



**Health  
Information  
and Quality  
Authority**

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:	The Royal Hospital Donnybrook
Name of provider:	The Royal Hospital Donnybrook
Address of centre:	Morehampton Road, Donnybrook, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	24 November 2021
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0034967

## About the designated centre

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

The designated centre is located in the Royal Hospital Donnybrook. The provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer (CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre.

The designated centre provides long-term residential services for 66 residents over the age of 18 years old with high and maximum dependency care needs. The premises is divided into three distinct units; Rowans, Oaks and Cedars.

Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four to five beds). Oaks and cedars units are identical and each can accommodate up to 27 residents in either single or multi-occupancy rooms. All rooms are en-suite.

There is a large dining room and a visitor's lounge on each unit. Rowans unit can accommodate 12 residents under the age of 65 years in eight single and two twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor. All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site. The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

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

Number of residents on the date of inspection:	46
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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
Wednesday 24 November 2021	09:40hrs to 19:05hrs	Margaret Keaveney	Lead
Wednesday 24 November 2021	09:40hrs to 19:05hrs	Siobhan Nunn	Support

## What residents told us and what inspectors observed

Over the day of the inspection inspectors spoke with a number of residents to identify their experiences of living in The Royal Hospital Donnybrook. Residents spoken with were complimentary of the care and service provided, in particular of the staff. One resident spoken with said that staff were 'the best'. Overall there was a calm and tranquil atmosphere in the centre.

On arrival to the centre inspectors were met by a receptionist who guided them through an infection prevention and control procedure, which included temperature checking, the wearing of a mask and the completion of a COVID-19 health questionnaire. Throughout the inspection, inspectors observed that staff were compliant with COVID-19 standard precautions, with face masks worn correctly and good hand hygiene practices observed.

Following a short opening meeting, inspectors were accompanied on a tour of the premises by the person in charge. During this walk-around, inspectors observed that a number of residents were up and dressed, while others were being assisted with their morning personal care routines by staff in private and in a dignified manner.

The designated centre is part of The Royal Hospital Donnybrook but with its' own governance arrangements. The centre is laid out over two floors and consists of 3 units, each with its' dining room and family room and suite of shared and single occupancy bedrooms.

The design and layout of the centre promoted the independent movement of residents throughout, with wide corridors, a lift between floors and signage to communal areas. The centre was warm, bright and appeared clean. Residents' day rooms were large spaces and some were furnished with stimulating memorabilia such as a famous faces wall, old style cameras, a dresser furnished with crockery and a music system. However, inspectors observed that some of the day rooms required repainting and refurbishment in order to provide a more comfortable and homely environment for the residents. Staff had begun to decorate the designated centre for the upcoming Christmas festivities, with fresh bright decorations.

Throughout the day, inspectors observed some residents watching television together in communal areas. Due to a number of residents being recently deemed as close contacts of a COVID-19 positive staff member, group activities had been suspended on the day of the inspection. However, inspectors observed a number of activities staff engaging and chatting with many residents, on a one to one basis, throughout the day and facilitating small group activities for those residents who shared a bedroom. Inspectors reviewed a schedule of activities that had been planned for the week, which included proverbs, bingo, reminiscence games and exercise classes.

Many of the residents spoken with told inspectors that they greatly enjoyed the

communal gardens that were easily accessible to them. Inspectors saw that the mature gardens were well-maintained and attractively planted with seating for residents, and a turtle and duck pond for their enjoyment. Many of the bedroom windows had pleasant views onto the gardens for residents' enjoyment. The provider had converted a polytunnel into an outdoor room with comfortable seating, which activities staff used throughout the year to host scheduled activities for residents. Inspectors saw that planting in the polytunnel had been labelled for residents' interest and enjoyment. Residents could avail of other recreational facilities located within the campus, such as the coffee shop, concert hall, art room, reading/PC room and sun lounge.

Residents' bedroom accommodation comprised of 14 single, 2 twin and 10 four bed bedrooms. 16 bedrooms had ensuite facilities. Eight of the four bedded rooms had reduced their occupancy from five bedded rooms. Two of the four bedded rooms were in the process of being refurbished and reconfigured to suit the needs of the reduced number of residents, however this work had not been completed on the day of the inspection. Work had not yet commenced on reconfiguring the remaining rooms to increase residents' personal space. Inspectors saw that each resident had access to their own television and radio for entertainment with headphones provided to reduce the impact of noise on other residents living in the bedroom. Inspectors saw that many residents had personalised their personal spaces, with family photographs, bed throws and ornaments, to help them feel comfortable and at ease in the home.

During the inspection, inspectors spoke directly with six individual residents. Overall feedback from those residents was that they were grateful to the staff for the good care that they provided to them. Large noticeboards at the nurses' stations displayed staff photographs and names to assist residents in recognising staff on duty on any particular day. Residents said that staff attentively listened to them and assisted them when requested. Staff were observed to know the residents well and to speak with them in a friendly and gentle manner. The inspector also observed staff caring for residents with dignity and respect. For example staff were seen to ensure that privacy screens were appropriately positioned when providing personal care in shared bedrooms. Also staff had made alternative arrangements to enable one resident, who did not have capacity to use the call bell beside their bed, to alert them when needed. The resident expressed gratitude to staff for this personalised arrangement.

Inspectors observed that mealtimes were a relaxed experience for residents. Tables were attractively set with coloured napkins and flower vases and a choice of menu was offered daily. Residents could choose to dine in the dining room or in their bedrooms. Two residents told inspectors that they were not happy with the food and that it was not tasty. Inspectors noted, in a review of residents' meeting minutes, that some residents' dissatisfaction with the quality and selection of food in the centre was frequently discussed at such meetings and subsequently feedback to the management team. The provider had recently appointed a catering manager to address residents' comments. Residents were observed to be offered snacks and drinks throughout the day, and inspectors were told that the catering manager was introducing a new variety of snacks for residents in the week following the

inspection, having discussed the nutritional content of the new snack menu with the centre's dietetics team.

Inspectors observed that visitors arriving to the home adhered to appropriate infection prevention and control measures. They were received by residents in the family rooms of each unit. Visitors spoken with were complimentary of the care provided to their family member living in the centre.

Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported by the person in charge and the assistant director of nursing. They also told inspectors that they felt supported by management during this period of the COVID-19 pandemic.

Overall, residents living in the centre were well cared for and content. 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 on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to follow up on solicited and unsolicited information, and applications to vary and remove registration conditions submitted to the Chief Inspector of Social Services. The governance arrangements in the designated centre were well defined with clear lines of accountability and authority. However, oversight arrangements required improvement to ensure that the quality of care was safe and consistent. For example improvements were required in care planning, staff records, resident's records and infection protection and control.

The Royal Hospital Donnybrook is the registered provider for The Royal Hospital Donnybrook. The current person in charge of the designated centre is also the Director of Nursing, and the provider had committed to recruiting and appointing a dedicated person in charge, who will report to the Director of Nursing, for the designated centre to ensure that there is appropriate day-to-day oversight of the centre. The current person in charge was supported in their role by an assistant director of nursing, clinical nurse managers, registered nurses, health care assistants, an activities team, household, cleaning and maintenance staff. The PIC had regular input and support from the registered provider and the board of management.

The management team had systems in place to monitor key performance areas, such as falls incidents and wounds. These systems had identified some areas for improvement that had recently been actioned and developed, such as improvements in the content and format of the staff induction programme. However the inspectors found areas requiring action that the governance and oversight systems had not identified. For example clinical audits did not identify gaps and risks in care planning which are discussed under regulation 5, and environmental audits had not identified

the shortfalls in the design and layout of shared bedrooms, such as inadequate privacy for residents living in such bedrooms. This is an ongoing area of non compliance that has necessitated considerable engagement with the office of the chief inspector over a considerable period of time. This is further discussed under regulation 17.

The provider had not completed an annual review for 2020 on the quality and safety of care delivered to residents in the designated centre, and did not have documented clearly defined improvement objectives for 2021.

Inspectors reviewed the staffing rosters and found that the number and skill mix of staff on duty was appropriate to meet the needs of the residents. The assistant director of nursing and a clinical nurse manager supervised a team of nurses and healthcare assistants in each of the three units, and the centre had housekeeping staff on duty daily. Activities were provided Monday through to Sunday by the activities coordinator lead, activities coordinator assistant and a team of seven individuals from the Community Employment programme. The staffing levels were aligned with those detailed in the centres statement of purpose.

The files of four recently recruited staff members were reviewed and found to hold most documents as required by the regulations including Garda Síochána vetting disclosures and verification of the current registration of professional staff. However, the management team's recruitment practices required review as inspectors noted that the provider had not obtained evidence of relevant nursing qualifications for two of the staff nurse files reviewed.

The centre had COVID-19 contingency arrangements recorded in a number of documents, which were available to staff on the centre's intranet system.

Quarterly reports on any occasions where restraint was used had not been submitted to the Chief Inspector of Social Services for the first two quarters of 2021, but were submitted for quarter three 2021. On the day of the inspection, inspectors were assured that the recently appointed person in charge and their senior nursing management team were knowledgeable regarding their regulatory responsibilities on submitting notifications on the incidents set out in the regulations and were assured that all future notifications would be submitted as required.

## Regulation 15: Staffing

On the day of inspection, staffing numbers and skill mix were appropriate to meet the assessed needs of the 46 residents living in the centre. Each unit had 2-3 nurses on duty during the day, supported by 4 healthcare assistants. While there was 1-2 nurses on duty at night, supported by 1-2 healthcare assistants.

There was a registered nurse on duty at all times.



Judgment: Compliant

### Regulation 21: Records

Some staff records were not kept in accordance with Schedule 2 of Statutory Instrument 415 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013, as there was no evidence of relevant nursing qualifications in two of the staff nurse files reviewed.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had systems in place to ensure that many areas of the service provided to residents were safe and effective. However, action was required in the providers' oversight of care planning, records, premises and infection prevention and control practices in the centre. This is further discussed within this report.

The provider had not completed an annual review of the quality and safety of care delivered to residents in the centre, to ensure that care was in accordance with relevant standards set by the Authority under section 8 of the Health Act 2007 and approved by the Minister for Health under section 10 of the Health Act 2007.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The person in charge was knowledgeable regarding their regulatory responsibilities on submitting a written report to the Chief Inspector of Social Services at the end of each quarter in relation to the occurrence of an incident set out in Schedule 4 of Statutory Instrument 415 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Inspectors were assured that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector identified that some improvements were required with care planning, managing behaviours that challenge, the premises and infection prevention and control practices.

A sample of residents' records were reviewed to follow up on information submitted to the Chief Inspector of Social Services. Overall, inspectors observed that in each a suite of validated clinical assessment tools had been used to develop care plans that met residents' care needs. Many of the care plans reviewed were person-centred and provided clear guidance to staff on effectively supporting and caring for residents. However, inspectors saw in one residents' records, although the appropriate care was being delivered to the resident, the residents' care plan on the management of a pressure ulcer had not been updated following the latest review by the tissue viability nurse. Inspectors also noted that some residents' care plans had been reviewed at intervals exceeding four months. Since the previous inspection, inspectors saw that comprehensive activity care plans, detailing the hobbies and interests of residents, had been developed for residents.

Inspectors were satisfied that the health care needs of residents were being met and residents had access to a team of general health doctors. Residents had access to a range of allied health professionals with evidence of referral and access to services such as physiotherapy, speech and language therapy (SALT), gerontology, dietetics and chiropody. A multidisciplinary team met weekly to review a residents' health care needs and ensure that their assessed needs were appropriately attended to.

Records showed that efforts were made to identify and alleviate the underlying causes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) associated with living with a diagnosis of dementia. Staff were respectful in their approach to those residents who became agitated or who displayed responsive behaviours, providing positive reassurance and support for residents at these times. However, where restraint was used to manage behaviours that challenge, inspectors found that resident's records did not contain evidence that alternatives had been trialed prior to the use of restraint and that written consent for the use of restraint had not been obtained from residents, or where appropriate their family.

A safeguarding policy and procedure provided guidance to staff on the detection, prevention and response to abuse. Inspectors observed that the safeguarding procedure and notices for an advocacy service were prominently displayed throughout the centre. A number of safeguarding incidents were reviewed by inspectors, who noted that the designated officer and the safeguarding steering committee had completed a thorough investigation for each. Inspectors reviewed detailed safeguarding care plans outlining the measures in place to protect the residents and the decisions they had made. Staff who spoke with inspectors said

that the safeguarding training helped them to protect the residents.

Activities were provided by a team of activity staff Monday to Sunday, and included word games, Move 'n' Groove exercises, bingo and reminiscence games. The activities team made good efforts to ensure residents had meaningful activities that they could participate in and had developed a comprehensive 'What matters to me' folder for each resident, which detailed their significant life events and their likes and dislikes around recreational and life activities. Residents were supported to participate in the organisation of the centre and to drive their lived experience within the centre. There were numerous posters throughout the centre displaying the dates and times of upcoming resident's meetings. The medical social worker chaired this meeting that was well attended. Residents' privacy was respected by staff with staff seen to knock on bedroom doors before entering and to ensure privacy screens were in place during personal care activities.

Residents were able to receive visitors in private in dedicated communal areas. An online booking system was in operation, which enabled visitors to arrange appointments daily from 2-4pm. This ensured residents safety and allowed the registered provider to maintain an accurate record of all visitors and to manage the staggered arrival of visitors to the centre. Inspectors were assured that visit lengths were not restricted and that other visiting times were accommodated on request. Visitors who spoke with inspectors expressed satisfaction with the arrangements in place.

Although some works in resident's bedrooms had been completed since the last inspection, further improvements to the premises were required to enhance residents privacy and dignity and to supply appropriate storage for residents belongings. Residents had access to secure storage for their valuable belongings. The registered provider was the financial agent for four residents in the centre. A transparent accounting system was in place which ensured that resident's money was held in separate accounts and a record was maintained of all transactions. Residents had access to money from their accounts from which they could pay for hairdressing services and sundry items. Inspectors were assured that residents were adequately supported to manage their financial affairs.

The provider had arrangements in place in to monitor and manage the risks within the centre. There was a risk management policy in place that contained all the requirements of the regulation, and specified risks were referenced and described in accompanying policies and risk assessments. A risk register was being maintained for each unit, which contained the controls and measures in place to manage the clinical and health and safety risks identified within the units. The risk register and reports on incidents involving residents were reviewed every two months by a Quality and Safety Committee, chaired by the person in charge.

Overall the centre was clean, with good arrangements in place for the monitoring of cleaning schedules and the environment. Cleaning staff spoken with were knowledgeable on effective cleaning practices, and inspectors observed good infection control practices by staff throughout the inspection such as regular hand hygiene and appropriate PPE adherence. However, some improvements were

required to ensure that infection prevention and control practices in the centre were effective. These are further discussed under regulation 27 below.

### Regulation 11: Visits

The provider had provided suitable communal and private spaces for residents to meet with visitors.

Infection prevention and control measures were in place which allowed residents to receive visitors safely. Inspectors found that the person in charge ensured that the up to date guidance from the Health Protection Surveillance Centre on visits to Long Team Residential Care Facilities (LTRCs) was being followed.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to access and retain control over their personal property, possessions and finances. Residents' laundry was cared for externally and there were systems in place to ensure that it was returned to them.

Judgment: Compliant

### Regulation 17: Premises

The provider had not ensured that the premises was appropriate to the needs of the residents. For example:

- Room 5 in The Oaks unit and Room 5 in The Cedars unit were not fully refurbished to provide adequate privacy or storage for residents.
- Each room had a wooden divide missing between two beds which would afford privacy to residents. Wardrobes for two residents in each room were located across from communal space which did not allow residents to access their belongings in private.
- The six other rooms which had reduced resident occupancy from five to four required reconfiguration to ensure adequate private accommodation for each resident. For example, one resident was sleeping without any screen around their bed, with staff entering and leaving to attend to other residents while they slept.
- One resident had insufficient storage available and as a result their belongings were piled on the windowsill and on the floor.

- Communal spaces in The Cedars unit required upgrading to provide adequate social and cultural space to meet resident's needs.

Judgment: Not compliant

### Regulation 26: Risk management

The risk policy and associated documents met the requirements of the regulations and addressed specific issues such as the unexplained absence of any resident, abuse and self-harm. There was an up-to-date risk register in place which covered a range of risks and appropriate controls for these risks. There were appropriate arrangements in place for the review of risk and adverse events involving residents.

The centre had a comprehensive Safety Statement in place.

Judgment: Compliant

### Regulation 27: Infection control

The following issues, important to good infection prevention and control practices, required improvement:

- Incontinence wear was stored out of original packaging which could result in cross contamination.
- Inspectors observed a staff member inappropriately dispose of personal care waste water down a clinical sink, which could result in cross contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors were not assured that in the centre safely met the assessed needs of residents. In the sample of care plans reviewed, inspectors noted the following:

- One residents' care plan on the management of a pressure ulcer had not been updated to reflect the latest care advice from the tissue viability nurse. This could have impacted on staff providing appropriate, safe care for the resident.
- Some care plans reviewed by inspectors had not been reviewed in the previous 4 months, in order to ensure that they reflected resident's changing

needs.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
There were good standards of evidence based health care provided in this centre. Residents had good access to medical and allied health services. Medical and other healthcare services and treatments required were made available to residents.
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
While inspectors were assured that restraint was used in the least restrictive way, there were gaps in residents' records which did not assure inspectors that its use was in accordance with evidence-based best practice. For example, inspectors were not provided with evidence that residents had provided consent on the use of their restraint and the information in care plans was not aligned with practice.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Inspectors saw evidence that the registered provider protected residents and ensured that staff received safeguarding training. Staff spoken with were knowledgeable on about their responsibility to protect residents.  Allegations of abuse were investigated appropriately and residents were supported to make decisions regarding their protection.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents could choose from a weekly schedule of activities and had access to daily papers, TV, radio and religious services in the centre. Residents had good access to

visitors.

The provider ensured residents' voices were heard through residents' meetings which were chaired by the centres' medical social worker. Advocacy services were displayed on notice boards throughout the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0034967

Date of inspection: 24/11/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            Observation: There was no evidence of relevant nursing qualifications in two of the staff nurse files reviewed.</p> <p>Action:</p> <ol style="list-style-type: none"> <li>1. HR Dept. has commenced the certificate collection. Staff are informed to submit a copy of their relevant nursing qualifications to HR personnel.</li> <li>2. For future employees, plan to collect copy of all relevant nursing qualification during the recruitment process.</li> </ol> <p>Expected Completion Date : 28 February 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:            Observation: The provider had not completed an annual review of the quality and safety of care delivered to residents in the centre.</p> <p>Action: The person in charge and senior management team are knowledgeable in relation to their regulatory responsibilities.</p> <ol style="list-style-type: none"> <li>1. Annual Review for 2021 currently on progress</li> <li>2. QIP for 2021 – objectives are identified and work on progress</li> </ol>	

Expected Completion Date : 30 January 2022

Regulation 17: Premises

Not Compliant

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

Observation: The provider had not ensured that the premises was appropriate to the needs of the residents. For example:

1. Room 5 in The Oaks and Room 8 in The Cedars units were not fully refurbished to provide adequate privacy or storage for residents.
2. Each room had a wooden divide missing between two beds which would afford privacy to residents. Wardrobes for two residents in each room were located across from communal space which did not allow residents to access their belongings in private.
3. The six other rooms which had reduced resident occupancy from five to four required reconfiguration to ensure adequate private accommodation for each resident. For example, one resident was sleeping without any screen around their bed, with staff entering and leaving to attend to other residents while they slept.
4. One resident had insufficient storage available and as a result their belongings were piled on the windowsill and on the floor.
5. Communal spaces in The Cedars unit required upgrading to provide adequate social and cultural space to meet resident's needs.

Action:

1. Room 5 in The Oaks and Room 8 in The Cedars units were not fully refurbished at the time of inspection. The work is now completed with provision of adequate privacy and storage for residents. Completed by 15 December 2021
2. Six other rooms are due for reconfiguration to upgrade private accommodation standards for each residents. Pending on the HSE Funding approval, all rooms will be upgraded to meet the standards. Plan to keep one room vacant at all times to allow for refurbishment plans. Expected completion Date : 30 November 2022
3. Communal spaces in The Cedars unit required upgrading to provide adequate social and cultural space to meet resident's needs. Expected Completion Date: 30 March 2022

Regulation 27: Infection control

Substantially Compliant

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

control:

Observation:

1. Incontinence wear was stored out of original packaging which could result in cross contamination.
2. Inspectors observed a staff member inappropriately dispose of personal care waste water down a clinical sink, which could result in cross contamination.

Action:

Educated staff in correct practice and these observational points added to the monthly IP &C audit to monitor the compliance. Completed by 22 December 2021

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

Observation:

1. One residents' care plan on the management of a pressure ulcer had not been updated to reflect the latest care advice from the tissue viability nurse. This could have impacted on staff providing appropriate, safe care for the resident.
2. Some care plans reviewed by inspectors had not been reviewed in the previous 4 months, in order to ensure that they reflected resident's changing needs.

Action:

1. Plan to revise the current nursing care plan audit tool Completed by 30 December 2021
2. Plan to educate CNM's on how to complete the care plan audit (to review the care plans to ensure that what should be done is being done, and if not to make improvements) Expected completion Date:15 January 2022
3. Plan To start Monthly Care Plan Audit to monitor the compliance. Expected completion Date: 30 January 2022

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

Observation: Inspectors were not provided with evidence that residents had provided consent on the use of their restraint and the information in care plans was not aligned

with practice.

Action: Plan to review the restraint policy (use of bed rails and bed bumpers) and to develop appropriate documents that provide evidences for safe use of restraints.

1. Personalised Care plan to manage behaviours that challenge with evidences that alternatives had been trialled prior to the use of restraint.
2. Obtaining Consent
3. Checklist to ensure safe use.

Expected Completion Date: 27 February 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 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	30/11/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	30/12/2021

	appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/01/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/01/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	30/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	22/12/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/01/2022
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.	Substantially Compliant	Yellow	28/02/2022