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:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0035930

About the designated centre

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

Youghal Community Hospital was built in 1935 and is managed by Health Service Executive (HSE). It is a two story building with beautiful views out over the sea and river blackwater. Accommodation is provided for male and female residents usually over the age of sixty five. Care can be provided to an individual under sixty five following a full needs assessment. The maximum number of residents who will be accommodated in the hospital is thirty one. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of other health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants. It provides care to all level of dependencies from low to maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Thursday 21 April 2022	09:30hrs to 19:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Youghal Community Hospital was a comfortable place to live where residents were known to staff and felt safe in their care. The inspector spoke with the majority of residents during the day of inspection and met with a number of visitors also. Residents felt that their rights and choices were respected. Survey results were seen which confirmed their contentment. Residents said that staff were kind and caring and available to listen to any concerns they might have.

The inspector arrived unannounced to the centre and followed the infection control protocol. Following an introductory meeting with the person in charge the inspector was accompanied on a tour of the premises and external patio area. The centre was set out over two floors. The ground floor comprised one single and five twin rooms as well as one vacant single room. All of these rooms were equipped with a wash-hand basin, wardrobe, chair and lockable storage. There was also one large, well laid out four-bedded room on the ground floor that had an en-suite facility. On the first floor there were seven single rooms, three of which had an en-suite facility as well as four double rooms and one vacant single room. The decor was bright and was enhanced with lovely views from all rooms looking out over the sea. A large day room and a smaller dining room provided communal space downstairs where residents were observed to maintain social distancing as the centre was recovering from an outbreak of COVID-19 at the time of this inspection. A small oratory provided another area where residents or relatives could sit for individual meditation. A meeting room on the ground floor entrance hallway was also used for private visits or private 'Skype' calls. Two small sitting areas separate from residents' bedrooms had been made available on the upper floor, which was accessible by lift or stairs.

However, staff informed the inspector that residents upstairs often spent the majority of time in their rooms and only a small number used these sitting rooms or came downstairs for activities and garden access. Findings on inspection confirmed this. Nonetheless, the inspector found that residents' bedrooms were nicely decorated with soft furnishings, ornaments and photographs. Residents stated that they enjoyed the sea views and the fact that they had previously lived locally. This meant that they had access to their visitors regularly and they felt "more at home". The inspector found that there were issues to be addressed in relation to the premises which were similar to findings of non-compliance on the previous inspection. These were outlined under regulation 17: Premises. The person in charge informed the inspector that continuing redecoration and upgrading of the centre was planned, while awaiting planning permission for the proposed new building.

Staff were seen to interact with respect with residents. Staff were heard to engage in social conversation with residents. One staff member was attending to personal grooming for one resident. The resident spoke with the inspector and stated that

her favourite thing about the centre was that she "could spend a day in bed whenever she liked". Another resident was seen to help with collecting the breakfast ware which she informed the inspector "kept her occupied". The inspector observed another resident who had just had her hair done by a relative. She was very pleased with the result and said it gave her a "great lift".

Residents had access to TVs, DVD players, radio, personal phones, video calls, 'Skype' calls and newspapers and enjoyed religious services in the centre weekly. One such 'Skype' call was seen to be underway on the morning of inspection and the resident was delighted to be able to see their relatives on screen. The inspector saw that there was a lively activity session underway in the sitting room in the afternoon which was attended by eight residents. Residents who were present at the activity said they really enjoyed it. They were seeing carrying out chair based exercises to music, discussing the news and singing their favourite songs. Bingo was described by those spoken with as a "favourite" activity mainly due to the social cohesion and banter that each session generated.

Residents who spoke with the inspector said that they were relieved that visitors were allowed in and a number of residents were seen to have a visitor in their room in the afternoon. Visitors followed the protocol set out for such visits to protect themselves and others. Visitors spoken with said that communication had been maintained during the pandemic and they were kept up to date with any changes in the care of their relative. Residents said that they had been kept informed about the current COVID-19 outbreak and understood why staff and relatives had to wear masks. Relatives and residents said they were very grateful to the staff who had worked tirelessly during the pandemic to keep them cheerful and safe.

Similar to previous inspection findings it was unclear from the roster how many dedicated hours were set aside for the social programme over a six or seven day period each week. This meant that there was lack of clarity about the programme. In addition, the inspector found that records in relation to social activities in residents' care plans were only recorded on, at most, a monthly basis. On the day of inspection the external patio area or the small upstairs sitting rooms were not seen to be used. Residents told the inspector that they felt their opinions were listened to at residents' meetings and that their rights were respected as their views were sought in surveys and at the meetings. Residents felt confident that any concerns would be addressed. However, the inspector found that survey results had not been collated, audited and recorded to identify how each concern or suggestion was to be met or followed up.

Food was plentiful, varied and nicely presented to residents from hot trollies on each floor. Residents were very complimentary about the portions and said that the staff took note of their meal choice daily. A staff member was seen going around to residents in the afternoon discussing the meal choices for the following day. Similar to previous inspection findings the inspector observed that the new dining room was under utilised as it was not used for the evening meal or breakfast. In addition, only five or six out of the 24 residents present on the day of inspection attending the dining room for dinner.

Overall, residents expressed happiness and a sense of safety about living in Youghal Community Hospital. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined on this inspection. A new person in charge had been appointed in August 2021 and was employed on a full time basis. The inspector saw that, in general, the audit systems and processes set up in the centre ensured that good quality care was delivered to residents. Nonetheless, while some improvements were noted in response to findings on the previous inspection further improvements were required in fire safety, premises, infection control and physiotherapy access.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The person in charge said that the senior manager representing the provider was available on the phone on a weekly basis or visited the centre when required. The person in charge was experienced in the role of person in charge and was supported by a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, household, catering and maintenance staff. There was evidence of regular meetings between the provider and the nurse managers from the community hospitals in the area. The person in charge informed the inspector that these meetings were a forum for discussion and sharing of best practice approaches among the centres. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in minutes of the meetings. A number of records of internal staff meetings were seen, however records indicated that these internal meetings were infrequent with only one meeting held in 2021. Group meetings were an important tool to ensure that the culture and care in the organisation was reviewed in response to residents' needs and to provide an opportunity to discuss any required adaptations for best practice within the centre. Staff said that daily staff handover meetings ensured that information on residents' changing needs was communicated effectively between shifts.

Staff informed the inspector that it was a supportive workplace and staff retention was high. The inspector saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on the management of pressure ulcers, falls, bed rail use, complaints and health and safety issues. A quality management system which included reviews and audits had been set up to ensure that the service provided was safe and effective. The regulatory annual review of the quality and safety of care had been undertaken.

The inspector was informed that a number of actions identified in this review were under consideration such as plans for improved storage.

The training matrix indicated that staff received regular training appropriate to their roles and staff stated that the refresher training kept their knowledge and skills up to date. Staff supervision was implemented through performance improvement plans, staff probation meetings and appraisals. In the sample of staff files reviewed the inspector found that the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance arrangements were in place for all staff. Completed induction forms and staff appraisals were seen by the inspector.

Copies of the appropriate standards and regulations were accessible to staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were generally well maintained. Residents' records such as care plans, assessments, medical notes and nursing records were made available to the inspector. Other records such as a complaints log and incident reports were seen to be comprehensively maintained.

Regulation 14: Persons in charge

The person in charge was knowledgeable of the regulations and standards and worked full time in the centre.

She fulfilled the regulatory requirements for a person in charge of a designated centre.

She was well known to residents and relatives.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were very good on the day of inspection. There were two nurse managers, four nurses, four health care assistants, two multi-task attendants, one household staff, two kitchen staff, a maintenance man and an administration assistant on duty to meet the needs of the 24 residents.

However, the roster only indicated activity provision on two days of the week, one of which was on the afternoon of inspection. This was addressed under regulation 9: Residents' rights.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date according to the training matrix seen.

Mandatory and appropriate training had been made available and staff spoken with were found to be knowledgeable of the content of training sessions.

Additional in-house sessions were scheduled to supplement the on-line training.

Judgment: Compliant

Regulation 21: Records

Staff files were very well maintained.

Records related to finances were clearly recorded and transparent.

All records required and requested for inspection purposes were made available.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored

This was evidenced by:

- Fire safety management non-compliance which necessitated the issuing of an urgent action plan.
- A fire safety report had not been acted on since the inspection had been carried out in November 2021. The report had been completed on 15 December 2021.
- Infection control findings, for example the lack of appropriate, clinical hand washing sinks, not addressed since the previous inspection.
- Premises issues, such as the location of the washing machine and tumble drier in the CNMs office, and lack of suitable janitorial facilities, not addressed since the previous inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts were available for each resident. The fees were outlined for the services available.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained a statement on the aims and ethos of the centre.

The contents fulfilled the regulatory requirements and it was updated annually.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents which were required to be notified to the Chief Inspector had been submitted in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints, while infrequent, were documented carefully.

They included details as to the satisfaction or not of the complainant and information relating to the appeals process, if this was required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required to be in place under Schedule 5 of the regulations had been adopted and implemented in the centre. These had been updated within the three yearly required time frame and were seen to include evidence of best practice.

These included among other key policies:

- staff recruitment policies
- safeguarding policies,
- nutrition and medicine management policies.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and some opportunities for social engagement. However, similar to previous inspection findings the inspector found that further improvements were required in fire safety, residents' rights, healthcare, infection control and in premises, under this dimension of the report. An urgent action plan was issued to the provider in relation to the management of fire safety.

Residents spoke positively with the inspector about their daily lives and the care available in the centre. Staff were seen to support residents to maintain their independence where possible, for example when mobilising or eating. It was evident from the sample of care plans reviewed that residents' health care needs were well met. The admission and care planning process was seen to involve the use of a variety of validated tools and care plans were found to be person centred. Regular and attentive general practitioner (GP) services were available. The GP reviewed residents' medicines on a three-monthly basis. This meant that medicines such as psychotropic (sedative) medicines were reduced when the maximum therapeutic effects were reached. There was a range of health professionals available to residents. The speech and language therapist (SALT), the dietitian, vision checks and the chiropodist were available to residents and a number of these visited during the inspection. Their input and guidelines were available in residents' files. The pharmacist was accessible for advice on aspects of medicines such as interactions and side effects. Residents in the centre also had access to psychiatry of older age and palliative services and were facilitated to attend outpatient services. However, other services such as physiotherapy, were not widely available as addressed under regulation 6: Health care.

Staff in the centre continued to monitor residents and staff for COVID-19 infection and had protocols in place for testing and isolation. Residents and their families were informed of tests where this was required. Infection control practices included

staff wearing the required level of mask, aprons where appropriate, hand washing and applying hand sanitiser between care interventions. The centre was cleaned to a good standard on the day of inspection. However, improvements were required in a number of infection control practices including the provision of clinical hand washing sinks and other issues which were detailed under regulation 27: infection Control, in this report.

Fire safety management in the centre required urgent attention. Gaps were seen in the surrounds of fire safe doors and staff were not fully aware of the number and size of compartments for horizontal evacuation. Further serious findings related to fire safety were highlighted further under regulation 28: Fire Precautions.

Accommodation was laid out over two floors with capacity for 15 residents on one floor and 16 residents on the other. Two single rooms were vacant and were kept for isolation purposes. Access between floors was serviced by both stairs and lift. On the day of inspection there were 24 residents in the centre with seven vacant beds. Danicentres (wall mounted dispensers) for aprons, masks and gloves had been put up in each bedroom since the previous inspection. This meant that staff did not have to go out of the room to access this protective wear which minimised the risk of cross contamination. Communal shower and toilet facilities were appropriately located throughout the centre. There was an assisted bath available however this was observed to be used for storage of excess items preventing ease of access to the bath, if required. Assistive equipment such as overhead hoist equipment was available to residents.

The kitchen on the ground floor was appropriately equipped to deliver a catering service to residents. As found on previous inspections dining space was still limited and only available in the downstairs section, suitable for seating 12 residents. Similar to previous inspection findings the inspector found that the social gathering of mealtimes was not fully optimised for all residents' enjoyment and this room was not utilised to full advantage. This was addressed further under regulation 9: Residents' Rights.

Residents told the inspector that they were were enabled to make choices on a daily basis. Staff spoken with were found to be very knowledgeable about resident's likes and interests. A number of activities were in place to meet these interests, such as exercise to music, singing, outings, bingo, and gardening. An external activity provider was stated to attend the centre on two days a week, this was currently suspended due to the outbreak of COVID-19. Relatives said they felt happy speaking with staff and felt their concerns would be addressed. There were systems in place to safeguard residents from abuse and training in this aspect of care was delivered annually.

Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were taking place in line with the current Health Protection

Surveillance Centre (HPSC) guidance for a centre which was emerging from an outbreak of COVID-19.

Visits were encouraged with appropriate precautions to manage the risk associated with the virus.

Visitors were required to wear a suitable mask, use hand sanitising gel and have their temperatures checked prior to entering the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector found that there were a number of issues to be addressed since the previous inspection in order to bring the premises into compliance with the regulations as follows:

- A requirement for a proper laundry room separate to the CNMs office.
- The flooring required replacement in a number of areas as it was very worn and consequently look stained.
- The bathroom where the bath was located was used for excess storage of hoovers, buffers, hairdressing equipment, wheelchairs and a hoist. This meant that the bath could not be used due to inaccessibility.
- In general there was a lack of storage space in the centre for essential equipment.
- Shelving was required in the liner press to ensure items were stored up off the floor.
- The skirting board in the bathroom needed repair.

Judgment: Not compliant

Regulation 26: Risk management

The risk register was up to date.

The policy contained the regulatory risks. Risks were assessed and where individual risk assessment were required these had been developed.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified that required action to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff. These were repeat findings under this regulation which impacted on safe infection control practices.

For example:

- The skuffed paint work and worn flooring impeded effective cleaning.
- The lack of hand washing facilities presented an infection control risk in the sluice rooms.
- There were no dedicated clinical hand wash sinks available to staff.
- A hoover and commodes were stored with the dirty sluice rooms. These had to be moved out each time a staff member wanted to access a sluice room or use the bedpan macerator meaning that the risk of cross infection was increased.
- One bedpan macerator was seen to be old, dirty and due to be replaced. However according to the person in charge this was due to be replaced.
- A suitable cleaners' room was required for the housekeeping staff to be equipped with suitable storage, a suitable janitorial sink and a hand washing sink.
- Rust was noted on radiators in some areas.
- The leatherette chairs in the small sitting rooms had a number of worn areas on the surface which impeded effective cleaning.

The inspector was not assured that the arrangements as outlined were sufficient in this era of COVID-19 where rigorous infection control procedures were required in line with the HPSC guidelines for the prevention and control of an outbreak of the virus.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire.

Issues related to poor fire safety management were identified:

These included:

- gaps in the surrounds of fire safe doors (doors which were manufactured to withstand fire, heat and smoke for a period of 30 to 60 minutes.) doors
- a requirement to identify the compartments for horizontal evacuation
- the fire extinguishers in the basement were not wall mounted and one was used to hold the fire safe door in the basement open

- lack of self closures devices on some of these doors which meant they would not automatically close in the event of a fire alarm sounding
- damage to some fire safe doors, some doors not capable of being closed properly due to broken locks or ill fitting
- the presence of a washing machine and tumble drier in use in the CNM's (clinical nurse manager's) office.

An urgent action plan was issued to the provider requiring that the issues identified be addressed within a short time frame due to the serious nature of the findings.

Additionally, the inspector saw that a number of serious findings, highlighted in an external report on fire safety in the centre which had been received in 2021, had not been addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Two open boxes of eye drops were seen in an unlocked medicine locker in one bedroom. It was unclear if they were being used and as such they posed an infection risk for the resident involved as the date of opening was not written on the eye-drops. Both were to be discarded within one month of opening and this period of time had elapsed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were generally well maintained and contained relevant information about the care and social needs of residents.

- These were updated four monthly and residents were involved in their development.
- End of life care wishes were recorded and these were also subject to review in line with best practice.
- Care plans were developed for a number of care areas including, nutrition, falls, infections and dementia care.
- These were supported by clinical risk assessments and were seen to contain sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

Not all aspects of residents' health care needs were met:

- Staff stated that there had previously been regular input from the physiotherapist for residents in the centre. At that time the service operated out of the designated centre. The service had now moved to the nearby village of Carrigtwohill. These hours were no longer sanctioned and physiotherapy was now only available through referral and was not as freely available to all residents as before, in order to maintain residents' mobility, strength to stand and muscle tone.
- Where the physiotherapist had provide a list of passive exercises for some residents there was no evidence that these were undertaken as advised.
- Routine dental examinations were not organised for residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place for residents who experienced the behaviour and psychological symptoms of dementia (BPSD).

Further training in this aspect of care was scheduled.

A policy to inform the management of restraint as set out in the national restraint policy. This meant that alternatives to bedrails such as low-low beds, observation, sensor alarms and sensor bracelets were attempted prior to the use of bed rails. Bed rail use was regularly reviewed and consent for their use was sought.

Judgment: Compliant

Regulation 8: Protection

- Staff were trained in all aspects of safeguarding. The policy was up to date and staff were familiar with the guidance on reporting any suspicions or allegations of abuse.
- Finances were well managed.
- Resident stated that they felt safe and knew who to report their concerns to.

Judgment: Compliant

Regulation 9: Residents' rights

There was a lack of clarity on the roster for dedicated activity provision and it was not clear as to how many hours were dedicated to meeting the social activity needs of residents, weekly. This was a repeat finding.

Access to the dining room was not facilitated by providing a choice of two sittings at each meal time and residents upstairs were rarely facilitated to access the dining room downstairs. This was a repeat finding.

A small number of residents were listed as having a 5pm bedtime and no visitors after 5pm, due to being in bed. This limited their choice to receive visitors in the evening.

There was a lack of evidence that the feedback and outcome from surveys and meetings had been fully addressed to enable residents to feel consulted in the running of the centre, for example where one resident had stated she could not reach her locker as it was on her weak side and where another resident said that the bells in some bathrooms had been removed as some residents had "overused them". This had been addressed however feedback to these residents had not been documented.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0035930

Date of inspection: 21/04/2022

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: A complete programme of works to comply with Fire, IPC and premises has been scoped by HSE Estates and funding has been secured. The commencement date for these works is to be confirmed and expected completion date is December 2022.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new purpose built 60 bedded CNU is currently at design stage and it is envisaged that this will be completed in the next 3 years. The laundry equipment has been relocated to an outside room which has been fitted to accommodate this equipment safely including connection to the fire alarm. As part of planned internal refurbishment which will address IPC and Fire issues the flooring will be upgraded where necessary. These refurbishments will also address the storage issues. Shelving has been fitted in the linen rooms to ensure items are not placed directly on the floor. The skirting board in the bathroom has been repaired.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
As part of the planned refurbishments the areas of worn flooring will be replaced.
The sluice rooms will be upgraded and will include new macerators and clinical hand wash sinks and slop hopper sinks.
Extra storage and dedicated cleaning room will be secured as part of the project which will include a janitorial sink.
The rust on the radiators has been addressed.
New comfort arm chairs have been ordered.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An independent Fire Risk assessment was completed in November 2021 and further clarification was requested in May 2022 and the response is awaited. In the interim the gaps identified in the surrounds of the fire doors are being addressed.
Horizontal compartments have been identified.
The fire extinguishers in the basement have been wall mounted.
The doors which require self closing devices will be fitted with same.
The washing machine and tumble drier have been relocated to an outside room which is fully plumbed and connected to the fire alarm.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The out of date medicines have been removed and Staff instructed to ensure and such items are dated when opening and discarded when no longer required. This will be highlighted at Safety pause daily and at Staff meeting.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Any resident who requires input from Allied health Professionals such as Physiotherapy are referred and assessed in a timely manner. Following assessment the resident may be issued with an individual exercise programme as appropriate. Staff will document the residents' participation in any exercise programme recommended by the Physiotherapist. Residents who require routine dental care will be referred to their own dentist.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: In house activities are provided by a number of staff on allocated days. On days that these particular staff are not on duty other staff provide individual activities such as make-up, nail painting, walks in garden, gardening and newspaper reading as part of daily routines. Outsourced activities are provided on 2 days per week by an external group and a musician attends on Saturday afternoons. Weekly mass is celebrated on Fridays for those residents who wish to attend. A number of residents go out for lunch, walks on the boardwalk and visits to their own homes on a regular basis and this is encouraged and facilitated. Residents who wish to use the dining room do so, however not all wish to. On occasion that a large number of residents wish to attend the dining room, 2 sittings can be accommodated. Many residents prefer to remain in the day room or their own rooms as per their choice. Those residents who retire early have requested no visitors after they retire however if a resident wishes to receive a visitor in their bedroom this will be accommodated. Feedback from residents meetings and surveys will be addressed and documented going forward. Bells are checked weekly to ensure they are present and in working order.	

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.	Not Compliant	Orange	22/12/2022
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	22/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	22/12/2022

	associated infections published by the Authority are implemented by staff.			
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.	Not Compliant	Red	29/04/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	17/05/2022
Regulation 28(1)(e)	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.	Not Compliant	Red	29/04/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Red	29/04/2022

	containing and extinguishing fires.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	22/04/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus	Substantially Compliant	Yellow	18/05/2022

	Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	18/05/2022
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	18/05/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	18/05/2022