherapy team, tea parties and flower arranging. During the day, residents were seen to enjoy a guitar led sing along session, with residents, visitors, volunteers and staff collectively singing favourites such as 'Somewhere over a rainbow'. Inspectors were also informed that activities staff were planning summer tea and ice cream parties, now that COVID-19 infection control measures had eased. A hairdressing service was provided in the centre twice a week for residents and inspectors saw that one activity room was in the process of being converted into a hairdressing salon.

Throughout the centre, inspectors observed residents' art work that had been framed and mounted on walls and other crafts such as colourfully decorated bottles were on display to provide colour and enhance the living environment. There was also a poetry corner in one unit, which displayed resident's poems. Staff had engaged with residents in developing 'this is me' posters, which helped them to better understand the resident and help them deliver care appropriate to their needs.

There was a strong volunteer programme in place in the centre, with volunteers providing recreational and social support to residents over seven days of the week. This support included leading group activities, providing companionship, assisting residents to access the outdoors for walks and providing support to residents during meal times. Residents were supported to maintain links with the community, as small groups of transition year school children had visited the centre in recent months, and had joined in recreational activities with residents. Residents were also

encouraged to take outings with families, with one resident having recently attended the theatre with family.

Inspectors spent time observing mealtimes in the different units of the centre. Overall the atmosphere was relaxed and residents, who required additional assistance, were seen to receive kind and discreet support from staff and volunteers. Food was presented with care and was seen to be nutritious and appetising. Residents told inspectors that they liked the food on offer and that it was very tasty. Menus varied daily and three hot options were available at the lunchtime meal and two at the evening meal. Residents were consulted on the menu through the residents' forum, which met three times per year.

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

Overall, residents received good care and support from staff. However, inspectors found that action was required in the management team's oversight systems within the centre, to ensure a safe and effective service was provided to residents. This was particularly in relation to care planning, managing behaviours that challenge, residents' rights, the layout of some areas of the premises, infection control practices, complaints management and contracts for the provision of services.

There was an established governance and management structure in the designated centre, with a management team who were aware of their respective roles and responsibilities. The person in charge had assumed their role as Assistant Director of Nursing in the centre in June 2021, and was supported by the registered provider's senior management team who provided operational and administrative expertise. They were also supported by a General Hotel Services Manager, clinical nurse managers, nurses, health care assistants, activities staff, catering, household and maintenance staff, and a team of physiotherapists and occupational therapists.

The person in charge was also well supported by the Director of Nursing, who reviewed key data and monitoring information on the service provided to residents through a number of committees. For example, a suite of clinical and facilities audits were completed and submitted to a Quality and Safety Committee, which was chaired by the Director of Nursing. Minutes of this committee meeting were made available to inspectors. The Director of Nursing also chaired a Nursing Executive Committee, at which items such as staffing and visiting arrangements in the centre were discussed. However, inspectors were informed that the Nursing Executive Committee meetings were not minuted, and therefore there was no documentation available to inspectors to provide details of the issues and action plans discussed at these meetings.

Inspectors saw that the quality of the clinical service provided to residents was monitored by the measurement of key clinical parameters and the completion of clinical audits. However, inspectors were not assured that the registered provider had robust oversight systems on the non-clinical aspects of the service, as areas identified by inspectors as needing action, had not been similarly identified by the registered provider. For example, residents' in multi- occupancy bedroom did not have adequate personal space. All residents in the centre did not have access to adequate communal space, and infection control practices in the centre required review. Also, inspectors observed that residents care records were placed in holders outside bedrooms, throughout the inspection. This system of storing records had not been identified by the registered provider as unsafe.

An annual review of the service had been completed for 2021 and included quality improvement plans for 2022. A survey on residents' experience of the service provided to them had been completed and included in the report.

The centre's statement of purpose required review as it did not accurately describe the facilities provided by the registered provider to meet residents care needs.

A review of the staffing rosters showed that there was a minimum of eight staff nurses on duty in the centre at all times, and inspectors were assured that appropriate numbers of skilled staff were allocated to meet the assessed needs of residents. Staff were supported by a team of volunteers who worked in the centre, to provide one to one companionship to residents.

From discussions with the person in charge and a review of the training records available, inspectors were assured that the majority of staff had received up-to-date training in fire safety and in safeguarding vulnerable adults from abuse. However, approximately 30% of staff required refresher training in manual handling training. Inspectors received assurances that this training was being progressed. Staff were also facilitated to attend professional development training, including training in infection prevention and control procedures and hand hygiene. Training in care planning was being rolled out to staff nurses, which was a compliance plan action from the previous inspection of October 2020.

All staff were appropriately supervised according to their roles. There was a formal induction and annual appraisal system in place for staff nurses and healthcare assistants employed directly by the registered provider.

Inspectors reviewed three contracts for the provision of services and found that they were not in line with the regulations, as they did not clearly specify the terms and conditions of the residents' residency in the centre.

The registered provider had a system in place for logging, managing and responding to complaints received on the service provided to residents. However, the registered provider had not provided an accessible and effective complaints procedure to residents and their families. This is further discussed under Regulation 34 below.

## Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents, in line with the statement of purpose.

The person in charge and the staff rosters confirmed that there were registered nurses on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

Some staff required training in manual handling. In records reviewed by the inspectors, 30% of staff were not up to date. This training is required to provide a safe service to residents.

Judgment: Substantially compliant

## Regulation 21: Records

Residents' records were stored in open holders on corridors outside bedrooms, unlocked and freely accessible to other residents and visitors.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The management systems which monitored the residents living environment were not sufficiently robust as they did not identify areas that required action. For example,

- Residents did not have access to sufficient communal space in the designated centre, which could impact on their quality of life in the centre.
- In May 2022, the registered provider had identified that the configuration of multi- occupancy bedrooms was not in compliance with regulation 17: Premises. Changes in the regulation had come into effect on 1st January 2022, and to date the registered provider did not have any plan in place to achieve compliance.
- Environmental audits had identified inappropriate storage in some communal

areas such as quiet rooms, however inspectors found that these findings had not been actioned.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts of care between the resident and the provider and saw that they did not clearly set out the terms and conditions of the resident's residency in the centre. For example;

- The contracts reviewed did not specify the room, or occupancy of the room, in which the residents were residing.
- The conditions under which a contract could be terminated did not specify the notice period that would be given to residents.
- Fees for additional services such as hairdressing and laundry services were not specified in the contracts, instead it was stated that cost details would be provided by unit managers.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose required review as it did not accurately describe all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example,

- It stated that there was a double bedroom in one unit, which was not in place.
- Bedroom numbers in the centre did not align with those in the statement of purpose.
- Quiet rooms in the designated were not available to residents as communal day spaces, as they had been reassigned as end of life bedrooms during the COVID-19 pandemic. These additional bed spaces were not registered under the centre's current registration.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Inspectors observed that action was required to ensure that residents were aware of the complaints procedure and that their complaints were promptly managed. For example,

- The complaints procedure was not prominently displayed within the centre. Inspectors observed that in each unit, the contact details for the complaints manager were displayed, however the procedure details on how complaints were managed or the appeals process for complaints were not prominently displayed within the centre.
- Inspectors saw that one complaint received by the registered provider had not been responded to promptly, or within the timelines specified in the registered providers' complaints policy.

Judgment: Not compliant

## Quality and safety

On the day of inspection, there were arrangements in place to assess resident's health and social care needs and these needs were being effectively met. However, action was required in relation to restrictive practices, infection prevention and control practices, assessment and care planning, visiting arrangements and with the layout of multi-occupancy bedrooms to enhance residents' privacy.

During the inspection, a sample of resident records were provided to inspectors for review. Inspectors identified that action was required to ensure that all assessments and care plans consistently contained person centred information on resident's wishes and preferences and that they were informed by appropriate risk assessments. The management team had recently completed a recent audit of care plans and had identified some of these issues. Inspectors saw that an action plan to address these gaps had been developed, which included regular care planning training for staff nurses.

Residents had access to onsite medical officers and allied health care services, such as speech and language therapy, dietetics, physiotherapy and occupational therapy from Monday to Friday. Geriatrician and psychiatry of later life specialists were accessed by residents at the local hospital, and as the centre is collocated with the local hospice there was timely access to palliative care expertise.

Inspectors observed that responsive behaviours were managed by staff in the least restrictive way, such as with distraction and redirection techniques. The sample of resident records reviewed showed that behavioural care plans had been developed for residents displaying responsive behaviours, to direct staff how best to support these residents. ABC charts (Antecedent, behavioural and consequence charts) were also seen to be used by staff to describe and analyse the specific responsive behaviours and to identify the triggers behind them. However, inspectors identified

that these charts were not always completed following episodes of responsive behaviour by residents. From a review of resident records, inspectors were also not assured that restrictive practices, such as bed rails, were used in accordance with the current national policy. This is discussed further under Regulation 7, Management of challenging behaviours.

Inspectors observed that there were effective systems and procedures in place to protect residents from the risk of abuse, including an up to date policy. Staff were knowledgeable regarding their responsibility to report any concerns, suspicions and allegation of concern and residents who spoke to inspectors reported they felt safe in the centre.

Activities were provided by three activity staff working Monday to Friday. Due to ongoing COVID-19 infection prevention and control measures, group activities were completed at unit level. However, inspectors were informed that the registered provider was planning to introduce activities, which residents from all units could attend together. A team of volunteers, overseen by a designated supervisor, also provided residents with one to one activities, such as chatting and reminiscing.

Residents had access to TV, radio, newspapers, internet and advocacy services. Three chaplains assisted residents with their spiritual needs, and mass was streamed daily for residents to partake in. Resident's privacy was respected by staff, who were seen to knock on bedroom doors before entering and to close bedroom and toilet doors during personal care activities. However, residents' rights in multi-occupancy bedrooms were not upheld, as they could not access their personal belongings in private. For example, wardrobes were positioned in communal space in the bedrooms.

Inspectors also observed that residents had to seek assistance from staff to exit the centre and enter external courtyards and patios. Inspectors discussed this with the management team on the day of inspection and were told this was for residents' safety reasons. However when requested by inspectors, a risk assessment on this safety issue was not available. This is further discussed under Regulation 9 below.

Inspectors observed that there was limited space for some residents to receive their visitors in private. There was no suitable space available to residents in multi-occupancy bedrooms to meet their visitors in private.

Since the previous inspection, the registered provider had divided a number of large bathrooms in the centre into a smaller bathrooms and storage rooms. Inspectors saw that these works were near completion and that they would positively impact on the lives of residents in the centre by creating additional storage areas for residents' equipment, when not in use. However, during the tour of the premises, inspectors observed that action was required to ensure that the designated smoking area were suitably furnished to met resident's needs.

The centre was observed to be clean and household staff who spoke to inspectors were knowledgeable on effective cleaning practices and procedures for cleaning and infection prevention and control. There was appropriate personal protective equipment (PPE) available to staff and inspectors observed that overall staff

practices when using PPE was in line with Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. Some improvement was required to ensure the infection control practices within the centre was enhanced further; this will be outlined under Regulation 27.

### Regulation 11: Visits

The registered provider had not provided residents in multi-occupancy bedrooms with adequate private space in which to receive their visitors.

Judgment: Substantially compliant

### Regulation 17: Premises

Action was required with regard to the premises, in order to ensure that it promoted a safe and comfortable living environment for all residents. For example,

- In the sample of multi-occupancy bedrooms reviewed, inspectors found that the floor space for each resident in these bedrooms measured less than 7.4m<sup>2</sup>, and therefore residents in these bedrooms did not have adequate space.
- The residents in the multi-occupancy bedrooms could not access their personal storage units in private, as wardrobes were positioned in communal areas of the bedrooms which were outside of their personal space.
- There was no call bell available to residents in the smoking area, which was located a short distance away from the front door of the designated centre. Therefore, residents using this area could not call for assistance if required.
- Quiet rooms in each unit were not laid out to meet resident's needs for adequate sitting and quiet space. Inspectors observed that these rooms were configured as bedrooms, but were used as storage areas for staff belongings.

Judgment: Not compliant

### Regulation 27: Infection control

Inspectors identified the following infection control areas required review:

- Although all residents' bedrooms were attended to on a daily basis by household staff, a review of cleaning schedules for the four units in the

centre indicated that there were frequent gaps in the execution of the scheduled deep cleaning of residents' rooms. Therefore, inspectors could not be assured that all rooms were receiving deep cleaning as required.

- Inspectors identified areas in the centre that could not be effectively cleaned. For example; the skirting boards located below hand wash basins in many of the multi-occupancy bedrooms were water damaged and items of furniture had cracks in the laminate coverings.
- The flooring in one storeroom was observed to be covered in dust and debris, and the shelving in the room was too close to the ground to allow effective cleaning.
- The top of one cleaning trolley was visibly dusty.
- Sluice rooms and items stored within them required review. For example, in one sluice room the hand wash basin was inaccessible due to the number of commodes being stored in the room. In another sluice room, there was a washing machine, clean clothes dryer and hair styling equipment which created a risk of cross contamination.
- Communal shared bathrooms were not fitted with toilet paper dispensers which resulted in toilet paper being exposed and placed on grab handles. This created a risk of cross contamination.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Action was needed to ensure the following gaps with assessment and care plan records were addressed;

- Inspectors reviewed the records of 6 residents. The majority of care plans reviewed were generic in nature and lacked the person centred information and knowledge about residents that staff communicated to inspectors during the inspection. For example two personal care plans reviewed stated that residents adhered to a weekly showering schedule, while nursing staff verbally informed inspectors that residents directed when they preferred to receive showers.
- From the sample of records reviewed, inspectors identified that residents' wishes and preferences regarding their end of life care had not been assessed for any resident. Inspectors identified that one resident had a palliative care plan record in place, however no assessment had been completed to inform this care plan.
- A smoking care plan reviewed had no risk assessment completed to inform staff regarding the risks associated with the resident smoking or the likelihood of risks occurring. Therefore, it was unclear what observation or support staff needed to provide to the resident to ensure they remained safe while smoking.
- Inspectors identified that there was no assessment or care plan in place for a resident who had been assigned a wanderguard bracelet a year earlier and

that no daily checks were completed to ensure the device was functional and not causing any issues for the resident.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' health was maintained by staff providing evidence based care. Residents had daily access to medical officers based on site, and timely access to allied healthcare professionals when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Approximately 40% of all residents living in the centre had bedrails or other restrictive practices in place. However, inspectors were not assured that these restrictive practices were used in accordance with current national policy. For example;

- Inspectors identified from a review of residents' care records and from speaking with staff that less restrictive alternatives to bedrails had not been trialled for many of the residents.
- Signed consent and multi-disciplinary team reviews of the practices in place had not been documented.
- Furthermore although inspectors were verbally informed that safety checks were completed for when restrictive practices were in use, there was no records to provide assurances that these were being completed as required.

Judgment: Not compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff had good knowledge in relation to recognition of abuse and appropriate actions required by them. There was an up to date safeguarding policy in place to inform and guide staff when responding to any concerns, allegations or suspicions of abuse towards residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors were not assured that the rights of each resident living in the designated centre were respected. For example;

- The layout of the multi-occupancy bedrooms, do not provide residents with the right to undertake personal activities in private. For example, in the sample of multi-occupancy bedrooms reviewed by inspectors, the resident's wardrobes were outside the resident's personal space. Therefore, residents were required to leave their personal space in order to access their belongings.
- Residents did not have access to adequate facilities for recreation. Quiet rooms designated as communal space were not available to residents, as they had been reassigned as end of life bedrooms during the COVID-19 pandemic.
- Inspectors observed on the day of inspection that access to some outdoor spaces from parts of the centre was not possible without the assistance of staff as doors were locked and required electronic swipe access to open. This required review so that all residents, who were deemed safe to do so, had the right to access these areas at free-will.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Anna Gaynor House OSV-0000465

Inspection ID: MON-0036950

Date of inspection: 23/05/2022

## 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>External company contracted to provide manual handling training blitz to catch up on the backlog that was created during COVID when face to face training was suspended. This will be in addition to the training provided on site.</p> <p>Completion date: 17th October 2022</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The resident's records have been relocated to the locked trolleys which house the residents' unified health care record (UHCR). These trolleys are situated in the nurse's stations in each unit. Secure lock boxes have been identified and will be installed outside each room by the end of September, which will then house the white folder (drug Kardex) and green folder (care plans and risk assessments) for ease of access for nursing and healthcare staff. The option to relocate the above records back into each residents' rooms is not feasible from an Infection Prevention &amp; Control (IPC) point of view following a risk assessment.</p> <p>Completion date: 26th September 2022</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The quiet rooms in the units have been restored to communal spaces. They will be furnished with comfortable seating to allow residents to have private visits if in multioccupancy rooms or to enjoy recreational time. Completion date: 29th August 2022</p> <p>The Central (Red) Square will be made more appealing to residents and visitors with the provision of appropriate furniture and secluded areas to facilitate visiting and relaxation. The window bay in the main entrance corridor will also be furnished as an area for residents and visitors. Completion date: 29th August 2022</p> <p>The multioccupancy rooms will be redesigned to ensure that the residents personal belongings and wardrobe are within their personal space. The facilities team are scoping out the requirements to maximise the use of the space in the multioccupancy rooms to ensure residents have access to their personal belongings in their personal space. Completion date: 26th September 2022</p> <p>Regular inspection of communal areas by the PIC and clinical nurse managers to ensure inappropriate items are not present. Completion date: 25th July 2022</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• The contracts of care have been reviewed and now specify the room, or occupancy of the room, in which the residents were residing.</li> <li>• The contract also includes the conditions under which a contract could be terminated inclusive of the notice period that would be given to residents.</li> <li>• The contract has been amended to include the schedule of additional costs including hairdressing services. There is no additional charge for laundry services.</li> </ul> <p>Completion date: 25th July 2022</p>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated to include:</p> <ul style="list-style-type: none"> <li>• The correct WTE for Pastoral care</li> <li>• Changes to staff personnel named in the document</li> <li>• Named Hotel Services representative responsible for AGH</li> <li>• The partition between two of the rooms in Mary Aikenhead ward can be taken down to make a double room if there was a request for a couple to share a room. This has been identified in the SOP and is not an additional room but a merging of two existing single rooms (Room B and Room C).</li> <li>• The room descriptors have been updated in all of the units in the SOP (Appendix 2)</li> <li>• The Quiet rooms have been reassigned as communal spaces for the residents</li> </ul> <p>New dementia friendly signage for each room door has been ordered to ensure room descriptors are clear.</p> <p>Completion date: 8th August 2022</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure posters are now available in all units in the centre.</p> <p>When the complaints officer is on leave the deputy will ensure the PIC is notified of any complaints to ensure they are responded to promptly.</p> <p>Completion date: 25th July 2022</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The quiet rooms in each of the wards can be used for visiting. Furniture will be sourced to allow residents to have private visits if in multioccupancy rooms or to enjoy recreational time.</p> <p>The Central (Red) Square will be made more appealing to residents and visitors with the</p>	

provision of appropriate furniture and secluded areas to facilitate visiting and relaxation. The window bay in the main entrance corridor will also be furnished as an area for residents and visitors.

Completion date: 29th August 2022

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Short Term Plan

- The multioccupancy rooms will be reconfigured to ensure all residents have 7.4m<sup>2</sup> floor space to include their bed and wardrobe in their personal space
- Facilities are sourcing a call bell for the smoking area, all residents who smoke will be informed of the new safety feature and shown how to use it.
- The quiet rooms in the units have been restored to communal spaces. They will be furnished with comfortable seating to allow residents to have private visits if in multioccupancy rooms or to enjoy recreational time.

Medium Term Plan

- Funding application submitted to the HSE for €1 million for refurbishment of AGH (26th December 2022)

Long Term Plan

- MCO Report key elements attached with this report response to highlight the long-term premises changes planned for AGH. (5 years)

Completion date: 26th September 2022 (Short Term Plan)

Regulation 27: Infection control

Not Compliant

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

- The Hotel Supervisor will ensure that all scheduled deep cleaning is carried out and properly documented.
- Facilities are replacing any damaged skirting boards to ensure effective cleaning.
- Any cracked items of furniture will be repaired or replaced
- New off the floor shelving has been ordered for the store room.
- The cleanliness of the cleaning trolleys has been addressed by the Hotel Supervisor.
- All inappropriate items have been removed from the sluice room. Facilities are replacing the shelving units to include doors so that items can be stored safely to reduce the risk

of cross contamination of clean items.

- Extensive risk assessments carried out by Nursing and Occupational Therapy had resulted in the toilet paper being placed on the grab rails due to high falls risk/injury risk for residents reaching back to the wall mounted toilet paper dispensers. The safety risk was deemed to supersede the infection control risk. An alternative enclosed toilet paper dispenser that is more accessible for residents is being sought.

Completion date: 15th August 2022

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- Care plan education is ongoing, and will be completed for all nursing staff by the end of September. These education sessions focus on both the initial admission assessments and the person-centred aspects of care planning, with resource folders on each unit to assist nursing staff in the development and management of person-centred care plans.
- Monthly Quality Care Metrics (QCM) focuses on compliance to person-centred care planning, with specific feedback given to nursing staff, and action plans completed by clinical nursing managers.
- A comprehensive (yearly) re-audit of all care plans will be conducted in December 2022.
- Risk Officer providing education refresher on completion of smoking risk assessments and care plans.

Completion date: 26th September 2022

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Alternative practices to be trialed, documented and reviewed at ward level and MDT meetings (i.e. low, low and ultra-low beds and crash mats). OT and CNS currently sourcing compatible bed levers as mobility aid/ positioning aid
- CNS involvement to continuously review the requirement for restrictive practices with the aim to reduce and/or discontinue its use.
- CNS providing education update for staff on the bed rails risk assessment form and

care plan

- Education refresher is being rolled out in relation to the completion of the ABC charts for all aspects of the management of behaviours that challenge.
- Provide education for staff to use most suitable alternative measures for individual residents based on their assessment and needs.
- MDT to ensure consent is documented for any restrictive practices
- Risk assessment for wanderguards implemented

Completion date: 26th September 2022

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: This will be addressed as outlined in Regulation 17 above to ensure residents rights are compromised.

The quiet rooms in the units have been restored to communal spaces.

The facilities team will make a personal fob available for residents once a risk assessment has been completed at ward level to access the outdoor communal spaces at free-will.

Completion date: 26th September 2022

## 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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	29/08/2022
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	29/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	17/10/2022

	training.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	26/09/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	26/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	26/09/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, 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	Not Compliant	Orange	25/07/2022

	reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	15/08/2022
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	08/08/2022
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	25/07/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	25/07/2022

	procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	26/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	26/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	26/09/2022

Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	26/09/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	26/09/2022