Health Information and Quality Authority

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:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Name of provider:	Health Service Executive
Address of centre:	Mail Road, Dingle, Kerry
Type of inspection:	Unannounced
Date of inspection:	19 April 2021
Centre ID:	OSV-0000569
Fieldwork ID:	MON-0031312

About the designated centre

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

Ospidéal Pobail Chorca Dhuibhne (West Kerry Community Hospital) is a designated centre which is located on the outskirts of the coastal town of Dingle, Co. Kerry. It is a single storey facility that also accommodates the primary care public health service and community care day centre. It is registered to accommodate a maximum of 54 residents. The entrance to the centre is called the Croí (heart) and this is an expansive space with seating areas for residents and visitors to gather. The main dining room, oratory, quiet room and activities room are located here. The designated centre is set out in two wings: Ionad Bhreannainn with 22 beds and Ionad Eibhlis with 24 beds; there is an additional eight bedded wing off Ionad Bhreannain which remains unopened. Bedroom accommodation comprises single, twin and multi-occupancy four-bedded rooms, all with hand-wash basins; some bedrooms have en-suite facilities of shower, toilet and hand-wash basin while others share shower and toilet facilities. Additional shower, bath and toilet facilities are available throughout the centre. Each unit has a dining area, two day rooms and occasional seating areas by the nurses' station and along corridors. Residents have access a sensory room, and to paved enclosed courtyards with seating and garden furniture. Ospidéal Pobail Chorca Dhuibhne provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

How we inspect

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
Monday 19 April 2021	09:00hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The main entrance to the hospital was wheelchair accessible. There was COVID-19 advisory signage and hand sanitiser in the front porch. Entrance to the main building was usually open, but this was now locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

The central space at the main entrance was called An Croí (The Heart) with three focal points with comfortable seating areas for people to relax. Administration offices and the office of the person in charge were located to the left, and new staff changing facilities and primary care offices were on the right of the main entrance. The day-care service and mental health day services were located to the left of An Croí.

The activities room in An Croí had direct access to one of the enclosed gardens. This was being de-cluttered and re-organised at the time of inspection; staff explained they were in the process of creating activity boxes for residents depending on their interests; these could then be brought to residents' bedrooms or they would be available in the activities room when group sessions were organised. The main dining room was situated at the end of An Croí near the entrance to residents' accommodation. The inspector observed that this dining room was used by staff.

Radiating off An Croí, residents' accommodation comprised three modules of Ionad Sibéal (eight single occupancy bedrooms), Ionad Bhréannainn 22 residents (single, twin and four bedded multi-occupancy rooms), Ionad Eibhlís 24 residents (single, twin and four bedded multi-occupancy rooms).

Some bedrooms, particularly the single rooms were personalised. While residents had accessible bedside lockers, some residents had limited storage of a single wardrobe for their clothing. There were new solid privacy screens in some bedrooms which ensured residents' privacy when personal care was delivered, however, other privacy screens were not fit for their intended purpose, they were difficult to use and did not afford complete privacy to residents.

Overall, the premises was bright and clean and the atmosphere was calm and relaxed. Personal care was being delivered in many of the bedrooms and observation showed that this was delivered in a kind and respectful manner. During the morning and afternoon walkabouts, most residents were seen to remain in their bedrooms. There were dining areas in both units but they did not appear to be used

as dining or communal areas, but rather storage places.

Observations on inspection showed that staff had good insight into responding to and managing communication needs and provided support in a respectful professional manner. Throughout the day, staff were observed chatting with residents, reading the paper to them or engaging in reminiscent therapy. As staff knew residents so well, they chatted about sailing, sheep farming, building boats and other past-life interests. Residents had access to a computer and this was on a mobile unit which was observed to be used with residents, and staff played music that residents liked and requested. Staff were kind and thoughtful to residents and they knew their ways and preferences and facilitated these in a caring manner while at the same time having fun and banter. However, staff continued to call people ‘patients’ even though this was their home and some were living there for some time.

Medications were seen to be administered before or after dinner so that mealtime was protected for residents’. After breakfast residents were asked their menu choice for their lunch. Appropriate assistance was provided to residents and the mealtime was unhurried. There was a structured mid afternoon and evening snack time where residents were offered fluids of their choice and snacks in a relaxed and social manner with positive engagement by staff, however, this was not in place in the morning time. Staff explained that they offered residents a cup of tea for example, when they had finished delivering personal care, but personal care could be completed at 09:30hrs and their next meal was lunch time. The inspector observed that lunch time was served at 12:00hrs which was too early; in addition, trays were delivered to residents bedrooms with three courses served together of soup, main course and dessert. This would not be reflective of a normal dining experience that one would experience at home. Notwithstanding this, residents gave glowing feedback of the quality and standard of meals provided; the inspector saw that meals were beautifully presented.

There were two enclosed garden areas for residents to enjoy. The CNM explained that the garden in Ionad Bhréannainn would be upgraded by the summer to be a dementia-friendly outdoor space. Visiting had recommenced and relatives were seen sitting and chatting with their relatives and enjoying each others company.

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

Oispideal Pobal Chorca Dhuibhne (West Kerry Community Hospital) was a residential care setting operated by the Health Services Executive (HSE). It was registered to accommodate 54 residents, but to date, 46 beds were operational, the remaining eight beds were not opened. Overall, many aspects of this service were good with

effective governance arrangements but areas for improvement were identified including residents' rights and this will be discussed throughout the report.

The registered provider representative was the general manager for the CH04 area of the HSE. The person in charge was full time in post and was supported on-site by two clinical nurse managers (CNMs), senior nurses, care staff and administration. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. As the person in charge was on annual leave, the CNMs facilitated the inspection in an open and helpful manner and positively engaged with the regulator.

The centre had remained free of COVID-19 throughout 2020, but had experienced a COVID-19 outbreak in January 2021, which was declared over by Public Health 26 February 2021. The inspector was mindful that this was a stressful, upsetting and challenging period for residents, their families and staff and that the service was only just emerging from that worrying time. Management acknowledged the unwavering commitment by staff to ensure the safety and well-being of residents.

As required by the regulations, the person in charge had submitted a notification informing the Chief Inspector that the centre was subject to an outbreak of COVID-19. The person in charge actively engaged with the inspectorate during this time and provided regular updates on the COVID-19 status in the centre and the management and staffing arrangements that were in place daily. She had appropriately liaised with the relevant bodies such as the HSE public health who provided leadership and support during the outbreak. Outbreak control meetings were held in relation to outbreak management in the centre and the management team were supported by the the registered provider representative, outbreak management team and infection prevention and control (IP&C) expertise. An IP&C inspection was completed and the CNMs reported that this was invaluable support during the outbreak and acted upon all the recommendation offered by IP&C. In addition they put in place communication pathways to ensure residents and families were informed of their loved ones and the changing guidance issued by the Health Protection Surveillance Centre (HPSC) including visiting.

There were adequate staff to the size and layout of the centre and the assessed needs of residents. While staff positively and actively engaged with residents throughout the day, most residents stayed in their bedrooms throughout the day. Most communal spaces were not prepared or organised for sitting and relaxing where people could meet up with each other to chat. While staff chatted and actively engaged with residents, there was no structured activities programme for residents to look forward to. The inspector was informed that a business plan had been submitted for a designated activities co-ordinator. The CNM described that there were healthcare assistants (HCAs) on each unit with special interest and flair for activities and they were re-organising the activities room for residents to come to and enjoy, and committed to have this completed the week following the inspection. Their vision was to have the room up and running as soon as possible in conjunction with gardening projects so that residents would have something to look forward to with purpose and energy.

Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place for all staff. A sample of staff files were reviewed. Information such as a current address and qualification certificates were not in place in one file examined; while there was a nurse registration number seen, documentary evidence to verify the nursing number was not in place.

Staff confirmed that additional training was provided to support them during the COVID-19 pandemic such as breaking the chain of infection, hand hygiene, donning and doffing personal protective equipment (PPE) and appropriate usage and disposal of PPE.

Viclarity audit programme comprised a variety of clinical and observational audits completed on a monthly basis. The CNM demonstrated good insight into the audit process and its value. For example, aspects of quality of life for residents was identified and from this a review of the facilities (activities room and paraphernalia, and garden) and social programme had begun, as aforementioned, to promote a social model of care.

The annual review for 2020 was set out in the format of the national standards. While it detailed information on the quality of care in the centre, it did not provide information on the quality of life for residents; it was not undertaken in consultation with residents and was not in a format that could be easily read by residents and their families.

Some feedback from residents and their families was logged. The inspector was informed that issues that were dealt with at ward level were not routinely recorded as they were addressed immediately by ward staff. Anything that required further attention was recorded. However, better oversight of complaints process was necessary, as one complaint seen was addressed to facilitate staff routines rather than the quality of life of the resident.

Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these.

The risk register was up-to-date with identified risks associated with the impact of COVID-19 and additional control measures to mitigate identified risks.

In conclusion, staff positively engaged with residents in a kind, gentle and relaxed manner and quality of care was good, however, improvement was required to enable residents have a better quality of life.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff reported that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, appropriate use of PPE, and donning and doffing PPE. There was good supervision of staff to ensure oversight of care delivered.

Judgment: Compliant

Regulation 21: Records

One staff file examined did not have the staff member's current address; qualification certificates were not in place in this file; while there was a nurse registration number seen, documentary evidence to verify the nursing number was not in place.

Judgment: Not compliant

Regulation 23: Governance and management

The annual review for 2020 was set out in the format of the national standards. While it detailed information on the quality of care in the centre, it did not provide information on the quality of life for residents; it was not undertaken in consultation with residents and was not in a format that could be easily read by residents and their families.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Records of complaints were not documented in line with the requirements of the regulations.

Better oversight of complaints process was necessary, as one complaint seen, was addressed to facilitate staff routines rather than the quality of life of the resident.

Judgment: Substantially compliant

Quality and safety

The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Visiting had recommenced and visits were scheduled by the administrator in the centre and were facilitated in the afternoons over a seven-day period. The inspector saw visitors to the centre and appropriate IP&C precautions were adhered with coming and going from the centre.

The medical officer attended the centre and documentation showed that medications were regularly reviewed in conjunction with assessment and well-being of the resident. Of the sample of medical notes reviewed, GPs took the time to actively engage with residents, discuss possible interventions and treatments as well as specialist reviews; actions taken were with the consent of residents. Residents had timely access to psychiatry of old age, surgical reviews, dietician, speech and language therapist, geriatrician and palliative care.

A sample of care plan documentation was reviewed. Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted with regarding their care; these were completed in line with regulatory

requirements. Daily narrative notes were comprehensive and were updated with the resident's changing needs. Care plans were updated as required in the regulations as well as with the residents' changing needs. However, the formal review was not updated in one resident's documentation following the resident's transfer back into the centre from the acute care setting. This would have provided an easily accessible comprehensive synopsis of the current status of the resident, the diagnosis, change in treatment, and care to be provided for the resident.

Care plans were initiated following review by specialist services such as speech and language and dietician services. Of the sample of care documentation seen, residents had signed their own consent forms for items such as photographs, vaccinations and participation in care planning. An antibiotic log was maintained to provide easy access to the antibiotic history.

Additional care plans were set out relating to 'COVID-19 and the Resident with Dementia', with individualised supports necessary for their emotional wellbeing to minimise the impact of COVID precautions; COVID-19 infection control care plans were in place for all residents.

Staff spoken with had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents, their families and staff. Those residents requiring behavioural support plans had them in place and observational charts were initiated when required to help identify possible sources of upset, confusion or anxiety.

There was extensive information in the communication section of residents' documentation detailing staff liaising with families about the care and welfare of their relative. There was a robust process to keep people informed of the changing panorama of COVID-19 and HPSC guidance.

On admission, a food and nutrition form was completed with the residents like and dislikes and this was given to kitchen staff. Over the following few days or weeks as staff got to know residents, more detailed information of their dietary preferences would become available and this and this was fed back to the catering staff on the kitchen information sheet. The CNM reported that there was very good support from speech and language and dietetic services. During COVID-19 lock-down, many zoom consultations were facilitated with specialists which meant that residents were not waiting any time to be reviewed and assessed; reports were issues immediately facilitating better outcomes for residents. Other specialist consultations included mental health services, tissue viability and plastic surgery referrals, and the CNM report that this worked really well.

End of Life care assessments were in place and included information on compassionate visiting arrangements being facilitated. Advanced care directives 'Let Me Decide' were in place for residents and documentation showed that these discussions were with the resident and GP.

The new national transfer letter was being introduced at the time of inspection. Residents notes showed that the HSE standard transfer letter was used heretofore when a resident require transfer to acute care or another institution so they could

be appropriately cared for by the receiving facility.

A daily safety pause was introduced to remind staff of issues such as residents at risk of falls, skin integrity, absconsion, responsive behaviours, those on treatments other than routine medications such as eye drops, antibiotics or steroids, and then other items staff should be aware of such as environmental concerns for example.

Controlled drug records were securely maintained. The daily controlled drug check book and administration record log were updated at the time of inspection to ensure it was fit for it's intended use; this would mitigate the risk of near miss or medication errors. An antibiotic log formed part of the medication administration record; this enable easy trending of treatments and responses to treatments. The pharmacist attended the centre on a weekly basis and medication administration records seen had input of the pharmacist to support staff with their practice.

Good infection prevention and control measures and practices were observed. For example, good hand hygiene practices and use of PPE. Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags; clinical waste procedures were seen to be robust. Dani centres were located around the centre for staff to easily access personal protective equipment (PPE). The sluice rooms and clinical rooms were secure access to prevent unauthorised access to hazardous waste and clinical products.

The risk register was up to date and included risks associated with COVID-19 pandemic. Fire safety records reviewed showed that appropriate fire certification was in place for alarm tests, emergency lighting and equipment. Monthly flushing of the fire hydrant was recorded. Regular fire safety drills were completed with details of staff participation and times for evacuations; several simulated evacuations were completed of the bariatric bed to be assured that an evacuation was done in a timely manner. There were floor plans displaying fire alarm zones, and separate floor plans with evacuation pathways and a point of reference highlighted so that all persons had access to the building layout and escape routes available. Daily fire safety check were comprehensively completed. Nonetheless, linen trolleys were maintained by the entrance to Ionad Eibhlís which was an evacuation route.

Regulation 11: Visits

Visiting was recommenced and these were scheduled by the administrator. The service was committed to ensuring residents and their families remained in contact and staff supported residents by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date and advanced care plans were in place for all residents. There was ample spaces including quiet spaces for relatives to visit on these occasions.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a structured mid afternoon and evening snack time where residents were offered fluids of their choice and snacks in a relaxed and social manner with positive engagement by staff, however, this was not in place in the morning time.

Lunch time was served at 12:00hrs which was too early; in addition, trays were delivered to residents bedrooms with three courses served together of soup, main course and dessert. This would not be reflective of a normal dining experience that one would experience at home.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters were evidenced on inspection to be assured that information was available when a resident require acute care or transfer to another institution so they could be appropriately cared for by the receiving facility. Following discharged back to the centre, comprehensive information was included when the resident returned.

Judgment: Compliant

Regulation 26: Risk management

The risk register was recently updated to ensure the information available was current. The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Infection control

IP&C practices observed on inspection were in line with current best practice guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Linen trolleys were maintained by the entrance to Ionad Eibhlís which was an evacuation route.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications and associated documentation were maintained in line with legislation and professional guidelines. New controlled drug ledgers were introduced at the time of inspection to enable more robust records and mitigate risk of potential errors or near miss episodes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The formal review was not updated in one resident’s documentation following the resident’s transfer back into the centre from the acute care setting. This would have provided an easily accessible comprehensive synopsis of the current status of the resident, the diagnosis, change in treatment, and care to be provided for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to on-site GP consultation. Residents medications were reviewed as part of their consultation with their GP and ongoing monitoring and responses to medication were seen. In the sample of residents' care documentation examined, appropriate records were seen regarding wound care and supports for communication needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were observed to actively engage with residents and use distraction techniques to help alleviate anxiety and upset.

Judgment: Compliant

Regulation 8: Protection

Staff reported that safeguarding training was provided and observations demonstrated that residents were treated with kindness and respect.

Judgment: Compliant

Regulation 9: Residents' rights

While residents had accessible bedside lockers, some residents had limited storage of a single wardrobe for their clothing.

Some privacy screens in residents’ bedrooms were not fit for their intended purpose, they were difficult to use and did not afford complete privacy to residents.

Staff referred to residents as patients even though this was their home.

Residents did not have access to activities in accordance with their interests and ability. Some communal spaces were not established as social spaces for residents to meet up and chat.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital) OSV-0000569

Inspection ID: MON-0031312

Date of inspection: 19/04/2021

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files are now up to date and contain all the required documents set out in Schedule 2. An audit tool and check list has been developed to ensure this process continues.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review has been revised in conjunction and collaboration with the residents and now reflects the quality of life of residents in a format that can be easily read.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A full overview of the complaints process has been conducted and the person in charge	

will ensure that there is a more person-centred response to all complaints.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The linen trolleys are no-longer located at the entrance to Module 3 (Ionad Eibhlís). The trolleys have been relocated to another area in the unit outside the evacuation route.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A review of residents notes has been undertaken to ensure that a formal evaluation and review has been completed within the regulatory timeframe and reflects any admission to and transfer back from an acute setting.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Nursing Management have revised the roster to ensure hours are ring-fenced daily to allow team members to provide meaningful activities for residents in each unit.
Date of completion: 26/05/2021
The Director of Nursing has reviewed the communal areas throughout the unit to ensure that they are set up and available for residents to use for occupation, recreation, and socialisation in line with HPSC guidelines.
Date of completion: 26/04/2021
Nursing management have engaged with estates, logistics and procurement departments to purchase and install ‘ropimex folding wall screens’ in the two bedded rooms which will afford complete privacy to the residents.
Date of completion: 30/09/2021
A survey of the residents has been conducted to ensure that they have sufficient space for their personal belongings. Double sized wardrobes have been purchased to ensure we can facilitate this.

Date of completion: 25/05/2021
An awareness raising programme regarding person-centred language has been commenced which will be rolled out to all staff.
Date of completion: 26/05/2021

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 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	26/04/2021
Regulation 23(d)	The registered provider shall ensure that there 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.	Substantially Compliant	Yellow	24/05/2021
Regulation	The registered	Substantially	Yellow	20/04/2021

28(1)(c)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Compliant		
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	25/05/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	25/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	24/05/2021

	exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	26/04/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	26/05/2021
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	30/09/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre	Not Compliant	Orange	25/05/2021

	concerned.			