



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

## Issued by the Chief Inspector

Name of designated centre:	St Vincent's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Coosan Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0039644

## About the designated centre

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

St Vincent's Care Centre is registered to accommodate a maximum of 35 residents, both males and females, over the age of 18 years who require long-term and respite care, ranging in care needs from low to maximum dependency, and including the care of residents with dementia, parkinson's disease and multiple sclerosis. The centre is based over two floors, with a separate day care facility and palliative care residential unit attached to the building. Accommodation consists of a mixture of single, double and three bedded bedrooms. Communal facilities include dining rooms, day rooms, family room, hairdressing room and an enclosed garden courtyard. The philosophy of the centre is to provide resident-centred care by a knowledgeable, skilled, vigilant and proactive team who are positively motivated by caring for older people. Care is aimed at preventing untoward events and negative experiences for the resident and ensure that each resident receives optimum quality holistic care.

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

Number of residents on the date of inspection:	28
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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 22 March 2023	09:00hrs to 17:00hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in St. Vincent's Care Centre told the inspector that the service met their individual needs and the residents felt safe and comfortable living in the centre. Residents complimented the staff, who they described as courteous, helpful and trustworthy.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the premises with the person in charge who demonstrated the upgrades that had been made to the premises since the last inspection. This included redecoration of the main entrance foyer. Some bedrooms were being redecorated on the day of inspection.

There was a welcoming and relaxed atmosphere in St. Vincent's Care Centre. In the morning, residents were observed spending time in their bedroom while listening to the radio or watching television. Some residents were reading the daily newspaper in the dayroom. Other residents chose to remain in bed until late morning and their choice was respected. Breakfast was provided later to those residents, upon waking and at their request. Residents told the inspector that they were free to 'come and go as they wish'. Some residents enjoyed time outside of the centre with the support of external healthcare professionals, family, and friends. Residents told the inspector that staff were prompt to answer their call bells and they felt that staff were not rushed and had time to engage with them while providing them with assistance.

The centre provided accommodation to 35 residents in both single and shared bedroom accommodation that was laid out over two floors. There was a large passenger lift available for residents to move freely between each floor. There was also an additional bedroom available for residents who were receiving end-of-life care. There was also a spacious family room opposite the bedroom to allow relatives and friends to be with residents during their end-of-life.

The provider had progressed to redecorate some of the premises since the last inspection. A number of vacant bedrooms had been redecorated and this included repainting of walls and replacement of damaged floor coverings. Redecoration of the centre was progressing in a planned manner so as not to cause disturbance to residents living in the centre. However, there were areas of the premises that were in a poor state of repair. Walls were visibly damaged with plaster was deteriorating on some of the bedroom walls. Floor coverings were also observed to be damaged in some areas. Residents occupying a shared room told the inspector that they looked forward to redecoration of their bedroom.

There was a patio courtyard available to residents. The garden area was accessible through the dayroom on the ground floor. The garden area was well maintained, with the exception of a wooden gazebo structure that was in a poor state of repair. Residents were generally satisfied with the layout and design of the premises. One

resident told the inspector that they could choose to spend time in the dayroom or their bedroom but would prefer more choice with regard to communal space. The centre had a relaxation room. However, this was not accessible to residents as it was used for storage. Residents also had access to a dining room on both floors, an oratory and a designated smoking room. There were also facilities for residents to meet their relatives and friends in private if they wished.

A number of fire doors did not close effectively when the automatic door closing device was activated. The inspector observed visible gaps between the doors when closed. This meant that doors may not be effective to contain smoke or fire in the event of a fire emergency. In addition, there were areas of the premises where there were visible spaces around pipes and service ducting penetrated the walls, further impacting on fire safety precautions.

Overall, the centre was clean, with the exception of areas where floor coverings were damaged and resulted in a build-up of dirt and debris. Staff were seen to wear personal protective equipment (PPE) such as surgical masks appropriately throughout the inspection.

Residents were encouraged to personalise their bedroom space and some residents displayed pieces of artwork they had completed, photographs, and ornaments. Residents expressed their satisfaction with the facilities provided for the storage of their personal possessions and clothing.

Resident's personal clothing was laundered on site five days per week. The laundry area was laid out to minimise the risk of cross infection. Residents reported their satisfaction with the laundry service.

The resident's dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. There was a choice of main course and dessert. The food served was of a high quality and was attractively presented. Residents in all areas had access to snacks and drinks, outside of regular mealtimes. Staff were observed to provide assistance and support to residents in a person-centred manner. Residents complimented the quality and quantity of food they received.

There was an activity programme on display and some residents were aware of the programme content. Group activities took place in the ground floor dayroom and residents were observed to enjoy bingo and the company of staff and fellow residents. A number of residents on the first floor were not provided with meaningful activities. Those residents were observed to be unsupervised in the dayroom and there was minimal social engagement or activities other than the television viewing.

Visitors were seen coming and going during the inspection and were welcomed by staff.

## Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to;

- assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- review the actions taken by the provider to address issues of non-compliance identified on the last inspection of the centre in April 2022.

The findings of this inspection were that while there was an established governance and management structure overseeing the quality and safety of the service, action was required to ensure that management systems were effectively implemented to ensure a safe, consistent and quality service was provided to residents living in the centre, particularly with regard to the oversight and management of risk, and the systems to monitor and improve the quality and safety of the service provided to residents. The inspector found that the provider was progressing with a compliance plan to improve the quality and maintenance of the premises, and infection prevention and control practices. However, the actions taken to date were not sufficient to ensure full compliance with those regulations. Further action was also required with regard to fire safety, residents assessments and care plans, and to ensure residents social care needs, in relation to the provision of activities, were met.

The Health Service Executive is the registered provider of St. Vincent's Care Centre. There was a clearly defined management structure in place that identified clear lines of authority and accountability. The management team consists of a general manager, a manager for older persons services, and the person in charge. Within the centre, the person in charge was supported by three clinical nurse managers. On the day of inspection, there were two vacant clinical nurse manager positions. Those positions were temporarily filled by a nurse manager from another centre and a clinical nurse specialist in activities. Their roles included the delivery of direct nursing care to residents, and supporting the person in charge both clinically and administratively.

The provider had a number of quality assurance systems in place to supervise and monitor the quality of the care provided to residents. This included monitoring of key clinical performance indicators, such as the incidence of wounds, falls, residents at risk of malnutrition, and the use of restrictive practices. A number of audits had been completed across clinical and environmental aspects of the service. However, where deficits were identified from audit findings, and improvement action plans developed, there was no evidence of the improvement actions being completed to improve the quality of the service for residents. For example, an infection prevention and control audit completed in October 2022 had identified over 30 risk issues. However, there was no record of the actions taken to implement or review the status of those actions required to address the risks.

Risk management systems in the centre were guided by the centre's risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed, however, the risk management systems were not effectively or consistently implemented. For example, risks specific to fire safety had not been reviewed to reflect outstanding fire safety works that may impact on the safety and welfare of residents. This included risks associated with the containment of fire where fire stopping works were not completed. The exclusion of such risks from the centre's active risk register impacted on the centre's ability to minimise, monitor and appropriately manage the risk to residents.

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames.

A review of the centre's staffing roster on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents, given the size and layout of the building. The staffing structure consisted of clinical nurse managers, registered nurses and health care assistants. Multi-task attendants supported the service through housekeeping and catering duties.

A review of staff training records found that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an appropriate knowledge with regard to safeguarding of vulnerable people, fire safety, and infection prevention and control. Staff were appropriately supervised and supported by the management team and there were formal induction and performance appraisal processes in place to support staff.

There were effective record-keeping systems in place. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. A sample of staff personnel files reviewed contained all the information as required by the regulations.

### Regulation 15: Staffing

There was a sufficient staff level, with an appropriate skill mix of staff on duty to meet the needs of the current 28 residents, and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

The person in charge confirmed that staffing levels were continuously reviewed and would be adjusted as the centres occupancy increased, and residents dependency needs increased.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had completed up to date mandatory training in safeguarding of vulnerable people, fire safety and manual handling. Staff had also completed training relevant to infection prevention and control.

There were satisfactory arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspector reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Nursing records were maintained on an electronic system that was made accessible to the inspector for review. Daily health and social care needs were documented in the electronic system for each resident.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- The systems of clinical and environmental audit had developed improvement action plans that were not consistently subject to time frames for completion or progress review. For example, improvement action plans following audits of clinical documentation, and infection prevention and control practices, had identified that action was required in a number of areas. However, those actions had not been completed and some deficits and issues persisted.
- The risk management systems were not effectively implemented to ensure that risk was effectively identified, recorded and managed in line with the centre's own policy. Environmental risks, such as those associated with fire

safety, were not recorded or managed effectively.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

### Quality and safety

The inspector found that residents received a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with the quality of the care they received. However, action was required by the provider to ensure residents received safe care in an environment that was well maintained, and protected residents from the risk of fire. Further action was also required to ensure resident's social care needs were met, and that resident's assessments and care plans reflected the care they received.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire fighting equipment were available for review. Arrangements were in place for the daily, weekly and monthly checks of the fire alarm systems, fire-fighting equipment and the integrity of fire doors. Each resident had a completed personal emergency evacuation plan (PEEP) in place to guide staff on the safe and timely evacuation of residents in the event of a fire emergency. However, action was required to ensure full compliance with Regulation 28, Fire precautions, and ensure resident safety in the event of a fire. For example, some fire doors did not close completely when released which compromised their function to contain the spread of smoke and fire in the event of a fire emergency.

The provider had taken some action to improve the quality of the premises since the previous inspection. This included maintenance works to replace floor coverings in communal areas and the removal of carpets from the Chapel. A programme of painting and redecoration was underway, and a number of bedrooms had been redecorated. However, there were many fixtures and fittings, flooring, and items of furniture that were worn, torn and chipped, and generally in a poor state of repair. This is discussed further under Regulation 17: Premises.

The inspector reviewed a sample of assessments and care plans and while there

was evidence that the residents' needs were being assessed using validated tools, some care plans reviewed did not reflect person-centred guidance on the current care needs of the residents. Consequently, the care plans did not provide accurate information to guide appropriate care of the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents were provided with appropriate access to medical and healthcare services. Arrangements were in place for residents to access the expertise of health and social care professionals, such as dietetic services, speech and language, physiotherapy and occupational therapy, through a system of referral.

The centre had facilities to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met. Records detailed the resident's preferences with regard to hospital transfer, their advanced care planning arrangements and end-of-life care needs and wishes.

The person in charge monitored the use of restrictive practices in the centre, such as bedrails. There was a systematic approach to the assessment of restrictive practices. These practices were only initiated following an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned. Arrangements were in place to support residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) through assessment, monitoring and implementing person-centred interventions to support the residents to manage their behaviours.

Residents told the inspector that they felt safe living in the centre and that staff respected their choice and preferences and treated them with dignity and respect. However, the inspector found that not all residents had equal access to the daily activity programme and some residents were observed to spend long periods without social engagement in a communal dayroom. Residents were provided with access to independent advocacy services and a number of residents were using the service at the time of the inspection. Residents were provided with access to daily newspapers, radio, television and telephone.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Visits were encouraged and residents could meet their relatives or friends in the privacy of their bedroom or in a designated visiting area if they wished.

Residents were also facilitated to go out to local amenities with their visitors.

Judgment: Compliant

### Regulation 13: End of life

An assessment of resident's end of life care needs was completed on admission to the centre and was reviewed with the residents and, where appropriate, their relatives at intervals not exceeding four months as part of the care plan review process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

### Regulation 17: Premises

While there was an ongoing maintenance programme, there were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- There were areas within residents bedrooms where large areas of paint and plaster had dislodged from the walls.
- The floor lining was damaged in some areas and lifting away from the wall causing visibly damage to the wall and exposed plaster. Adhesive tape was used to secure floor coverings and this significantly impacted on effective cleaning of those areas.
- Equipment used by residents was in a poor state of repair. For example, items of furniture such as bedside tables and lockers were visibly damaged.
- Corridor walls were visibly chipped, damaged, and stained.
- A wooden garden structure was in a poor state of repair. The floor and seating within this structure was damaged, presenting a risk of fall's to residents.
- Recreational space such as the relaxation room was not accessible to residents as it was used to store equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

At the time of the inspection, improvements were required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for containing fire in the designated centre required further action. This was evidenced by;

- Some fire doors did not function correctly. For example, three corridor fire doors did not fully close when released and one door was prevented from closing due to a modification of the door. This compromised the effectiveness to contain the spread of smoke and fire.
- There were some areas where services such as pipes and electrics penetrated the walls and ceiling. There was a visible hole around the services in, for example, the laundry area.

While the provider had completed a fire safety risk assessment of the centre in 2021, the corresponding action plan did not detail the actions that had been completed, the works outstanding, or a time frame for completion of fire safety works. This is actioned under Regulation 23: Governance and Management.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- A resident did not have a comprehensive assessment completed. A resident with a significant recorded weight loss did not have a nutritional assessment completed, or care plan updated to reflect their changing needs.
- Care plans were not reviewed or updated when a residents condition changed. For example, the care plan for a resident with swallowing difficulties had not been updated to reflect the residents prescribed modified consistency dietary and fluid requirement.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services such as physiotherapy were available to residents weekly and services such

as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Residents who experienced responsive behaviours received care and support from staff that was kind, polite and non-restrictive.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents did not have equal access to participate in activities in accordance with their interests and capacities. The inspector observed some residents spending long periods of time without social engagement in the first floor dayroom and in their bedroom with no activities taking place.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Vincent's Care Centre OSV-0000483

Inspection ID: MON-0039644

Date of inspection: 22/03/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The management governance and systems have been reviewed and to ensure compliance with Regulation 23: Governance and Management, the following are in place to ensure that the service provided to residents is safe, appropriate, consistent and effectively monitored:</p> <ul style="list-style-type: none"> <li>• Oversight of Governance and management systems was reviewed and a number of actions with specific timeframes identified as per this Compliance Plan.</li> <li>• Auditing system and documentation in place have been reviewed with roles and responsibilities regarding identifying action plans/recommendations with specific timeframes communicated by the staff auditors and the Link Nurse Practitioner for Infection Control to the staff member responsible for completing the action/recommendation.</li> <li>• Monthly auditing of key performance indicators to continue, with an audit Feedback form developed for each audit tool.</li> <li>• Quality Care Metrics are being commenced in the centre. This is an overarching audit tool providing a measuring system in relation to nursing care and standards in 22 areas, within specific target timeframes for completion.</li> <li>• Risks pertaining to fire safety have been reviewed and additional controls put in place where required to manage the risk effectively. The Risk register continues to be reviewed in line with the centre’s Risk Management Policy.</li> <li>• Compliance plan to improve the quality and maintenance of the premises, and infection prevention and control practices has been updated to include further actions following the inspection.</li> </ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A programme of scheduled maintenance works was in progress on the day of the inspection as noted by the Inspector. This programme of works has been revised to encompass further works to ensure compliance with Regulation 17: Premises. This includes:</p> <ul style="list-style-type: none"> <li>• Painting and decorating of the remaining bedrooms and corridors and to include repairs to plaster, removal of stains.</li> <li>• Repairs/replacement of floor covering as required, with particular attention to the removal of any adhesive tape used to attach floor covering</li> <li>• Review of all fixtures and fittings with repairs/replacement where required. Any residents' equipment which require repairs are notified to maintenance or the clinical engineer by staff members as they occur.</li> <li>• A new floor is replacing the floor in the Gazebo (wooden structure) in the garden, which is suitable for outdoor weathering and is a non-slip surface. The seating within the Gazebo is being repaired and repainted</li> <li>• The use of the Relaxation room has been reviewed and is being re-fitted as a Relaxation room.</li> <li>• The scheduled New Build community nursing unit, has commenced on a green field site. This will provide residents with the option of ensuite toilet and bathroom/shower facilities with greater communal and personal space, thus promoting each resident's privacy.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The following measures are in place to ensure compliance with Regulation 28: Fire Precautions:</p> <p>To ensure full compliance with Regulation 28, the following measures are in place:</p> <ul style="list-style-type: none"> <li>• Recently completed upgrade Fire works were "snagged" and rectified as required e.g. fire proofing of any visible spaces around pipes and service ducting which penetrated the walls. This also included modification to the fire door being corrected.</li> <li>• A specialised fire consultancy firm have completed a check of the works required as per their Fire Risk Assessment report. They have confirmed that all works have been completed to the required standard and that a certificate of compliance has been issued for same.</li> <li>• Maintenance audit of all fire doors to ensure effectiveness of closing. This is also reviewed on a weekly basis following the weekly activation of the centre's fire alarm.</li> <li>• Risks pertaining to fire safety have been reviewed and additional controls put in place where required.</li> </ul>	

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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:

The following measures are in place to ensure compliance with Regulation 5: Individual Assessment and Care plan:

- Electronic Health Care system is used for nursing documentation and identifies when the individual resident’s care plan or assessment is due for review.
- Residents have a comprehensive nursing assessment completed on admission, and a care plan developed within 48 hours of admission. This is updated as required under Regulation 5 i.e. 4 monthly or more frequent if the resident’s condition/needs changes.
- Monthly audit of care planning by the Clinical Nurse Managers is in place, with recommendations for any actions required and timeframes for these, notified to the allocated staff to complete.
- Quality Care Metrics is commencing in the centre and will monitor key areas e.g. Care Planning
- Continuation of care planning training with the staff nurses by the Clinical Nurse Facilitator, on key areas which had been identified on the monthly audit of care planning and by the Inspector. Sample care plans have been devised as a guidance tool, to reflect the person-centred care information that may be required for a resident.
- One to one workshops on care planning by the Clinical Nurse Facilitator for staff members if indicated following audit/care plan reviews.
- Oversight audit of all care plans is in progress by the nursing management team.
- Named nurse system in place. All Staff Nurses are aware that the resident’s care plan requires updating if any changes occur to the resident’ care needs, irrespective of the named nurse being on duty at that time. This is communicated to staff through team meetings, the unit’s communication book and the Clinical Nurse Manager of the unit.

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

A planned activity schedule is in place which changes each week and is displayed on each unit. There is also a large interactive board which displays relevant information re activities to the residents. The schedule is being reviewed to ensure that each unit has provision for providing meaningful activities for those residents who do not wish to participate in the specific planned activity or attend another unit for activities. The residents have a choice of attending activities, to change the scheduled activity and/or an individual resident will be facilitated in individual activities at that time, if they so wish,

as has been the practice in the centre.

Sonas training has been sourced for the activities team members and the Sonas programme is factored into the reviewed Activity Schedule.

All residents have a Meaningful Activities assessment completed and this is reviewed on a four monthly basis or more frequently if required and guides in the provision of individual activities. Training sessions are planned for staff nurses on the use of the Meaningful Activities Assessment. This assessment offers advice for each of 4 ability levels and creates an activity profile for the resident so that activities can be tailored to their ability. The use of the Relaxation room has been reviewed and is being re-fitted as a Relaxation room.

Other items e.g. Newsletter, activities workshop for staff members are planned in order to grow the activity programme further.

## 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.	Substantially Compliant	Yellow	31/07/2023
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.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	04/04/2023

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	04/04/2023
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	31/07/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2023

