



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

## Issued by the Chief Inspector

Name of designated centre:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	18 February 2021
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0031814

## About the designated centre

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

The designated centre provides 24- hour nursing care to 56 residents, both male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite).

The centre is a two storey extended building located in the grounds of a hospital.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which aims to embrace positive ageing.

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

Number of residents on the date of inspection:	47
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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
Thursday 18 February 2021	12:00hrs to 18:00hrs	Naomi Lyng	Lead
Friday 19 February 2021	09:00hrs to 15:00hrs	Naomi Lyng	Lead

## What residents told us and what inspectors observed

This inspection took place over two days, where the inspector spent time on each of the Illankirka and Illangrove wards and observed the daily lives of the residents living there. While COVID-19 restrictions and precautions were in place, the inspector was able to communicate with a number of residents in each of these wards to gather their experiences of living in the centre. The overall feedback received from residents was that Virginia Community Health Centre was a great place to live, and the inspector observed that, in the main, residents were supported to lead a good quality of life in the centre. Some areas identified on inspection as requiring improvement are discussed under the relevant regulations.

Residents shared their experience of living in the designated centre during the COVID-19 pandemic with the inspector. Residents spoke about the loneliness of being apart from their families and loved ones, but acknowledged the efforts that staff had made to maintain this communication via videocalls, phonecalls and letters. One resident reported missing going out to the local town and hoped that they would be able to go out on trips away from the centre again soon. All residents who communicated with the inspector reported that staff helped them to feel safe in the centre, and some residents reported that the staff "were more like friends" and prayed for them to remain well.

The inspector also spoke with a number of staff who shared their experiences of working in the centre during the COVID-19 outbreak. One staff member reflected that it had been "an awful time for everyone", and that the outbreak had occurred at a time of great worry and uncertainty in the country, when there was still "a lot of unknown" about the COVID-19 virus. Another staff member reported that they had been keen to return to the centre following COVID-19 leave, as the centre was "like a family" and they felt a great responsibility for the care and well-being of the residents living there.

The layout of the premises promoted a good quality of life for residents. There was a large foyer area on entering the centre with cafe-style seating and decorative plants, which was used as a space to meet visitors prior to the COVID-19 restrictions and was now in use temporarily for socially distanced staff breaks. There was a variety of sitting rooms and dining areas, and residents were observed enjoying these spaces over the two days of inspection. The inspector observed that the communal spaces were tastefully decorated, with mock-stove fireplaces, baskets of turf and logs, cupboards of pottery and china, bookcases and sufficient appropriate seating. One communal space was observed to have a piano, while another had a birdcage with a pet canary. Residents had access to a large garden space and internal courtyard on the ground floor, and multiple balcony areas on the first floor overlooking the lake or garden. These areas were found to be pleasant, relaxing spaces for residents to get fresh air, and the inspector observed tasteful planting, garden ornaments, bird baths and bird feeders, and a number of seating areas.

Residents' bedrooms were comfortable and homely, and the inspector observed that they were decorated with residents' photographs, pictures and personal possessions. However, the inspector observed that the layout of some twin bedrooms did not maintain residents' privacy. For example, the configuration of the storage facilities meant that, in some cases, residents were required to encroach on each other's space in order to access their wardrobe. This is discussed further under Regulation 9: Residents' Rights. The inspector also observed that there were insufficient shower/bathroom facilities to meet residents' needs in one area, the access to bathroom facilities in two areas was restricted due to the spaces being used for storage, and some areas of the internal premises required further maintenance to ensure it was kept in a good state of repair. These findings are discussed further under Regulation 17: Premises.

A number of residents told the inspector that they were impressed with the access to medical support and allied healthcare services in the centre. One resident spoke about the difficult decision to move into the centre during the COVID-19 pandemic due to their deteriorating health. However, since their admission, they were impressed with the services available and reported that the centre "was the only place I got the help I really needed." Another resident told the inspector that they used a specialised exercise bike every day with staff assistance, and that they had noticed an improvement in their mobility following regular visits by the physiotherapist. Another resident spoke about the positive changes in the types and quantities of food they were able to eat with the help of the speech and language therapist that visited the centre.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. The inspector observed that some residents had their meals in one of the many dining areas, while others chose to have their meal in their own bedrooms. Staff were observed to assist residents discreetly and respectfully, and a pleasant relaxing experience was created over lunch time.

Residents were observed to have good access to televisions, books and music players, and one resident told the inspector that staff regularly brought him books as they knew he was an avid reader. The inspector observed that there was a residents kitchen in one unit, which enabled residents to engage in baking cakes and pastries with staff assistance as required. The inspector observed that on the days of inspection there was a staff member assigned to assist residents participate and engage in meaningful activities. However, the inspector observed that there were no planned activities available on the other unit over this period. The inspector also observed that whiteboards used to advertise the activity schedule throughout the centre were blank, and therefore residents were not able to plan their day or choose what activities they would like to partake in. This was reflected in residents' feedback over the two days in which residents told the inspector that they spent long periods of time watching television or "felt bored." This is discussed further under Regulation 9: Residents' Rights.

Residents were highly complimentary of staff, and staff were observed to be friendly, chatty and respectful in their interactions with residents over the two days of inspection. Staff spoken with were knowledgeable of residents' individual care

and support needs, and were observed to answer call bells in a prompt and polite manner, knocking on doors prior to entering.

Residents were observed to be supported to live as independently as possible in the centre, and the inspector observed hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social distancing was maintained.

There was a suggestion box in the main reception, and a residents charter and advocacy posters were placed in prominent locations. The inspector observed posters throughout the centre promoting movement and exercise, and there was COVID-19 signage in place to prompt appropriate hand hygiene and cough etiquette. However, the inspector found that the residents were not actively participating in the organisation of the centre at the time of inspection. For example, a residents' meeting had not been held in the centre since 2019 due to the advocate being unavailable to visit the centre during COVID-19 restrictions. The centre had also not conducted any resident questionnaires or surveys in 2020. As a result, the inspector was not assured that the residents' voices and opinions were being heard, and is discussed further under Regulation 9: Residents' Rights.

The inspector observed that the procedures in place for residents that smoked was not appropriate on the two days of inspection. For example, a resident was observed smoking on a communal balcony which was attached to a communal sitting room. The inspector observed that appropriate fire safety equipment and supervision was not in place, and that a lighter had been left on a bench. This impacted on residents' safety in the centre and in the residents' ability to get fresh air in a non-smoking environment, and is discussed under Regulation 23: Governance and Management.

Residents communicated with over the two days of inspection reported that they felt comfortable raising a complaint or concern with any member of staff, with a number of residents reporting that they had no complaints. The complaints procedure was displayed prominently in the centre. Records of complaints were maintained in the centre, however the inspector observed that this documentation required improvement in one area as discussed under Regulation 34: Complaints Procedures.

In conclusion, this was a good centre where residents were supported to live a good quality of life. Some areas were identified as requiring improvement on inspection and are discussed in the report under the relevant regulations.

## **Capacity and capability**

This was an unannounced risk inspection and took place over two days. The aim of the inspection was to assess the centre's preparedness for a COVID-19 outbreak. Information gathered on inspection will also be used to inform a recommendation on

the provider's application to renew registration of the designated centre.

The Health Service Executive (HSE) is the registered provider of Virginia Community Health Centre. The management structure consists of the registered provider representative (RPR), director of nursing (DON) and assistant director of nursing (ADON). The DON and ADON facilitated the inspection, and demonstrated good knowledge of the Health Act 2007 and their roles and responsibilities. The centre had notified the inspectorate of the intention for the ADON to take on the role of person in charge (PIC) in the centre. However, it was found on inspection that the ADON did not have an appropriate management qualification and therefore did not meet the criteria for the role. The inspector was given assurances on the second day of inspection that the director of nursing would continue to fulfill the role of person in charge in the centre in the interim.

The centre has a good history of compliance with the regulations and was found to be mostly compliant under the regulations reviewed on the last inspection. The inspector found that the provider had been responsive to these findings and had addressed the non-compliances found on the previous inspection. However, this inspection identified that further improvements were required in some areas.

The centre had experienced two significant outbreaks of the COVID-19 virus. The first significant outbreak occurred in April 2020, where 29 residents and 40 staff were confirmed to have the COVID-19 virus. From a review of the evidence provided on inspection, the inspector was satisfied that the provider maintained staffing levels in the centre throughout the outbreak by utilising agency and relief staff, and redeployment of staff from the day care centre. Sadly, four residents confirmed to have COVID-19 passed away during this time. The second significant outbreak occurred in January 2021, where 6 staff were confirmed to have the COVID-19 virus. The centre made a complete recovery and the outbreak was declared over by public health on 8 February 2021. The inspector was assured that the centre was in compliance with *'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.'*

The centre had reduced its occupancy during the COVID-19 pandemic in order to ensure that on each floor there was staff changing facilities, and two unoccupied bedrooms available should residents in twin rooms be required to self-isolate in a single room. This also ensured that residents in twin rooms who were approaching their end of life could be moved to a single room easily, and ensured they had adequate privacy and space to receive compassionate visits from their loved ones.

The inspector reviewed a number of staff files and found that they were maintained in compliance with regulatory requirements. There was evidence that all staff received Garda Síochána (police) vetting clearance prior to employment in the centre, and that staff were inducted appropriately into their roles. Inspectors observed records of staff appraisal processes, and found that action plans were identified as a result of these for continued development.



## Registration Regulation 4: Application for registration or renewal of registration

A valid application to renew registration of Virginia Community Health Centre had not been received by the inspectorate within the required timeframe.

Judgment: Not compliant

## Regulation 14: Persons in charge

The person in charge (PIC) had the required management and nursing experience to meet the criteria for the role.

Judgment: Compliant

## Regulation 15: Staffing

There was an adequate number and skill mix of staff available to meet residents' needs, and included a minimum of two nursing staff present at all times in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector observed that while there was a comprehensive programme of mandatory and supplementary training available for staff, there were gaps in the training records for cardiopulmonary resuscitation (CPR) for nursing staff, managing behaviour that challenges and manual handling. The inspector was informed that the availability of on-site and group training had been impacted by the COVID-19 restrictions in place, however the inspector found that alternative options, for example online training, had not been utilised as a temporary measure to address this mandatory training need.

In addition, while the inspector reviewed evidence that all staff in the centre had up to date training in the safeguarding of vulnerable adults, the inspector found that the review of staffs' understanding of this training required improvement. For example, the inspector questioned a number of staff on the procedures they would take in the event of suspected abuse and found that the staffs' knowledge of the centre's safeguarding policy and understanding of their roles and responsibilities was

inconsistent.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector observed that the centre kept a directory of residents, and that this was in line with Schedule 3 requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management and organisational structure in the centre, which identified lines of authority and accountability. The inspector observed that staff were knowledgeable of their roles and responsibilities. There were a number of management processes in place in the centre, including regular audits of care provision and quality assurance initiatives, and there was evidence of identified learning outcomes. However, these management systems required improvement in some areas to ensure that services provided are consistently safe and effectively monitored.

The management and oversight of resources in the centre did not ensure that care and services were provided in line with the centre's own statement of purpose. For example, the current premises did not ensure that the residents had access to a sufficient number of shower/bathing facilities. This is discussed further under Regulation 17: Premises.

In addition, the inspector found that the oversight of risks in the centre required improvement. For example:

- the risk management in relation to residents who smoked required improvement to ensure the safety of all residents was maintained
- the access to emergency hoists in two store rooms was blocked by furniture and boxes
- an exit leading from a communal sitting room to the outdoor garden was restricted by a seating bench
- mop heads were observed to be drying on a radiator in one housekeeping room, and presented as a fire risk
- a damaged microwave was in use in a staff area

There was an annual review of the quality and safety of care delivered in the centre available for the inspector to review, for the period of July 2019 - June 2020. While this highlighted that resident committee meetings were in place and a residents'

advocate was available on request, the report did not show evidence of consultation with residents or their families.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a statement of purpose (SOP) available for the inspector to review on inspection. This document required changes to ensure it gave a clear reflection of the premises and organisation structure in the centre. This was addressed on inspection and a revised SOP was submitted to the inspectorate on the second day of inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

On review of incident records in the centre, the inspector found that an incident where a resident left the designated centre alone without staff being aware had not been notified to the Chief Inspector, as required by the regulations. The inspector found that the documented procedure to follow in the event of a resident going missing from the centre does not include a prompt for staff to notify the inspectorate of the incident.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Comprehensive complaints records were maintained in the centre and included identified action plans and learning outcomes. However, it was not consistently documented if the complainant was satisfied with the outcome or not, as required by the regulations.

Judgment: Substantially compliant

## Quality and safety

The inspector observed that residents were receiving a safe and good quality of care and support in the centre, and that residents had good access to all necessary medical and healthcare services. Over the two days of inspection, the inspector identified that some improvements were required in infection prevention and control (IPC), premises, care planning and residents' rights. These findings are discussed under the relevant regulations.

Residents in the centre were seen to have good access to healthcare services, and the inspector observed the positive outcome these services had on residents' quality of life. This included onsite physiotherapy, occupational therapy, speech and language therapy, tissue viability nursing, optician services, dietetics and monthly chiropody services. The centre had a designated medical officer, and the inspector observed that two other general practitioners and out of working hours support was available as required during the COVID-19 outbreak. Residents had access to psychiatric of older age services via the local hospital, and the centre had good links with the community palliative care team, including consultant support during the COVID-19 pandemic.

The inspector reviewed a sample of residents' care plans and found that these were guided through comprehensive assessments using validated screening and assessment tools, and there was evidence of resident consultation in the care planning process. The care plans were found to be comprehensive, person-centred and detailed and included a "key to me"-style care plan which included how residents liked to celebrate important special events and an activities plan. Inspectors observed that end of life care plans were created with residents and, if requested, their families and that these included personal individual requests and preferences. However, the inspector found that maintenance of the care planning records and the details provided in the COVID-19 care plans required improvement, and is discussed further under Regulation 5.

There was a strong emphasis on infection prevention and control (IPC) in the centre, and the inspector observed evidence that staff had received up to date training in COVID -19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE). Staff spoken with on inspection were knowledgeable in IPC processes, and showed good compliance with hand hygiene. The centre had good links with an IPC specialist nurse, and IPC committee meetings and "toolbox talks" were held regularly to update staff on changes in public health guidance.

The inspector observed that there was good fire safety processes and resources in place in the centre, and each resident had an updated personal emergency evacuation procedure which was readily available.

The centre was pension for a number of residents, and the inspector observed that this was managed in line with the Department of Social Protection guidance and monitored appropriately.

## Regulation 17: Premises

The inspector observed that there were insufficient shower/bathroom facilities in close proximity to residents in one area of the designated centre. This meant that nine residents were using one shower room, or required to travel through a public area to access shower facilities in another area. The inspector received communication following inspection that plans were in line to address this issue.

Inspectors also found that the storage facilities in the centre required review. For example, access to a hydrobath facility and the assistive hoist was restricted by furniture and boxes.

Maintenance of the premises required review to ensure that it was kept in a good state of repair internally. For example, the inspector observed:

- large cracks in a ceiling in one area
- ceiling damage caused by an evident leak in a corridor and resident's bedroom
- stained wall surfaces
- damaged floor surfaces in a housekeeping room which had been inadequately repaired with tape

Judgment: Not compliant

## Regulation 26: Risk management

The inspector observed that the centre was meeting regulatory requirements in relation to risk management documentation, and that the risk register was kept up to date.

However, the inspector also found that the review of incidents that occurred in the centre required improvement. For example, the inspector reviewed records of an incident which had been notified to the inspectorate, where a resident sustained a fracture due to an unknown cause. While the inspector was assured that appropriate medical and hospital care was provided to the resident and that they recovered well following the incident, the inspector was not assured that an investigation of the potential causes of the injury had been completed and therefore appropriate measures to prevent a reoccurrence of the incident were not put in place.

Judgment: Substantially compliant

## Regulation 27: Infection control

The inspector observed that the centre was maintained in a clean and sanitary manner, and there were good infection control (IPC) procedures and resources in place. However, some issues identified on inspection required improvement, including:

- One housekeeping trolley was observed to be kept in an unclean manner
- Insufficient bin facilities in one housekeeping room
- Some items, including packets of continence wear, were stored on the floor which did not facilitate good cleaning practices
- The reprocessing of mop heads required review to ensure it was in line with IPC standards // the inspector received assurances following inspection that this issue had been addressed

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans of residents living in the centre and found that, in general, they were person-centred and accurately reflected the needs of residents. However, the inspector found that at times it was difficult to ensure that the correct updated information was readily accessible. This was due to a number of older care plans remaining in the records and which provided conflicting information to the residents' current care needs.

In addition, the inspector found that COVID-19 care plans in place for residents were generic and did not reflect individual residents' needs in the event of a COVID-19 outbreak or confirmed COVID-19 test result.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector observed that residents had good access to medical and allied health professional services, and inspectors were assured that this had not been disrupted by the COVID-19 pandemic.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector observed good records maintained in relation to the use of restraints in the centre. There was evidence that alternative less restrictive interventions were offered and trialled consistently, restraint use was reviewed at appropriate intervals, there were documented checks when restraints were in use, and that residents were involved in the decision making process. Staff spoken with on inspection were knowledgeable on the different types of restraints and the potential adverse effects.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the configuration of some twin bedrooms did not allow for residents' privacy to be maintained, as residents were required to encroach on the other resident's space in order to access their wardrobe and personal possessions.

While the inspector observed activity staff assisting residents to participate in activities in one ward in the centre, residents in another ward were found to have limited access to meaningful recreational activities over the two day inspection.

While the centre had a good history of consulting with residents in relation to how the centre is run, the inspector found that no resident meetings had been held since 2019 and that the centre had not completed any resident questionnaires or surveys in 2020. As a result, the inspector was not assured that the residents' voice was captured during a very challenging time.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially 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	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0031814

Date of inspection: 19/02/2021

## 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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>A valid application to renew registration of Virginia Community Health Centre has been submitted to the Inspectorate and going forward the Registered provider and Person in Charge will ensure that this is done in a timely manner.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To date 70 staff (81.5%) have received basic Life Support Training. Further dates are 19th, 20th and 22nd of July 2021.</p> <p>71 staff (82.5%) have received Moving and Handling Training. Awaiting further dates for same.</p> <p>69 staff (80%) have received Prevention and Management of Violence and Aggression Training. Further date 7th September 2021.</p> <p>81 staff (94%) have received fire Training this year. Next date for Training is 16th July 2021.</p> <p>79 staff (91.8%) have received safe Guarding Training. When HSE Land is back in operation the remaining 7 staff will complete same. Safe Guarding Toolbox Talks are delivered weekly in the Centre for all staff. Record of same is maintained.</p> <p>Four staff, 2 x nurses and 2 x HCA's are currently undertaking the Focused Intervention</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>By year end (December 2021) there will be sufficient access to shower / bathing facilities for residents as room 110 will be converted from a twin occupancy bedroom to a sitting-room and the sitting-room 98 will be converted to a twin occupancy room.</p> <p>Resident who smokes has had their care plan updated. Individual Risk Assessment carried out on 26th April 2021 and Smoking Assessment carried out on 26th April 2021.</p> <p>Access to emergency Hoist in store room was resolved on 18th February 2021 during inspection.</p> <p>Exit from communal sitting-room to outdoor garden was unrestricted immediately when brought to the attention of the PIC on day of Inspection.</p> <p>Tumble Dryers were purchased for the cleaners rooms and are in operation since 1st March 2021.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The procedure for staff to follow in the event of a resident going missing from the Centre has been updated (5th May 2021) to include a prompt for staff to notify the Inspectorate.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Centres Issues and Complaints Log now clearly documents the satisfaction status of the complainant. 4th May 2021.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:          By year end (December 2021) there will be sufficient access to shower / bathing facilities for residents as room 110 will be converted from a twin occupancy bedroom to a sitting-room and the sitting-room 98 will be converted to a twin occupancy room.          Access to hydrobath and assistive hoist fully accessible since 31st May 2021.          Floor covering in Housekeeping has been replaced 11th May 2021.          Cracks in ceiling and walls repaired. Works completed 2nd July 2021.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:          All incidents which result in injury to a resident will be fully investigated to ascertain potential causes and actioned to prevent recurrence 4th May 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:          Daily cleaning schedule for the Cleaners trolley is now in place since 7th May 2021. This is signed off by the cleaning attendant and check by CNM2.          New bin provided in housekeeping room 18th February 2021.          Shelving units provided in store rooms 4th May 2021.          Tumble Dryers were purchased for the cleaners rooms and are in operation since 1st March 2021.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

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

All residents have individualized Covid19 Care Plans in place which reflect their needs in the event of a future Covid19 outbreak or a confirmed / suspected covid19 test result. 23rd April 2021.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is a Structured Activity Plan in place for each day and residents choose which activities they wish to attend. Healthcare Assistants provide stimulation / activation for residents if the homemaker is off sick etc.

Resident meetings have recommenced in the Centre. Meeting held on 11th May 2021 and further meeting was held on 9th July 2021. Resident Survey was carried out on 19th May 2021. Records of all of above are available to the Inspector on request.

## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	28/02/2021
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Not Compliant	Orange	21/02/2021

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will	Not Compliant	Orange	28/02/2021

	participate in the management of the designated centre.			
Registration Regulation 4 (3)	The fee to accompany an application for the registration or the renewal of registration of a designated centre for older people under section 48 of the Act is €500.	Not Compliant	Orange	28/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2021
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	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	26/04/2021



	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	01/03/2021
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	11/05/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	04/05/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	07/05/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	05/05/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	04/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	23/04/2021

	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.			
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	31/12/2021
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	31/12/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	11/05/2021