



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

Issued by the Chief Inspector

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| Name of designated centre: | St Colman's Residential Care Centre |
| Name of provider: | Health Service Executive |
| Address of centre: | Ballinderry Road, Rathdrum, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 April 2023 |
| Centre ID: | OSV-0000492 |
| Fieldwork ID: | MON-0038774 |

About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both Male and Female, over the age of 18 years. Accommodation is provided on three units, Primrose Place (26 female), Clover Meadow (30 male), Lavender Vale (30 female, 5 male and 1 rehab). Bedroom accommodation is mostly multi-occupancy three and four bedded rooms. There are two twin rooms and four single bedrooms - two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 84 |
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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 19 April 2023 | 09:20hrs to 17:35hrs | Bairbre Moynihan | Lead |
| Thursday 20 April 2023 | 09:00hrs to 16:20hrs | Bairbre Moynihan | Lead |
| Wednesday 19 April 2023 | 09:20hrs to 17:35hrs | Lisa Walsh | Support |
| Thursday 20 April 2023 | 09:00hrs to 16:20hrs | Lisa Walsh | Support |

What residents told us and what inspectors observed

Inspectors greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in St Colman's Residential Care Centre and in more detail with ten residents. Overall, residents were highly complimentary of the care they received and the food with one resident stating that "the food is top class".

Inspectors arrived in the morning to conduct a two day unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. Inspectors were greeted at the entrance by the person in charge and following a brief introductory meeting were guided on a tour of the premises with both the person in charge and the assistant director of nursing.

St Colman's Residential Care Centre is registered to accommodate 92 residents with 84 on the day of inspection. Four of the beds were for residents who required respite care, one rehabilitation bed and two beds were for residents requiring palliative care. The remaining beds were for long term care residents. The premises is a single storey building containing three residential units and two day centres. The three units were generally four bedded multi-occupancy rooms with shared toilet and showering facilities within the room. A small number of single rooms had en-suite facilities. Communal space was available on each unit and consisted of open plan sitting and dining rooms. Primrose Place and Clover Meadow both contained homely sitting rooms where residents could relax and watch the television or meet their visitors in private. In addition, there was a snozelan and a large chapel which was also used for resident activities. A conservatory located beside the dining/sitting room off Clover meadow was in use by staff as a staff room. This will be discussed later in the report. The centre was surrounded by footpaths and residents could go out to the hens, ducks and a goat that were cared for by the residents from the sheltered housing onsite.

The registered provider had employed 2.9 activities assistants and one wholetime equivalent (WTE) activities co-ordinator. On both days on inspection due to leave one activities co-ordinator was covering all three units. Activities observed included bingo, exercises and a quiz. A small number of residents took part in the activities in the chapel, however, inspectors observed that one person was challenged to provide meaningful activities over three units. Residents were observed sitting for long periods in Primrose place sitting/dining area with little stimulation other than the television. Management stated that they had identified this and were carrying out a review on how all staff could be involved in providing activities to residents. Notwithstanding this, inspectors were informed that music had returned to the centre and a "St Colman's got talent" competition was on the weekend prior to inspection with both residents and family members taking part. Birthdays were celebrated while inspectors were onsite. A music and movie streaming service was available for residents on the main televisions. WIFI was not available for residents in the centre. Inspectors were informed that the centre has been provided with

money by the HSE to install WIFI and were awaiting installation at the time of inspection. Residents had access to newspapers and some residents were observed reading them over the two days of inspection. Mass was celebrated onsite three times weekly.

The dining experience was observed in all three units over the two days. Residents were provided with a choice at mealtimes and inspectors were informed by a number of staff that residents on a modified diet received the same choice. The food was freshly prepared onsite. Staff were generally available to assist in all three units. On the evening of the first day of inspection a small number of residents attended Primrose Place and Clover Meadow dining rooms, the remaining residents were eating at their bedside. Inspectors were informed that residents were asked each day when they get the menu where they would like to eat their meals. Outside of mealtimes inspectors observed residents being served with snacks and drinks.

Feedback from residents was received through resident meetings and satisfaction surveys. A schedule of resident meetings was on display in a number of locations throughout the centre. Three sets of resident meeting minutes were available for review on the day of inspection. Inspectors were informed that three meetings had been cancelled due to outbreaks of infection and that four other meetings had taken place, however, these minutes were not available on the day of inspection. However, a review of the minutes available indicated that issues raised at these meetings were not always addressed. A time bound action plan for the residents' satisfaction survey was submitted following inspection.

A number of visitors were observed in the centre throughout the two days of inspection. It was evident that visitors were welcome and visitors spoke of the rapport that they had with staff. Visitors were not required to make a booking and this was confirmed by visitors.

The next two sections of the report present the findings of this inspection in relation to 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

This risk based unannounced inspection was carried out over two days to monitor compliance with regulations and standards and to assess if actions outlined in the registered providers compliance plan from the inspection in April 2022 were implemented and sustained. Overall, the majority of actions had been implemented for example; the centre had installed a number of clinical handwash sinks compliant with the required specifications. In addition, the complaints log was reviewed and the satisfaction or otherwise of the complainant was now documented. However, improvements were still required in the actioning of audits and the tracking and trending of incidents. Notwithstanding this, St Colman's Residential Care Centre had effective governance and management systems in place ensuring that good quality

person-centred care was delivered to residents. Improvements were required in Regulations 16: Training and staff development, 19: Directory of residents, 21: Records and 23: Governance and management.

The registered provider of St Colman's Residential Care Centre was the Health Service Executive (HSE). The person in charge reported to the manager for older person services, who in turn reported to the head of service in CHO6. The manager for older person services attended the feedback meeting at the close out of the two day inspection. The person in charge was supported in the role by two assistant directors of nursing, one of which was a new post with a person newly appointed to the role, clinical nurse managers on each unit, staff nurses, healthcare assistants, catering, household, activities, laundry, administration and maintenance staff. In addition, the registered provider had access to a falls co-ordinator. This role was a recent addition to CHO6 and the role was evolving at the time of inspection.

Inspectors were provided with a training matrix. Staff had access to mandatory training and the registered provider had a number of train the trainers onsite including trainers for cardio-pulmonary resuscitation, manual handling, managing behaviours that challenge and hand hygiene. In addition, three staff had recently completed a train the trainer course in the principles and practices of cleaning. All staff who administered medication had completed online medication management training within the last year and manual handling for all staff was up-to-date. However gaps were observed in training which will be discussed under the regulation.

The annual review of quality and safety of care was completed aligned to the National Standards for residential care settings for older persons in Ireland. The review contained a time bound improvement plan with improvements including for example; a plan to increase resident excursions outside the centre by the end of 2023. Systems of communication were in place between the person in charge and management within CHO6. In addition, meetings took place with the person in charge and the management team within St Colman's. Agenda items included advocacy arrangements and activities within the centre. A quality and safety meeting took place quarterly, attended by the person in charge, assistant directors of nursing, clinical nurse managers and the health and safety representative. Areas discussed included complaints, audits, infection control and fire drills. Twice daily handover meetings were conducted in unit areas. Monitoring of the service took place through audit. Audits completed included audits on pressures ulcers, medicines and infection prevention and control. No action plan accompanied audits reviewed. Staff were pro-active in reporting incidents. The majority of incidents reviewed were falls related and a small number of medication incidents and incidents relating to skin tears. Serious incidents where residents required medical intervention were reported to the office of the chief inspector within the required timeframes.

A directory of residents was requested by inspectors. Information was available for the resident and the residents next of kin such as their name, address, date of birth, sex and marital however information was in a number of places and some

information required was not available.

An inspector reviewed a sample of staff files. Files contained up-to-date garda (police) vetting and evidence of the professional registration of nurses. However, gaps were found in the employment history of files viewed. This will be discussed under the regulation. Notwithstanding this, an inspector was informed that the registered provider had commenced introducing an employment history record to mitigate this issue.

An inspector reviewed four contracts for the provision of services which contained all the information outlined in the regulations.

Regulation 15: Staffing

The centre had sufficient staffing on the day of inspection taking into account the assessed needs of the residents and the size and layout of the centre. For example: on day one of inspection the centre had the person in charge and an assistant director of nursing on duty who were both supernumery, two clinical nurse managers (one CNM2 in Lavender Vale and a CNM1 in Clover meadow). There were 10 staff nurses between the three units and 18 healthcare assistants, eight of whom finished work at 1730 and the remaining healthcare assistants worked until 2030hrs. There was one activities co-ordinator to cover all three units. This will be discussed under Regulation 9: Residents' rights.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in training and staff development were identified:

- 48 staff had not completed safeguarding training.
- 45 staff training on managing behaviours that challenge was out of date.
- 14 staff fire training was just out of date since February and March 2023.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was requested by inspectors, however, information required under regulation 19 was in a number of places. For example;

- There was an electronic admissions database held centrally which did not have any information for residents transferred to a hospital.
- A notebook for residents who were transferred to hospital was kept on each unit.
- A resident admission folder was in place with a separate discharge folder in place.

The information provided to the inspectors did not include all of the information that is required under Schedule 3 of the regulations. For example:

- Address and telephone number of residents' general practitioner (GP) was not available in all records reviewed.
- The cause of death where a resident died at the designated centre was not available in all records reviewed.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a sample of five staff files. Three of the five staff files reviewed, did not have a record of full employment history, together with a satisfactory history of any gaps in employment.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the registered provider had assurance systems in place, these were not robust enough to be assured of the quality and safety of the service. For example:

- Audits reviewed did not contain a time bound action plan. For example; an infection control audit completed identified issues. No action plan accompanied the audit and inspectors identified that findings from the infection control audit were also identified on the day of inspection.
- Tracking and trending of incidents was not taking place therefore it was difficult for staff to identify trends and share the learning.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. These included the services to be provided, details of any fee's payable by the residents and services that were not covered by the Nursing Home Support Scheme and incurred an additional charge.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall residents were supported to have good quality of life in St Colman's Residential Care Centre which was respectful of their wishes and choices. Residents had access to a high level of medical and nursing care. Furthermore, residents had timely access to health and social care providers. Inspectors were informed that timely access was now available to a dietitian and a speech and language therapist. Regulations requiring action included Regulations 17: Premises, 27: Infection control, 28 Fire Precautions, 5: Individual assessment and care planning, 7: Managing behaviours that challenge and 9: Residents' Rights.

The centre had open visiting. Visitors were required to sign a visitors book and wear a mask but were not required to make a booking. It was evident that visitors were welcome in the centre.

St Colmans' Residential Care Centre had an ongoing maintenance programme. Since the inspection in April 2022 the registered provider had installed a number of clinical hand wash sinks that were compliant with the required specifications. The laundry had been reviewed to ensure a dirty to clean flow and this area was observed to be clean and tidy. Janitorial sinks were inserted in all domestic storerooms along with a clinical handwash sink. The centre was generally clean on the day of inspection with few exceptions. Housekeeping staff were knowledgeable about their role and were able to clearly describe the processes for cleaning in place. The registered provider had identified an infection control link nurse who had completed the required training. The staff member did not have assigned hours for the role but management stated that the staff member was freed up when required. The role of the link nurse included completing for example; environmental audits. In addition, a nurse was identified who completed monthly audits of antibiotic usage and submitted this data nationally. On the first day of inspection national guidance on

mask wearing in designated centres had changed. Staff were continuing to wear masks in St Colman's on both days of inspection. Management stated that there was a plan to cease mask wearing unless staff choose to wear them by the end of April. A risk assessment was provided to inspectors. Notwithstanding the good practices in the centre areas for action were identified under regulations 17 and 27.

The registered provider had an up to date fire safety policy in place. Systems were in place for monitoring fire safety. The fire alarm system met the L1 standard which is in line with the current guidance for designated centres. Yearly and quarterly servicing of the fire extinguishers, fire alarm and emergency lighting took place as required. Inspectors were informed that fire drills were taking place weekly. Staff were able to describe the evacuation procedure and identify the compartments and the number of residents in each compartment. In addition, doors in Lavender Vale did not have automatic door closures installed on doors. Inspectors were informed that the closing of these doors formed part of the fire drill. Staff were able to describe this action as part of the fire evacuation plan. Fire drills identified learning outcomes. However, improvements were required in the fire drills which is discussed below. Audits were completed of the daily and weekly checks of for example; the means of escape.

Inspectors' reviewed a sample of care plans and validated assessment tools. Care plans were updated four monthly, were comprehensive and guided staff to provide person-centred care in accordance with residents' needs. However, validated assessment tools were not always updated at four monthly intervals as required.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and consistent approach to managing responsive behaviours. Behavioural assessments were completed and informed a holistic approach to managing residents' responsive behaviours. However, the centre continued to have a high use of bedrail usage. A bedrail risk assessment was undertaken prior to applying the restrictive device and an inspector was provided with evidence that the centre was trialling alternatives to bedrails.

The registered provider had systems in place to protect residents from abuse. Staff were knowledgeable about what constitutes abuse, however, there were gaps in staff training which are discussed under the domain of capacity and capability. Good practices identified are discussed under Regulation 8: Protection.

Residents gave positive feedback regarding life and care in the centre. Inspectors identified that staff were knowledgeable about resident's likes and interests. Residents had access to televisions, however, the placement of these in some multi-occupancy rooms required review. Residents were supported to exercise their civil, political and religious rights. There was an activities notice board with a programme of events scheduled. A newsletter was available for residents which included pictures and details of St. Patricks Day celebrations and a visit from Alpaca's to the centre. Residents had access to independent advocacy services.

Regulation 11: Visits

No visiting restrictions were in place in the centre and visitors confirmed this to inspectors. A number of visitors were observed in the centre over the two days of inspection.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with schedule 6 of the regulations. For example;

- In a small number of instances residents' personal storage was not within the residents' bedspace. For example; in Primrose Place and Lavender Vale. This was also identified in a residents' survey completed.
- A room registered as a conservatory was in use as a staff room.
- Store rooms in Primrose Place and Clover Meadow required review as resident equipment and pillows were stored in the same room as residents' laundered clothes which were awaiting delivery to the residents' bedspace. This posed a risk of cross contamination.
- A number of floor tiles were observed to be damaged or missing. For example in Clover Meadow. This posed a falls risk to residents. The inspectors were informed that there was a tiling replacement programme in place.
- General wear and tear was noted throughout the centre. For example; chipped doors and walls requiring repainting.
- Exposed piping was observed just below the ceiling in the bathroom and sluice room in Lavender Vale which had not been enclosed following the renovation of the bathrooms. This was observed on the inspection in April 2022 and remained an issue.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors observed that the centre was generally clean on the day of inspection, however, improvements were required in order to ensure procedures are consistent with the national standards for infection prevention control in community services. For example;

- A bed pan washer on Lavender Vale and a macerator on Primrose Place were

broken on the day of inspection. Staff were decanting human waste into the sluice hopper and disposing of the bedpans in a black bag. This procedure increased the risk of the spread of multi-drug resistant organisms, for example; clostridioides difficile.

- A chlorine based solution was routinely used on frequently touched areas.
- There was inappropriate placement of clinical waste bins throughout the centre. For example; at the visitors entrance at Lavender Vale and in the Day centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required in fire precautions so that the registered provider is assured that residents could be safely evacuated in a timely manner. For example;

- While weekly fire drills were taking place there was no documented evidence provided to inspectors at the time of inspection that a fire drill of the largest compartment with night time staffing levels had taken place recently. A night-time fire drill was completed and submitted to the office of the chief inspector following the inspection but not with the largest compartment.
- A fire door on the N11 corridor in Lavender Vale was slow to close. Management stated at the feedback meeting that they were aware of this and it was awaiting review by maintenance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An inspector reviewed a sample of care plans and validated assessment tools. The inspector identified that not all validated assessment tools were reviewed at four monthly intervals. For example; in one file reviewed the assessment tools had not been updated since July 2022. Furthermore, an audit was completed in January 2023 which identified that these required updating and it had not been addressed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' had access to a general practitioner who attended onsite for 15 hours per

week. Outside of working hours an on call service was used. A full-time physiotherapist was onsite. This post was vacant at the time of inspection but the gap was covered by agency staff.

Improvements were identified in residents' access to a dietitian since the inspection in April 2022. A dietitian attended once weekly and was available by phone outside of the weekly visit. An occupational therapist attended onsite monthly and speech and language therapy as required. A consultant geriatrician attended onsite once every fortnight. Additionally, the "emergency department in the home" service attended on request. The centre had access to a mobile xray unit if required.

Monthly weights were completed on residents and staff had a good overview of residents' weight loss and gain and referrals made when required. Weekly observations were completed or more frequently if required. Wound assessment charts were in place for those residents with wounds and were updated regularly.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the registered provider had endeavoured to reduce the number of bedrails in a small number of residents further actions were required:

- The level of bedrail usage remained high with 27% of residents having bedrails in place.
- Documentation on for example; bedrail assessments and care plans were not completed on a resident where bedrails were reintroduced following a successful trial without them. While the inspector was informed that the resident's condition had changed there was no supporting documentation for the decision to re-introduce them.
- Minutes of a multi-disciplinary team meeting (MDT) were reviewed. Residents who had behaviour that is challenging were discussed. However, the outcome recorded for a small number of residents was not in line with what was observed in residents' files on the day of inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had assurances in place to safeguard residents and protect them from abuse.

- Staff had access to safeguarding training with 48 staff outstanding on the day of inspection. This was discussed under Regulation 16: Training and staff

development.

- Staff spoken with were knowledgeable about what constitutes abuse, the different types of abuse and how to report any allegation of abuse.
- Records reviewed had the required Garda (police) vetting disclosures in place for staff prior to commencing employment in the centre.
- The registered provider was a pension agent for 29 residents. Systems were in place for the management of residents' finances through the HSE central system and a local client account where residents could access their money. Individual records were kept for each resident that had money in the client account. This was checked by two staff members.

Judgment: Compliant

Regulation 9: Residents' rights

Actions were required by the registered provider to ensure that residents' rights were respected and their social care needs were met. Areas to be addressed included:

- There was one activities coordinator on both days of inspection. A small number of residents participated in activities such as a quiz and bingo. However, not all residents had opportunities to participate in activities in accordance with their interests and capabilities. For example; residents in the sitting/dining area in Primrose place were observed watching television on the afternoon of the second day of inspection.
- The placement of televisions in residents' rooms required review. For example; in a multi-occupancy room the TV was positioned on a height, on top of the wardrobe.
- Residents had raised issues in residents' meetings in February 2023 and August 2022 for example; around privacy and dignity. However, issues raised were not addressed either under the complaints process and no time bound action plan accompanied the meetings so it is unclear if these issues were addressed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | 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 | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0038774

Date of inspection: 20/04/2023

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 16: Training and staff development | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff training in all mandatory requirements shall be met for each staff by the 30th August 2023. Training in key areas have already received a specific focus and the PIC will review training update rates at the end of each calendar month. The PIC will discuss same with Provider representative and corrective action will be taken where necessary to ensure all staff meet with their obligations under Mandatory training headings.</p> <p>Safeguard training for all 48 staff identified during Inspection has been completed.</p> | |
| Regulation 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Completed to standard of schedule 5.5.23. This standard will be maintained going forward and all previous iterations of same have been removed from circulation.</p> | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: | |

Employment history forms disseminated will be thoroughly reviewed on return and shall be filed appropriately. Date of completion of this action is proposed as the 31st August 2023. Record of returns will be available to view if required.

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| Regulation 23: Governance and management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Improvement Plans developed out of internal/external audits and or Resident/Service User surveys, will have defined timeframe for improvement and the accountable person identified. These action plans will be subject to ongoing evaluation and review at the local Quality & Risk Forum. Any/all actions requiring the support of the Registered Provider representative will be escalated to the Division Quality & Risk Forum.

Incident trends will be reviewed in IQRS meetings which are then shared at unit level as shared learning and actioned as necessary to address issues identified. NIMS administrator will receive appropriate training to enable the development of a suite of locally accessible reports to track incidents and incident trends in order to develop mitigation strategies.

The above information will be evaluated and compared with data secured via the new Falls Management Policy

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

The Register Provider will examine personal storage spaces within the areas/rooms reflected throughout the Inspection. Measures will be undertaken to ensure storage of resident items for daily use is maintained within the personal space allocated to each resident.

The PIC/PPIM in collaboration with the local Service Manager will engaged with HSE Estates colleagues to ensure those maintenance related issues reflected in the Inspection report are addressed.

The Conservatory shall revert back to residents space post pandemic plan as staff break area.

The "exposed pipework" referenced in Lavender Vale Ward area is subject to ongoing

upgrade and replacement. The Provider is aware that this issue was raised in previous Inspections and will ensure that the Provider's contractors/agents perform appropriately in making good all areas of repair intermittently and up until time of formal completion of works.

The PIC has reviewed areas of storage throughout the Centre and action has been undertaken to ensure that there is now risk from an IPC perspective to Residents.

Regulation 27: Infection control

Substantially Compliant

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

All equipment identified as faulty on day of inspection was repaired and/or replaced. 2nd macerator arrived on site on the 28th April and was commissioned on arrival. Normal practice of cleaning without chlorine has been reintroduced post pandemic. Yellow bins removed from clinical spaces since non mask wearing was reintroduced post outbreak.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The largest fire compartment within the Centre is that of lavender Vale Ward and as such the Fire Evacuation information supplied to the Inspectorate post Inspection was carried out on that specific Ward with night staffing levels to ensure safe evacuation practice in a timely manner. This is practiced weekly. Evidence of further drills can be supplied at the request of the Inspector.

The Registered Provider Representative has recently engaged with the Providers new Fire Safety Officer and the ongoing obligations to carry out Fire Drills is a focus for the Fire Safety Officer as is any deficits from a Fire safety perspective evidenced through Inspection or otherwise. The information pertaining to the Fire Door on the N11 corridor has been brought to the attention of the Fire Officer/Maintenance Officer for remedial action.

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Review of feedback from Audits is monitored by PIC, ADON, CNM2, CNM1 and acted upon. Checks are now in place to ensure compliance in accordance with recommendations from audit. Inspector feedback was that residents were easily identified by their care plan records.</p> <p>This matter will be kept under review and formally noted as such during the Quality & Resident Safety Forum.</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: MDT- Minutes now reflect individual identifiers/triggers of behavior requiring discussion/review by the team. Forming shared thinking and solutions on going with regular review.</p> <p>The PIC/CNM's will ensure that all records of restrictive practices are up to date within Care Plans to include measures/alternatives considered prior to putting such measures in place. On going audits/ trials without bedrails are occurring monthly and information is available to view.</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: On a date of Inspection staffing attached to the activities function was depleted due to unexpected leave absence. Notwithstanding the roles are under review with plans for further education and supplementary activities input in the sitting rooms by the care staff involved in supervisory roles in such areas.</p> <p>Review of room layout and TV points will take place with plan to rectify inability to reach at a height.</p> | |

Complaints raised in residents committee are followed up, but now will be placed formally on unit register of complaints and actioned accordingly to ensure resolutions meet the residents wishes. There will be discussed with residents and formally recorded as such. Completed post inspection 4/05/2023

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Not Compliant | Orange | 31/08/2023 |
| 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 | 31/08/2023 |
| Regulation 19(1) | The registered provider shall establish and maintain a Directory of Residents in a designated centre. | Substantially Compliant | Yellow | 05/05/2023 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 05/05/2023 |
| Regulation 21(1) | The registered provider shall | Substantially Compliant | Yellow | 31/08/2023 |

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| | ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | | | |
| 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 | 31/07/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 20/04/2023 |
| 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 | 09/06/2023 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for | Substantially Compliant | Yellow | 31/07/2023 |

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| | <p>staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p> | | | |
| Regulation 5(4) | <p>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.</p> | Substantially Compliant | Yellow | 05/05/2023 |
| Regulation 7(1) | <p>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour</p> | Substantially Compliant | Yellow | 28/04/2023 |

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| | that is challenging. | | | |
| 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 | 28/04/2023 |
| 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 | 31/05/2023 |
| 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 | 30/09/2023 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is | Not Compliant | Orange | 31/07/2023 |

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| | reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | | | |
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