



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Brigid's Hospital
Name of provider:	Health Service Executive
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0032293

## About the designated centre

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

St. Brigid's Hospital is a two-storey premises and provides residential care for 23 male and female residents over 18 years of age with continuing care, dementia, palliative care and respite needs. Residents' accommodation is over two floors and accessed by a mechanical lift and stairs. Both floors are of similar design. There are two day-rooms on each unit, one of which is a designated dining area. There is also a second dining room on the ground floor. An oratory, hairdressing salon, sensory room and activity room is also provided for residents' use. In total there are seven single bedrooms and eight twin bedrooms. Shared toilets and washing facilities are conveniently located off the circulating corridors on both floors. Residents have access to an enclosed garden accessible from the ground floor. Adequate parking is available at the front and side of the premises. Nursing care is provided on a 24hr basis and the provider employs nursing staff, care staff, catering, household and administration staff.

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

Number of residents on the date of inspection:	20
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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 21 July 2021	10:15hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

This inspection was completed over one day and was unannounced. The last inspection in the centre was completed in July 2019 and the purpose of this inspection was to monitor ongoing compliance with the regulations. There was a happy atmosphere in the centre. Some residents were enjoying their relatives coming back into the centre to visit them on the day of inspection. Residents told the inspector that the designated centre was a happy place and they were very contented living there. Residents confirmed that they had enough interesting things to do and had high praise for the care they received and the staff in the centre.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering the centre and residents' accommodation. Staff were busy with assisting residents with getting up and organised for their day. The inspector was accompanied on a tour of the centre after a short introductory meeting with the person in charge. This tour of the centre gave the inspector an opportunity to meet with some residents and over the day of the inspection, the inspector met several residents and spoke in more detail with three residents about their experiences living in the designated centre. In addition to conversing with residents, the inspector spent some time observing residents' daily routines to gain insight into how their needs were met by the staff. The inspector found staff in this centre made good efforts to respect residents' rights and provided a high standard of care and support to residents.

Although this designated centre experienced two isolated COVID-19 outbreaks in October and November 2020 with very small numbers of staff and one resident affected, the infections were contained and no other residents or staff were affected to date. Residents told the inspector that they had received their vaccine and said that they were never worried about contracting the infection because 'staff were always cleaning' the centre to keep them safe.

The centre was located in a rural setting with a mature garden and surrounded by fields with cattle grazing. The fabric of the building had not been maintained and the exterior and interior of the premises had become dilapidated. Surfaces throughout were generally worn, damaged and were in need of maintenance and redecoration. Storage was inadequate and residents' assistive equipment including hoists and wheelchairs was observed in the corridors. Residents had access to an outdoor garden at the back of the centre. Some outdoor seating provided also needed repainting. Although colourful shrubs were growing in beds, the garden was in need of overall upgrading. The day of inspection was very warm and sunny and the inspector was told that some residents had picked flowers in the garden for a flower arranging activity.

The inspector observed that structural work was underway in two single rooms and was told that a toilet located between the two rooms and a storage room were

being refurbished to fit an en suite facility with each of these rooms. The inspector observed that there were no residents accommodated on the corridor where the works were taking place but the corridor was accessible to residents in the centre on their way to and from the dining room. Adhesive sheeting was secured to the flooring to protect the floor covering in this corridor. The inspector observed that the provider had changed the purpose of some rooms since the last inspection, For example, the hair salon was changed into a cleaner's room and a sensory room on the first floor, seen to be used by residents on the last inspection in July 2019, was changed to a visitor's room.

The centre's activity coordinators were committed to ensuring that all residents in the centre had opportunities to continue to enjoy activities that interested them. The inspector observed that all residents including residents who preferred to stay in their bedrooms were actively participating in and enjoying the social activity programme facilitated in the shared sitting rooms on both floors. Residents' feedback was positive regarding the social activities they participated in and the inspector saw that they were enjoying the banter and interaction with other residents and staff. The person in charge told the inspector that residents had expressed their wishes to grow vegetables and she was sourcing materials to facilitate them to do so.

Staff knew residents well and residents were very comfortable in the company of staff. The person-centred focus approach taken by staff to interacting and providing care to residents had a positive impact on them and contributed to the upbeat atmosphere in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The overall findings of this inspection evidenced that the governance and management of this designated centre needed strengthening and improvements were needed in oversight of the service. Sufficient resources were not provided to ensure the centre was maintained to an adequate standard and ensure residents risk of infection was effectively mitigated. Previous to this inspection, this designated centre had a good history of regulatory compliance and the inspector acknowledged that residents were protected from COVID-19 infection. However, the findings of this inspection evidenced that regulatory compliance was not sustained in several of the regulations inspected. As a result, the provider was requested to attend a cautionary meeting to provide the Chief Inspector with assurances that comprehensive action, including improved management and oversight of the service will be taken to achieve and sustain regulatory compliance.

The Health Service executive (HSE) is the registered provider for the designated

centre. As a national provider involved in providing residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, accounts and information technology. The provider had appointed a person to represent them and they visited the centre on a regular basis to meet with the person in charge to review areas of the service, including progress with upgrading work to fit two single bedrooms with en suite facilities, infection control, health and safety and supplies. However, the systems in place to monitor the quality and safety of service were not informing necessary improvements. Some areas highlighted for improvement in an infection prevention and control audit completed in 2021 by the provider were being progressed, for example, installation of a cleaner's room. Nevertheless, the poor environmental standards found on this inspection were not identified as needing improvement or effectively addressed. Records including Garda Vetting disclosures for one third of the staff were not on file and available for inspection.

The person in charge was absent since 11 June 2020 and the provider had put arrangements for the management of the centre by an appropriately qualified and experienced person in charge. The absence of the person in charge and the arrangements put in place were notified to the the Chief Inspector. The new person in charge had worked in senior management roles in this and other designated centres for several years, including in the role of person in charge. The new person in charge works on a full-time basis in the centre and was aware of the regulatory requirement of the role and the needs of each resident. She is supported in her role by clinical nurse managers and a staff team of nurses, carers, catering, cleaning, laundry, activity and administration staff.

There were sufficient staff available to meet the needs of residents and the management structures in place ensured clinical staff were appropriately supervised according to their roles. The provider ensured there a minimum of two nurses on day and night duty to meet residents' needs and to ensure infection prevention and control (IP&C) cohorting arrangements could be implemented without any delay.

Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents, Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles. While, residents were provided with high standards of nursing care, staff would benefit from training in care planning documentation.

There was a very low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate recurrence and any leaning identified was implemented. All incidents were notified to the Health Information and Quality Authority as required by the regulations.

Although, there was no documented complaints regarding the service provided and residents' feedback to the inspector confirmed their high satisfaction levels, the centre's policy required review to ensure comprehensive complaints management

procedures were in place.

#### Regulation 14: Persons in charge

Following unplanned leave by the person in charge from 11 June 2021, a new person in charge has commenced on a full-time basis. As required by the regulations, the new person in charge is a registered nurse, experienced in managing a residential care facility and has a post registration qualification in management.

The new person in charge was supported in her role by a two clinical nurse managers.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill mix in the centre were adequate to meet the assessed needs of residents. A minimum of two staff nurses were rostered on duty at all times to ensure COVID-19 precautionary procedures could be adhered to if any residents developed symptoms of infection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and in preparedness for an infection outbreak.

The findings of this inspection indicated that there was a staff training deficit in relation to developing person-centred care plans for residents.

Supervision of staff needed improvement to ensure cleaning trolleys were cleaned after use.

Judgment: Substantially compliant



## Regulation 21: Records

A record of the annual fire detection and alarm system certificate or the commissioning certificate for the recently upgraded fire detection and alarm system were not readily available on the day of inspection. This information was forwarded as requested in the days following this inspection.

Three of the four staff files examined by the inspector did not contain An Garda Siochana vetting disclosures. The person in charge subsequently confirmed that a total of 20 out of 57 staff in the centre did not have this required information on their files. Therefore assurances could not be provided that these staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Not compliant

## Regulation 23: Governance and management

Adequate resources and oversight by the provider was not provided to ensure the centre was effectively maintained.

Oversight of the service by the provider was weak as evidenced by the following findings:

- The registered provider was in breach of condition 1 of their registration. A hair salon was re-purposed as a cleaner's room and a sensory room for residents' use was repurposed as a visitor's room. These rooms were in use for their changed purpose prior to being registered by the Chief Inspector.
- The management systems in place for identification of risks in the centre required improvement to ensure all environmental and infection controls risk were identified, risk assessed and controls put in place to mitigate these risks occurring.
- records required to be held in the centre and made available for inspection were not held in the centre. This is detailed under regulation 21.

Effective communication was negatively impacted by delay with installing an operational information technology system in the centre. For example, the absence of an operational information technology system meant that the centre did not have an operational email address or access to the organisational clinical metrics software.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations. The document did not accurately describe the facilities provided.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations.

Judgment: Compliant

### Regulation 32: Notification of absence

Notice was received regarding unplanned absence by the person in charge for more than 28 days and the arrangements in place for management of the designated centre by a new person in charge who meets regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a low number of complaints received. Complaints were documented, investigated and the outcome communicated to complainants. An appeals procedure was in place for referral of complainants to, if not satisfied with the outcome of investigation of their complaint.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policy for the management of complaints did not include the following

information;

- A person was not nominated to deal with complaints received in the centre.
- A person was not nominated other than the designated complaints person as required by regulation 34(3) to ensure that records were complete.

Although referenced in the centre's safety statement, the centre's risk management policy did not include information to ensure the process of assessing the level of risks was appropriately communicated.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector observed that residents were well-cared for in the centre and although the premises environment was poorly maintained, their experience of living in the centre was positive. Several examples of good practice and person centred care were observed. However, residents in twin rooms had their right to privacy and dignity compromised. The interior and exterior of the premises was poorly maintained and had significantly deteriorated since the last inspection in July 2019. Following the inspection in July 2019, the provider committed to paint the exterior premises by May 2020 in their compliance plan but this was not done. Subsequently the external premises had deteriorated further and combined with poor maintenance of the interior premises has potential to negatively impact on residents' quality of life and safety in the centre.

Staff were familiar with the residents and residents received high standards of nursing care and support. However, residents' care plan documentation required improvement to ensure this information was comprehensive and completed to a standard that clearly guided staff with providing person-centred care. Staff interactions with residents were observed to be respectful and kind. The provider ensured that residents had timely access to their GPs, specialist medical and allied health professionals.

Although the centre is registered to accommodate a maximum of 23 residents, another single bedroom is available for use by residents in the centre with palliative and end-of-life care needs or who prefer to be accommodated in a single bedroom. This arrangement is described in the centre's statement of purpose. Residents' accommodation was provided in eight twin and seven single bedrooms over two floors. None of the residents' bedrooms had en-suite facilities. Upgrading of two bedrooms to provide a full en suite facility in both was at an advanced stage and when completed will provide improved accommodation for residents and isolation facilities when required. There were sufficient shared toilet and shower facilities for the other 21 residents in the centre. However, the layout and design of the twin bedrooms including screen curtain configurations and location of wash basins

required review to ensure residents' privacy and dignity needs were met. While staff tried to uphold residents' rights, institutional practices relating to the use of commodes and storing commodes in residents' bedrooms impacted on residents' right to privacy and dignity. There was insufficient storage facilities for residents' assistive equipment. The inspector's findings are discussed under regulations 9: Residents' Rights and 17: Premises.

The provider had recently upgraded the centre's fire detection and alarm system. However, fire extinguishers were overdue for servicing since May 2021. Each resident's evacuation were assessed and regularly updated. New ski-mats were put in place by each resident's bed for ease of access and staff had received training on their use.

Residents were supported to participate in meaningful social activities that interested them. Two activity coordinators were available and facilitated a varied activity programme over seven days each week. Care staff were also involved with ensuring residents were provided with opportunities to be socially active. This level of support ensured that residents' enjoyed a life in the centre that was rich in opportunities for meaningful engagement and communication. Residents had opportunities to continue to practice their religious faiths and had access to newspapers, radios and televisions.

There was an up to date infection prevention and control policy which provided guidance to staff in relation to expected standards of practice required to ensure a safe service. While systems to support infection prevention and control practices were in place, improvements to the fabric of the premises to support effective cleaning was required to ensure they were implemented in practice. The inspector's findings are discussed under regulation 27: Infection Control.

### Regulation 11: Visits

At the time of this inspection, scheduled visiting was continuing. Public health guidance regarding normalisation of visiting had not been implemented as recommended on the 19 July 2021. Consultation with residents and their families regarding their individual visiting plans had not commenced to ensure rationale for any restrictions on normal visiting in the centre was justified with a risk assessment.

Judgment: Substantially compliant

### Regulation 17: Premises

The arrangements for the upkeep and maintenance of the designated centre were not effective. Inadequate and inappropriate storage of assistive equipment

negatively impacted on residents' access to their bedrooms and privacy and dignity.

Maintenance of the premises was not effective:

- The paint on internal and external walls, window sills, skirting and door frames was badly chipped throughout the centre, therefore these surfaces could not properly cleaned.
- The floor covering in several areas and some items of furniture were observed to be worn and damaged.
- There was insufficient storage facilities for commodes, assistive chairs and hoists. For example hoists were stored on corridors.
- Storage in cupboards was disorganised and not adequately segregated. For example, waste bags and continence wear was stored in a linen cupboard.
- The floor on a corridor outside two vacant single bedrooms was uneven. The inspector observed that the floor was significantly inclining downwards on one side. This presented a safety risk to residents and others.
- There was limited surface and shelf space available to residents in the twin bedrooms to display their photographs and ornaments.

There were steps to the front door but there was no ramp available to facilitate wheelchair users and others to enter and exit the designated centre by the front door.

Judgment: Not compliant

## Regulation 26: Risk management

The measures in place to identify hazards and manage risks in the centre were not effective and required improvement to ensure residents' safety.

Not all risks were identified including;

- a water logged drain at the base of the premises building was unprotected and as such posed a risk of injury.
- there was a risk of ineffective cleaning posed by the poor condition of wall surfaces, areas of flooring and some items of furniture.
- Grab rails were not fitted in a number of the residents' shared toilets posed a risk to residents

Controls in place to mitigate risk posed by a significant incline in one side of a corridor adjacent to the residents' dining room on the ground floor did not include effective controls to prevent access by vulnerable residents.

While several hazards to the safety of residents and staff had been identified, levels of risk were not appropriately reviewed and reassessed, following putting controls in place to ensure risk levels were sufficiently mitigated. For example, the inspector observed that the risk management template used referenced a number of identified

risks that continued to be described at being at high risk of occurrence levels.

Judgment: Not compliant

### Regulation 27: Infection control

The following areas of practice were not in line with the national standards and current national guidance and required improvement to ensure residents were protected from risk of infection.

- Disposable apron and glove dispensers fitted in shared toilets posed a risk of cross infection.
- A hand hygiene sink was not available in the cleaner's room
- The base of a cleaner's trolley that was being brought around the centre was not clean and as such posed a risk of cross infection.
- Dust was visible behind hot water supply pipes running along the base of walls in residents' bedrooms and as such posed a risk of cross infection.
- Hygiene and cleaning supplies were stored in a cupboard where a missing wooden panel exposed the wall masonry. Some items were stored on the floor and therefore compromised floor cleaning. Some items of staff clothing were also on coat hangers in this cupboard.
- Although there was two access points provided in the centre's laundry, signage was required to support the unidirectional system in place
- Access to hand wash sinks in twin bedrooms was not assured due to the layout of these bedrooms and the screen curtain configuration.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire extinguishers were overdue for servicing since May 2021.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Staff knew residents' needs well but the service employed agency staff who may not be as familiar with residents' care preferences. Therefore, the detail of the interventions in residents' care plans required improvement to clearly direct and communicate individual preferences and person-centred care. For example, the

amount of fluids some residents' at risk of dehydration should drink each day to optimise their health including, the fluids they preferred were not described in their care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care and support in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Judgment: Compliant

### Regulation 8: Protection

While measures were in place to safeguard residents from abuse, assurances were not available that all staff had been appropriately vetted as completed An Garda Siochana vetting disclosures were not available on their files in the centre. This finding is addressed under regulation 21: Records Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place and arrangements were in place to ensure any allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

The layout of some twin rooms did not support residents privacy and dignity. Staff tried to respect residents' privacy in twin bedrooms by closing bedroom doors and drawing the screens around the bed. However, the screen curtain configuration necessitated one resident passing through the others resident's bed area in order to access their bed or to use the hand basin.

Although there were adequate numbers of shared toilets available in the centre, each resident had a commode stored by their bedside and were encouraged to use

this equipment in preference to using the toilet facilities. While convenient for some individual residents, this practice was institutional and impacted on residents' privacy and dignity. In addition, residents had a commode stored by their bedside during the day. This potentially impacted on residents' dignity.

Two shared cubicle toilets used by residents required review as the gaps above and below the partition did not ensure their privacy.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not 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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0032293

Date of inspection: 21/07/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>The Clinical Practice Facilitator is completing individual training sessions with Staff Nurses with each of their allocated care plans. The training will include all areas of Care Planning, Assessing, Implementing and Evaluating to support the nursing team to further develop a Person Centered Model of Care Planning.</p> <p>There is a cleaning policy in place to support and guide cleaning staff in their work practices. The policy has been enhanced through introduction of signing sheets for areas cleaned in line with cleaning schedule. The cleaning system has been reviewed for all areas in particular the findings in relation to the cleaning trolleys to ensure all areas are thoroughly cleaned.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A copy of the Fire Detection System Commissioning Certificate for the recently upgraded fire alarm system is displayed beside Main Panel System and has been forwarded to the HIQA as requested.</p> <p>A review of staff files has been completed. Garda Vetting Open Disclosures for all rostered staff have been received from Garda Vetting as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The arrangement to strengthen the governance system have been reviewed to ensure a consistent and safe quality service.</p> <p>The governance of the unit is planned and managed through regular meetings of the nurse management team and staff team meetings with all staff grades.</p> <p>The PIC completes regular walk around of the unit and meets with residents. A daily report is available to the PIC and a system of audit is in place to monitor care practices with actions identified from each audit completed.</p> <p>The application to vary Condition 1 of the centers' registration regarding repurposing of rooms; hairdresser, housekeeping store and ensuites, has been submitted to HIQA to accurately reflect the changes of the use of all rooms within the centre. Updated floor plans have been submitted with the application to vary.</p> <p>The H.S.E. Risk Advisor will provide training to staff regarding completing risk assessments and reviewing and updating the risk register in line with the H.S.E. Risk management framework.</p> <p>A review of all staff files has been completed and Garda Vetting Open Disclosures for all staff have been received.</p> <p>The IT Department have prioritized email accounts for the centre, to ensure the management team have adequate email communication and IT system access. This is priority action for the HSE Information Communication Technology Department in order to have effective communication systems within the centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and updated to accurately describe the facilities provided.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The policy for the management of complaints has been reviewed. A named person is nominated to deal with complaints received in the centre.</p> <p>A second person has been nominated other than the designated complaints person as required by regulation 34(3) to ensure that records are maintained and completed.</p> <p>The HSE risk management guidelines and risk assessment matrix is an agenda item on staff team meetings.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The Covid 19, Interim Public Health, Infection, Prevention &amp; Control Guidelines on the Prevention and Management of Covid 19 Cases and Outbreaks in Residential Care Facilities is implemented in our service and updated guidance is communicated to all staff, residents and their families through ongoing open communication.</p> <p>A Residents Satisfaction Survey was completed August 2021 to ascertain residents' satisfaction and views with visiting arrangements. Scheduled visiting continues in the centre based on risk assessment to ensure adequate space to accommodate visitors to support physical distancing in accordance with Public Health recommendations for Residential Care Facilities and taking account of residents choice, wishes and rights.</p> <p>The management of visiting arrangements continues to be an agenda item on all meetings with the residents and staff.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The arrangements for the upkeep and maintenance of the designated centre have been reviewed; an environmental audit of the building will be completed at intervals as part of</p>	

the auditing and monitoring to ensure all areas are well maintained.

The external walls throughout the building, including doors and gates have all been repainted. Painting of the exterior commenced on 22nd July and completed 17th August 2021.

Internally; painting of the reception hall, main stairwell and landing area have been contracted to an external company to commence painting and refurbishment. This work is due to be completed by 31/10/2021.

The floor covering to the Dining Room and Hall area outside church is being replaced and expected completion date is 21/09/2021. Worn or damaged items of furniture will be replaced to ensure ease of cleaning and maintained as per Infection Control Guidelines.

A new protocol for the storage of laundry bins is in place. New wheeled commodes have been purchased and are stored in accordance with infection control guidelines, to ensure the dignity of residents is upheld at all times.

All storage cupboards have been reorganized to ensure items are securely stored and appropriately segregated.

The floor on corridor outside the two vacant single rooms is leveled and new floor covering is being provided on completion of the upgrading works on the two en-suite bedrooms.

New signage is being sourced to clearly highlight the wheelchair access entrance to the centre.

Additional shelving will be provided in the twin bedrooms to store personal belongings and to facilitate the residents to display personal items in the vicinity of their personal area within their bedroom.

The location of wash hand basins and the alignment of privacy curtain screens will be reviewed to ensure they are located and aligned to meet the privacy needs of each resident in the twin bedrooms.

Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

A risk register is maintained to identify all potential hazards. The risk register and control measures in place will be reviewed in line with the HSE risk rating guidance in conjunction with the support of the HSE Risk Advisor.

The HSE Risk Advisor will provide training to staff on completing risk assessments and reviewing and updating the risk register in line with the HSE risk management framework.

Safety grab rails have been provided in toilet areas.

Older items of furniture which are not easily cleaned have been removed and presently new furniture is being sourced in order to adhere to Infection Control Guidelines.

Assessment and implementation of safety precautions on all outside drains has been completed by maintenance team.

External painting of the building has been completed and an internal painting contract has been sourced. Internal painting will commence in front hall reception area, main stairs and landing. Further internal painting throughout the premises following completion of these areas further painting is planned to ensure all surfaces are maintained to a high standard of décor.

Floor on corridor that was sloping is nearing completion to ensure a safe level surface.

Regulation 27: Infection control

Substantially Compliant

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

The community infection control team has been requested to visit the centre and provide guidance on best practice to the management team. A site visit by the Infection Control Clinical Nurse Specialist to complete an Infection Control Audit of the centre is planned.

Danicentres for storage of disposable gloves and aprons have been relocated to corridors ensuring compliance with Infection Control Guidelines.

Staff cleaning schedules have been updated to ensure more frequent cleaning of all trolleys throughout shifts and dusting of all areas. Sign off sheets are in place to ensure supervision of cleaning practices and standards.

The management team have discussed with maintenance department the accessibility of pipework in the bedrooms. Maintenance manager has assessed areas of concerned pipework on 27th August 2021 and will revert with a proposal on the feasibility of enclosing pipework if this proves to be a viable option.

The housekeeping store room is presently undergoing refurbishment. A new hand hygiene sink will be provided and the store has been reorganized to ensure sufficient space for all cleaning products and materials.

Directional signage has been provided in the laundry department.

The location of wash hand basins and the alignment of privacy curtains screens will be reviewed to ensure they are located and aligned to meet the privacy and dignity needs of each resident in twin bedrooms.

Assessment of areas has been completed by contractor regarding the curtain alignment around beds in the twin bedrooms on 26th August 2021. Assessment of twin bedrooms has been completed by Plumbing staff on 27th August to assess feasibility of changing access to sinks. Maintenance team will revert to management with options.

All staff are aware to use staff lockers for all personal items of clothing and this was communicated to staff at team meetings.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All fire extinguishers throughout the centre have been serviced.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
The Clinical Practice Facilitator is completing individual training sessions with nurses with each of their individual care plans. The training will include all areas of Care Planning, Assessing, Implementing and Evaluating to support the nursing team to further develop a Person Centered Model of Care Planning.

Each resident's Nutritional plans will be reviewed to ensure their daily optimum fluid intake is recorded. All residents with identified nutritional risk are referred to the Dietician/Speech and Language Therapist.

Nutrition and Hydration Care Plans will be reviewed to ensure they are person centered and describe in detail the residents' personal food and drink choices and the recommendations of visiting health allied staff and reflect the needs of residents.



Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The layout of the privacy curtain in the twin bedroom has been assessed by a contractor on 26th August 2021. All other twin bedrooms have been assessed and any wash hand basins or curtain rail alignment work required will be completed to ensure the privacy and dignity of residents is assured and bedrooms meet the individual and collective needs of the residents.</p> <p>New wheeled commodes have been sourced. The commodes will be stored in accordance with infection control guidelines and to ensure the dignity of residents is upheld at all times.</p> <p>The partition between toilets will be extended to ensure each cubicle is fully private.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/07/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	18/10/2021

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Orange	20/08/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	26/07/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Not Compliant	Orange	30/09/2021

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	30/09/2021
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	31/10/2021
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	22/07/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/08/2021
Regulation 04(1)	The registered	Substantially	Yellow	30/09/2021

	provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Compliant		
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/09/2021
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	31/10/2021