



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

Issued by the Chief Inspector

Name of designated centre:	St Columba's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cloughabrody, Thomastown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	22 September 2022
Centre ID:	OSV-0000552
Fieldwork ID:	MON-0037854

About the designated centre

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

St. Columba's Hospital provides residential accommodation for up to 45 residents in four continuing care areas. The centre is run by the Health Service Executive (HSE) and is located in a rural setting on the outskirts of Thomastown, Co Kilkenny. The stated primary aim of the hospital is to provide support and services to older people age over 65. Admissions of younger residents may only be accepted if it is deemed appropriate by the multidisciplinary team and following a full assessment of their needs. The service caters for residents from low to maximum dependencies and for short stays and long term care. Nursing care services are provided over 24 hours for respite, convalescence, dementia care and end of life care. The centre had 9 dedicated dementia care beds. The building was originally constructed in the late 1800's and has been upgraded and adapted over time, however, the layout mostly reflects a building from that period. There is a passenger lift for access to the first floor. Bedroom accommodation is provided over two floors and consists mainly of 1 to 4 bedded rooms. There is a limited number of single rooms which are generally used for end of life care. Screening in 2-4 bedded rooms is provided by means of partitions and curtains. Residents may only be admitted to the hospital following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual. The common summary assessment record is completed for all admissions which are managed through the multidisciplinary meeting at the Local Placement Forum. There are medical reviews by the Medical Officer who visits the hospital each day, Monday to Friday and out of hours, Care Doc is called to provide the medical service. The centre currently employs approximately 110 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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 22 September 2022	09:50hrs to 18:20hrs	Bairbre Moynihan	Lead
Thursday 22 September 2022	09:50hrs to 18:20hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

Overall, on the day of inspection, inspectors observed staff being kind, caring and attentive to residents' needs. Residents informed inspectors that they were happy in the centre with residents expressing how they liked the food and the staff were "very good".

Inspectors arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with regulations and standards. Inspectors were met at the entrance by a staff member and were required to sign the visitor's book with no checks required for symptoms of COVID-19 in line with guidelines. The inspection commenced with a guided tour of the premises and following this a meeting was held with the person in charge.

St Columba's Hospital was originally built in the mid 1800s. The centre has been upgraded and renovated over time. At the time of inspection it consisted of five ward areas - St Michael's, St Patrick's, St Brigid's, St Anne's and St Mary's which was a dementia specific unit and included one respite bed. Eight to ten residents were resident in each ward. The centre had reduced the bed occupancy in each ward which assisted in providing residents with more personal space. While the centre resembled a hospital, management and endeavoured to provide a homely feel to the centre including painting on the wall at the entrance saying "Welcome to my home". The entrance to each ward area was decorated and the centre was planning to change the ward area names so they were no longer called "wards". Some of the resident's bed spaces contained faux fireplaces and comfortable seating areas.

St Mary's ward was a dementia specific unit. The corridors were decorated with a "forest like" scene enhancing a sensory environment for residents with rest points located along the corridors so residents could rest while walking. Distraction aids were available for residents and resident activities were continuous throughout the day. St Michael's ward was decorated with old pictures of the local town. The three units on the ground floor (St Patrick's, St Michael's and St Mary's) had an enclosed garden each. Similar to findings from the inspection in July 2021 many of the multi-occupancy rooms and or bays in the ward areas impacted on the dignity and privacy of residents. Notwithstanding this residents' personal space was decorated with photographs, pictures and personal belongings from home. Inspectors were informed that commencement of building of a new centre on the grounds of St Columba's was to commence in the middle of October 2022.

The centre had 2.8 whole time equivalents (WTE) of activities coordinators in place covering seven days of the week. Activities were observed to be taking place before lunch time. Residents were playing skittles in St Patrick's ward and karaoke was taking place in St Michael's ward. The activities co-ordinators were all off-duty on the day of inspection and activities were being carried out by health care assistants. Signage indicated that bingo had been broadcast from the church and residents could observe it if they wished to do so from their televisions at their bedsides.

Additionally, mass was celebrated on a Tuesday from the church and residents who could not attend could view it from their televisions. The person in charge met with the activities co-ordinators on a Monday where the activity plan for the week was outlined. The weekly plan was displayed in the centre. The centre had a day trip planner and 14 trips had been completed in May and June for 19 residents. Examples of places they attended included Inistioge, Castlecomer and Bennettsbridge. A resident was able to tell the inspector about a day out shopping that was planned for the following day. Residents were observed to be reading newspapers which were provided daily and weekly a local newspaper was provided. WIFI was not available for residents. At the time of inspection the provider was reviewing this to see if it was feasible to install a system for resident's use.

The lunchtime experience was observed in St Patrick's ward. The majority of residents sat in the sitting room for their lunch. A dining area was available but the inspector was informed that it was resident's choice to eat in the sitting area. Residents were observed to be enjoying their lunch with interaction between residents and staff. A choice was offered to residents at lunchtime and modified diets were available for residents that required them. Assistance was provided by nursing and health care assistants in a discreet and unhurried manner with music playing in the background. A small number of residents remained in bed. The inspector was informed that these residents were too frail to get up. One to one assistance with meals was provided to these residents.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Effective governance and management systems were evident in the centre, ensuring good quality person centred care was delivered to residents. St Columba's had a condition on their registration "to take all necessary action to comply with Regulation 28: Fire precautions". The centre had made significant progress in bringing the centre into compliance with this regulation which is further discussed under Regulation 28. Additional improvements from the previous inspection were observed including improvements in activity provision and improved oversight of the activities programme. In addition the provider had made improvements for personal storage for residents under Regulation 12: Personal possessions. However improvements were required in relation to premises, infection control, food and nutrition, managing behaviours that are challenging and residents' rights.

The Health Service Executive (HSE) is the registered provider for St Columba's Hospital. The person in charge was newly appointed, worked full-time in the centre and was supported in the role by two assistant directors of nursing, clinical nurse

managers on each ward area, staff nurses, health care assistants, activities coordinators, catering, household and portering staff.

The annual review of quality and safety of care was completed for 2021 which was aligned to the National Standards for Residential Care Settings for Older People in Ireland. The centre had a schedule of audits in place. Audits for September included a care plan audit and falls audit was planned for October. Infection control audits were ongoing every month focusing on different aspects of infection prevention and control. An infection prevention and control audit was reviewed from June 2022. The audit included an action plan and it was sufficiently comprehensive to identify issues in the centre; for example chipped paint on walls and dust was identified behind radiators.

Staff were pro-active in reporting incidents. The majority of incidents reported were falls but other incidents reported included newly acquired pressure ulcers and medication incidents. Tracking and trending of falls where residents sustained an injury occurred. A new committee was in the process of being set up at community health organisation (CHO) level where these would be discussed and reviewed with a plan to identify trends in falls incidents. The centre had a risk register in place. Due to staffing deficits at CHO level the risk register had not been updated since 2021, however, risk register meetings were taking place with risks reviewed and documented on a word document.

Systems of communication were in place. Ward meetings were taking place and the agenda included policies, activities, nutrition and catering. A clinical nurse managers (CNM) meeting had taken place in June and July and included actions and the person responsible for the actions. A Quality and Safety meeting had not taken place since May 2022 but inspectors were informed that the first meeting with the new person in charge was due to take place imminently. A catering meeting was scheduled for the day following inspection with plans to discuss the menu for residents.

The centre was appropriately resourced. The inspectors reviewed a sample of rosters and there were sufficient staff on duty in ward areas. The person in charge worked Monday to Friday during the week with an assistant director of nursing or clinical nurse manager covering the centre at weekends. The centre had a training matrix in place. Staff had access to face to face training in transmission based precautions at regular intervals with the most recent training taking place in September 2022.

The centre maintained a record of complaints which was up-to-date with each complaint clearly documented.

Regulation 15: Staffing

The centre had sufficient staffing taking into account the assessed needs of the residents and the size and layout of the designated centre. Each unit accommodated

eight to ten residents and had two staff nurses and three health care assistants during the day and one nurse and one health care assistant in three areas and one nurse and three health care assistants in St Brigid's and St Anne's wards at night time. In addition, the centre had a catering assistant in each unit, 2.8 whole-time equivalents (WTE) of activities co-ordinators and two WTE of portering staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide range of training including dementia training in 2021, restrictive practice training, face to face infection prevention and control training. Training required under the regulations including safeguarding, managing behaviours that challenge and fire training will be discussed under the regulations. The centre had a cardio-pulmonary trainer on site.

Judgment: Compliant

Regulation 23: Governance and management

While the centre had processes in place to be assured of the quality and safety of care in the centre, improvements were required:

- As identified on the last inspection in 2021, regular environmental walkabouts were required so that management could identify areas for improvement which were identified by inspectors on inspection, particularly around the premises and appropriate storage of items in the centre and in relation to infection control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the Office of the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed. The log detailed the complaint, the outcome of the complaint and whether the complainants were satisfied with the outcome. A record of written complaints was held in the centre along with the outcomes and correspondence to the complainants. The nominated person for investigating complaints was the person in charge. Their name and picture was clearly displayed in a number of locations throughout the centre.

Judgment: Compliant

Quality and safety

Residents in St Columba's hospital had good access to medical and nursing care and health and social care providers. Improvements were required under Regulations 17: Premises, 27: Infection Control, 18 Food and nutrition, 7: Managing behaviours that challenge and 9: Resident's rights.

The centre had an open visiting policy and a number of visitors were noted throughout the day with a high but safe level of visitor activity. It was evident that visitors were welcome and both visitors and residents confirmed there were no restrictions on visiting.

St Columba's was clean on the day of inspection with each ward having one member of the housekeeping team assigned to the ward. Housekeeping staff were able to describe the cleaning processes in place in the centre. The centre had implemented a tagging system to identify when equipment had been cleaned. Equipment observed on the day was generally clean. The centre had a link nurse in infection control and the centre had access to infection prevention and control specialist advice from CHO 5. The centre had formed an infection prevention and control committee with the first meeting held on the day prior to inspection.

Notwithstanding the many good practices in place, premises and infection control are interdependent and improvements were required under both in order to ensure compliance with both the regulations and standards. These findings will be discussed under the relevant regulations.

Residents were generally complimentary about the food. Residents requiring modified diets were provided with them and catering staff informed an inspector that they got an update each morning if there was a change to a resident's diet. The catering staff had point of delivery access to resident's requirements and a "dietary needs and assessment" sheet on each resident. Residents were observed to have access to water and other fluids throughout the day. Staff were observed to be

assisting residents at mealtimes and lunchtime was a relaxing time for residents with staff interacting with residents as they ate.

Overall there was a good standard of fire safety awareness and practices to protect residents from the risk of fire. Staff were found to be knowledgeable on the evacuation requirements in the centre. Records of fire safety training showed that the provider was proactive and had made adequate arrangements for staff of the designated centre to receive training in fire prevention and fire emergency procedures. The registered provider and person in charge were committed to driving improvements in fire safety as evidenced in this report. However, further improvements were required with containment and evacuation drills to come into full compliance with Regulation 28.

Previous inspections in January 2021 and July 2021 raised a number of concerns. In particular, the arrangements in place to evacuate residents from the upper floor of the centre and the fire containment measures in place. Since the inspections in January 2021 and July 2021, the registered provider had engaged with the Chief Inspector and had made significant progress to address fire safety risks:

- A comprehensive fire safety risk assessment and updated action plans that had been submitted to the office of the chief inspector prior to the inspection confirmed that all of the high and medium risks regarding detection of and containment of fire had been completed and works are ongoing with the limited remaining identified risks.
- The arrangements for the storage of oxygen cylinders was found to be satisfactory.
- There was improved oversight of day to day fire safety issues. For example, inspectors observed that fire doors were closed, aerosol containers were appropriately stored, storage of electrical transformers was appropriate.
- A review of escape signage was carried out and improvements made.
- All evacuation routes was observed to be clear of any stored items or other obstructions.
- Adequate arrangements were in place for maintaining all fire equipment and means of escape.
- The quarterly report for the emergency lighting system had been reviewed and reflected that improvements were completed.
- Fire doors were noted to be in good condition.
- Evacuation procedures from the floor areas had been reviewed and adequate evacuation aids are available to assist residents down the stairs, once they have moved horizontally to the other fire compartment.
- Adequate means of escape was now available for two bedrooms at ground floor by the reinsertion of ramps leading from multi-bay bedroom directly to open air.
- Signage was available over the evacuation chairs to alert staff to their location.
- All residents had personal emergency evacuation plans (PEEPs), identifying the most appropriate means of evacuation both day and night. Residents evacuation needs had been assessed and reviewed and were up to date.

- Evacuation aids for the first floor including an evacuation pad for each resident and two evacuation chairs provided for each designated escape stairs were appropriately stored.
- Procedures to be followed in the event of a fire were displayed. Drawings on display reflected the current layout. Fire compartment boundaries were identified on the floor plans.

Improvements in individual assessment and care planning had been noted since the last inspection. Of the sample of care plans reviewed by the inspector they were noted to be individualised and person centred. Each resident had a meaningful activity care plan in place and residents with specific needs for example residents with diabetes had a specific care plan for that condition.

Records were reviewed of a small number of residents who were identified as having behaviours that challenge. ABC (Antecedent, behaviour and consequence) charts were in place with episodes of aggression documented and the management of the episode of aggression. In addition, behaviour care plans were in place. Inspectors were informed that no residents were prescribed PRN (as required) chemical restraint. This was confirmed in a small number of medication records reviewed.

Staff were able to describe the actions they would take if they had a safeguarding concern about a resident. In addition, the centre had a high level of compliance with training in this area. Furthermore, the centre had engaged with an advocacy service to provide additional training.

Regulation 11: Visits

The centre had an open visiting policy. Visitors were observed throughout the centre during the day of inspection. Visitors confirmed that they could visit at any time with no restrictions in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspectors that they were satisfied with the arrangements in place for the laundering and prompt return, of their clothing.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order for the centre to compliant with Schedule 6 of the regulations. For example:

- General wear and tear was noted throughout the premises, including chipped paint on walls and window sills, chipped wood on door frames and damaged walls. Some of these issues had been identified in infection control audits and had been escalated to the maintenance department who were off-site.
- Storage was identified as an issue throughout the centre. For example:
 - There was inappropriate storage of cleaning equipment and mop heads in two sluice rooms and in storage rooms with resident equipment.
 - Commodes were stored in resident's shower rooms.
 - A bathroom in St Mary's ward contained linen trolleys.
 - Wheelchairs and reclining chairs were stored in residents' bed spaces, for example on St Patrick's ward.
- Not all rooms were as listed on the statement of purpose. For example; a room identified for residents to meet their visitors was a bedroom on the floor plans in St Michael's ward and an end-of-life suite on St Anne's ward was a visitors room. In addition, these two rooms had en-suite facilities and were not being used to their full potential.
- In keeping with the findings from the inspection in 2021 the privacy of residents was not always protected with open plan bays and multi-occupancy rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector was informed that residents were not always offered a choice of meals if on a modified diet. In addition, a complaint received by the centre confirmed this. Meeting minutes from the catering team meeting which was held on the day following inspection identified that residents would be offered two choices for modified diets from 10 October 2022.

Judgment: Substantially compliant

Regulation 27: Infection control

While the centre was clean on the day of inspection, areas for improvement were identified in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- A chlorine based bleach solution was routinely used to clean frequently touched areas. Disinfectants are only required where residents are being cared for with transmission based precautions.
- While the centre had racking for inverting bedpans and urinals the racking was not consistently used as bed pans were observed to be stacked on shelving.
- A small number of hand wash sinks did not meet the required specifications.
- A bedpan washer in St Brigid's ward was out of order on the day of inspection with advice on it to handwash bedpans and urinals. This was brought to management's attention on the day and was fixed while inspectors were still on site. In addition, multiple bags of clinical waste were on a floor in a sluice room in St Brigids ward.
- A jug of fluid and yogurts were stored in a medication fridge in St Mary's.
- Inappropriate placement of clinical waste bins throughout the centre for the disposal of masks.
- There was a break in the integrity of a shower wall in St Michael's ward.
- The medication trolley in St Mary's ward was chipped and damaged. This does not aid effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the ongoing programme of fire safety upgrades and good practices in place, improvements were required to come into full compliance.

From a review of evacuation drill records, inspectors were not assured that staff working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents:

- Fire drills were conducted very frequently and there were good records maintained of the scenarios simulated. The records of fire drills showed timed actions and analysis of the drills and remedial actions taken. However, some fire drills recorded evacuation of one or two bedrooms adjacent to a fire when evacuation of the entire fire compartment was the appropriate response. Because of this inspectors could not be assured timely evacuation of compartments in all scenarios.
- The majority of the fire drills reviewed involved the evacuation of resident from a day room in a day staff scenario.
- There were limited drills involving bed evacuation or night time scenarios.

- Some fire drill records showed staff moved residents to a day room within the same fire compartment, and not through the compartment boundary. The day room was understood to be a place of safety by staff.

Inspectors were not assured that adequate means of escape was provided throughout the centre:

- The inspectors were not assured that the mode of evacuation from the two bedrooms with exits directly to open air could be carried out in a timely manner. Inspectors were told that manoeuvrability through the door was tight but feasible. The person in charge showed the inspectors a proposed reconfiguration of this area to address the narrowness of the exit.

Inspectors were not assured that adequate arrangements were in place for containing fires:

- While zones and doors were for the most part marked by clear descriptions some doors had not been assigned door number/stickers.
- The glazing over the doors to the escape stairway and a sluice room was not fire rated.
 - Electrical cupboards had works completed to sealing up of small openings in the fire rated construction. Doors had been ordered and were to be fitted to these units.
- A 'kitten' door was missing on a doorway in St. Brigid's Unit.
- A corridor adjacent to the open plan bedroom in St. Mary's unit was not fire protected from the bedroom and had openable windows directly to the corridor. The alternative escape from this bedroom meant that residents and staff would be required to escape through a portion of this corridor.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An inspector observed a sample of care plans. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Care plans were generally updated at four monthly in line with regulations with a small number just out-of-date. Validated risk assessment tools were used for example; Braden and a falls risk (FRASE) assessment tools which were updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. A medical officer attended on site everyday Monday to Friday. Outside of these hours an out of hours service was contacted. Records reviewed showed that residents who were referred to health and social care providers were reviewed within a few days of referral for example dietitian. The centre had links with psychiatry of later life who attended onsite regularly and were available by phone for queries. Pharmacy services were provided by a local acute hospital. The pharmacist attended onsite and met residents if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had not received training on managing behaviours that challenge, however four dates for training had been identified in November.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had access to safeguarding training. 96% of staff had completed this. In addition, face to face training was provided in March and June 2022.

Staff spoken to were able to describe the actions they would take if they had a safeguarding concern about a resident. Staff were also able to identify who the designated liaison person was in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

- WIFI was not available in the centre for residents.
- Some wards in the centre continued to display institutional practices. For example; at 17:00 on St Michael's ward a number of residents were eating their tea by their bedsides, as a result, residents were not offered choice in daily routine for evening meal.
- The report identified in July 2021 that residents could not freely access the outdoors. An inspector reviewed a resident's survey from July 2022 where 15% of residents identified that the outside areas were hard to access.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Columba's Hospital OSV-0000552

Inspection ID: MON-0037854

Date of inspection: 22/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Please see feedback in relation to Regulation 23:</p> <ul style="list-style-type: none"> • Re: Environmental Walk about. • Schedule has being set up to commence quarterly walk about from 8th December when all disciplines are on site for quality and safety meeting this also includes IPCN and Health and Safety advisor. • DON has met with new technical service Manager and site manager to agree quarterly environmental walk about this meeting took place on the 2ND November. • DON took on board as discussed on inspection date re storage, use of available storage for St Michael's and St Patrick's ward outside of ward now in use and has improved storage area. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Appropriate action taken to address storage issue as follows:</p> <ul style="list-style-type: none"> • Inappropriate items were removed to correct location. 22/09/2022 action completed • Commodes stored in residents shower room were removed with immediate effect. 22/09/2022 action completed. • As identified, infection audit need to create appropriate storage area for linen skips .Meeting with maintenance October 25th 2022 – Action date for completion 21st/11/2022. • Reconfiguration of storage area in St Patrick's ward to provide space for personal chair. DON meeting with new maintenance manage on the outline plans.25th October 2022 to 	

advice of plans to provide additional space and storage.

- Statement of purpose now reflects St Michael's ward and St Ann's ward as per floor plans action taken 23/09/2022 Action completed.
- One resident is now occupying suite room in St Michaels ward.
- St Bridget's ward is now maintained as end of life room as per floor plans.
- Following inspection 2021, resident's occupancy was reduced significantly to comply with regulation however new build will address this with single unsuite to comply with regulation.
- Ongoing communication with building site manager, with proposed completion November 2024.
- General wear and tear is being addressed with repair to wall in front hall completed, painter sourced and funding approved with potential date commencing for painter week of the 22nd November.
- Carpenter currently on site addressing door frames, all other outstanding issues have been placed on Arantico system, also addressed with technical services meeting on Wednesday the 2nd November With PIC.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Attached new menu commenced 10 October 2022 Action complete 10/10/2022.
- Plan for audit of menu week commencing 07/11/2022 by Catering Manager and DON

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

- Fast fact sheets devised by infection control committee supported and implemented by 8hrs weekly protected IPC, ensuring fast facts are implemented and understood 16th September 2022.
- DON met with infection control committee comprised of representatives from each discipline Wednesday 28th September.
- IPC actions completed at meeting with CNMS on September 30th
- Bed pan racking now correctly in use staff instructed to place bed pans appropriately on racks, as per IPC cleaning manual 2021, action completed Friday 23rd September.
- Request on arantico system to replace HBN10 sinks, 13th/10/2022 awaiting feedback from maintenance department, meeting with Maintenance manager 25th/10/2022.
- Contingency plan in place should the bed pan washer be out of order in the future, action completed 24/09/2022.
- Management and IPC met with Staff 28th/09/2022 in relation to contingency plan

action completed 28th/10/2022.

- Clinical waste removed on 22/09/2022 education going forward on segregation of waste policy, training on HSE land for all grades. Ongoing education on HSE land completion date for all January 2023.
- Yogurts and fluid Identified and removed no longer stored in Medication fridge, action completed 22/09/2022.
- Inappropriate placement of clinical waste bins throughout the center has now being removed. Date 22/10/2022 Action complete.
- Shower was identified with Maintenance manager on environmental walk about 22/10/22 measurements taken to replace enviroclad, placed on arantico system for follow up. Completion date 21/11/2022.
- Medication trolley to be replaced quote sourced for purchase.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Feedback re HIQA inspection to CNMS on 30th/09th/2022 Person in charge of center at weekends is responsible for supervising fire drills, commenced 1st and 2nd of October. This includes all unit to ensure variation of location of fire, time of day/night and staffing levels showing full completion up to and including full evacuation. Audit re fire drills will take place December 2022.
- Taking into account the inspectors comments, it is planned to provide training using an external provider. Training will focus in particular on the evacuation of compartments based on various scenarios. How best to achieve the evacuations in a timely manner will be a key focus. It is planned to commence training in November and complete in December.
- In relation to the majority of the fire drills reviewed involving evacuation of Residents from day in a day time scenario: The above training will take on board this comment by setting the scenarios to deal with higher risk locations and difficulties reencountered with mobility and cognitive abilities of Residents.
- In relation to limited drills involving bed evacuation or night time scenarios. With the above mentioned training, each scenario setting will set initial staffing involved at night time levels.(others will act only as observers).Additional Staff will be allowed assist the evacuation in a timely manner to simulate staff arriving to assist from other areas/wards.
- A key feature of the above planned training is getting staff to understand the concept of progressive horizontal escape in the initial stages of evacuation i.e. passes the compartment lines and then vertical if regard subsequently.
- The specifics of the two rooms with exits directly to open air will be examined by the HSE fire officer with staff to formulate an agreed plan to highlighted – Target middle of November 2022.
- All other issues will be checked (page 14 regulation 28) will be checked against the Masterfire Fire Door audit along with ongoing improvement work regarding the enclosure of 5 electrical cabinets. Identify issues arising for action by the middle of November.
- Maintenance have assigned a carpenter to complete the fore door upgrades during the months November and December 2022.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • MAPA training confirmed for 4 dates in November ongoing training to ensure 100% compliance in line with regulation. • Commencing 14th 15th 16th 17th November further dates to be organized on an ongoing basis until full compliance completed February 2023. • Dementia training within the center with Dementia ANP and CNME. • 14th/28th February 2022 on site. 14th /28th March on site • 15 September 2022 on site. 13th October CNME UHW. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Residents WIFI needs are being addressed on an individual basis. Escalated to senior manager. ICT have been requested to review in relation to booster to provide WIFI, action completed date 31st December. Relating institutionalized practice PIC has identified the need for change workshops organized with SAGE advocacy for 12th October and with safeguarding team 8th November. Whilst we are awaiting the completion of new build, residents request to go outside and leave the building is further accommodated with the increase in activities coordinators WTE.</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 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	13/10/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	10/10/2022
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	05/12/2022
Regulation 23(d)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/01/2023

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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	30/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	14/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for	Substantially Compliant	Yellow	31/12/2022

	<p>staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>			
Regulation 28(1)(e)	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p>	Substantially Compliant	Yellow	03/10/2022
Regulation 7(1)	<p>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and</p>	Substantially Compliant	Yellow	30/11/2022

	manage behaviour that is challenging.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/01/2023