



**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:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0039146

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Tuesday 14 March 2023	08:45hrs to 16:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with four residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

There were 22 residents residing in Dunmanway Community Hospital at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand hygiene and face covering. There was COVID-19 advisory signage and hand sanitiser in the front porch and a hand-wash hub inside the porch opposite reception.

An opening meeting was held with the person in charge and clinical nurse manager (CNM), which was followed by a walk-about the centre with them both. Dunmanway Community Hospital was situated on a large site which also accommodated the community day centre and community dental clinic. It was a two-storey building with residential care on the ground floor, and community physiotherapy, staff facilities and storage on the first floor.

The main entrance to the hospital was wheelchair accessible. Residents' accommodation was set out on one main corridor extending from the main entrance; there was a corridor to the right of the main entrance running parallel to the main corridor where nursing and administration offices, the chapel, (mass had re-commenced on site and was celebrated Saturday evenings), the parlour, main kitchen and storage facilities were located. Dunmanway Community Hospital was adjoined to Dunmanway day centre via a wide corridor located to the rear of the building. The dental clinic was a separate building to the rear of the designated centre.

The main fire alarm system, registration certification and suggestion box were by the main entrance. Information on advocacy services was displayed in the day room. Some orientation signage was displayed in the building to guide residents to the dining room, and bedrooms for example, to allay confusion and disorientation.

Overall, the premises was bright and clean and communal areas were pleasantly decorated. Residents accommodation comprised three four-bedded rooms, three twin rooms and five single bedrooms, all with en suite shower toilet and wash-hand basin facilities. The inspector saw profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available to maximise residents' comfort and ease of transfer in and out of bed. In the multi-occupancy four bedded rooms there were boxed-style shelving over residents' beds for residents to display photographs and mementos. Some residents had personalised them with decorations and flowers. Residents had accessible bedside lockers and bedside

chairs; in multi-occupancy rooms residents had a single wardrobe for their clothing; this space was halved so the resident had access to half a single wardrobe for hanging their clothes. Wardrobes in other bedrooms were double wardrobes; these were divided with shelving on one side, and shelving to the top and bottom of the other side and the remainder clothes-hanging space did not enable a dress or coat to hang properly without being creased. Redecoration had begun and painting of corridors had commenced and this was welcomed as doors, skirting and architraves were seen to be quite worn. Hand-rails on corridors were newly painted. Carpenters were on site during the inspection repairing and replacing doors and architraves. Flooring was scheduled to be replaced in bedrooms and corridors in the weeks following the inspection.

'St. Anthony's' room was a large single room with patio access; outside this room there was a sheltered veranda with a wrought iron bistro table and chair set, which a family had donated to the centre following the death of their relative in appreciation for the care their relative received.

There was a lovely seating area outside Shehy 1 & 2 bedrooms with comfortable armchairs and coffee table. A relative of one of the residents painted a beautiful mural of delicate wild flowers with butterflies and lady bugs and calligraphy inscription 'Our residents do not live in our workplace, we work in their home'; it created a gorgeous backdrop to the seating space. 'An Chistin' frontage reflected an old fashioned kitchen as part of their internal decor. There were framed pictures of residents' thoughts during the lock-down displayed. A picture frame with the 'positive word of the week' hung in the day room to lift people's spirit. The seating area opposite the day room room had shelving behind it with 'Dating Advice for the Younger Generation' displayed, which comprised words of wisdom set out in a poem following conversations with residents as part of the lock-down activity programme. There was a further seating area along the corridor to the left. This alcove was beautifully decorated with vintage book-shelf wall paper backdrop, comfortable armchairs and small table. Photographs displayed showed residents and staff enjoying celebrations and outings such as the away-day in Thomand park, spa days, basket weaving, farm animals and mad-hatters tea party. They entered the Dunmanway agricultural show and won a trophy for their flower display and the winning trophy was proudly displayed. A fortnight before the inspection they hosted a coffee morning for 'Denim Day for Dementia' and they raised €250.

'The Doheny Bar' was a life-size bar display with full-length poster of Daniel O Donnell behind the bar between the sitting room and dining room. There was a beautiful mural painted on the wall leading to the dining room. This was painted by the granddaughter of a resident who passed away, RIP. It was a delicate display of wild flowers, butterflies and bees with a lone robin as a reminder of the artist's grandfather.

The family visitors room had comfortable armchairs for people to relax while visiting. Visitors were seen using this room during the inspection. Visitors to the centre were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines (March 2023) with controls in

place to minimise the risk of inadvertent transmission of COVID-19 by visitors.

The day room was a bright room with comfortable seating, fireplace, table, chairs and kitchenette area. The inspector saw that 'art for health' was facilitated here and residents were guided through their tapestry. Staff interacted with residents in a social and respectful manner; the main topic of conversation was Cheltenham and tips for the gold cup were sought.

The local historical society had erected an information display in the garden outside the dining room with information on the famine wall with a tree-planting ceremony; Friends of Dunmanway Community Hospital provided funding to build a footpath from the hospital to the main road for families to safely walk with residents to town.

The dining room was lovely and bright with views of the beautiful gardens, shrubs, flowers, seating areas, the ivy-clad stone house and the enclosed walled garden of the original building. Dining tables were set prior to residents coming to the dining room for their meals with beautiful old china cups, saucers, glassware, jugs and sugar bowls. The dressers had china tea sets displayed which were used for their afternoon tea parties. Residents were offered beverages, fruit and snacks mid morning and mid afternoon. Menus were displayed on dining tables; full menu choice was not detailed in the menus displayed. One resident was brought to the dining room following personal care delivery at 12:05pm but was not served their meal until 12:45pm. At 12:15pm, three other residents were seen at another table, one was assisted with their meal and the other residents looked on and were not served until 12:45pm. Two residents were observed to have their meal in the day room while the remainder of residents engaged in arts and crafts. While the chef brought the hot trolley into the dining room to serve residents, she had to wait for some time before a staff member provided assistance with serving. Medication were seen to be given out at mealtimes.

There was an enclosed courtyard in the middle of the centre with pots for planting, miniature ornaments and garden furniture for residents. The garden to the back of the centre adjoined the garden of the day service and both were well maintained. The community dental clinic was located behind the centre on a large garden with trees within the original old stone wall of the hospital. The garden bench was placed there so that families and children could sit outside while waiting to attend the dental clinic.

The dementia friendly garden was a beautiful space with curved pathways, sensory shrubs, potted flowers, pergolas with creepers and fairy lights, and garden furniture. A raised flower bed had strawberries and rhubarb growing and was ready for more planting. The area outside Shehy 1 and 2 rooms was completed with circular red paving and a large wooden seat that a resident's family donated when their relative died, in appreciation of the care their relative received.

There was a computer available to residents and when residents' were not using the computer it was outside the nurses' station with soft background music playing. There were two water dispensers available on either end of the centre so people could easily access drinking water.

The housekeeping room was swipe-card access with a secure chemical press. There was a low sink for disposal of waste water and a high sink for filling containers; a new hand-wash sink was installed here since the last inspection. Sluice rooms were secured to prevent unauthorised access. The laundry room was key-code access and was used for storage of clean laundry; the main as laundry was outsourced. The domestic washing machine and dryer were removed from the laundry since the last inspection following recommendations of a HSE IP&C inspection.

Staff facilities were available upstairs on the first floor. These comprised staff changing rooms and kitchen and dining facilities.

Staff were observed to completed hand hygiene appropriately. Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to aspects of infection control, notifications, access to outdoor space, transfer information following temporary absence from the centre, and signing of consent by residents. Further attention was necessary regarding regulations relating to the personal possessions and personal storage for residents (this was a repeat finding), infection control relating to the premises and contracts of care.

Dunmanway Community Hospital was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the CH04 area of the HSE. The person in charge reported to the general manager. The person in charge was supported on-site by the acting clinical nurse manager (aCNM), senior nurses, care staff and administration. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser, infection control link nurse specialist and human resources.

The annual programme of audit comprised a variety of clinical and observational audits with a monthly audit programme that supported the Quality and Patient Safety (QPS) strategy of Cork/Kerry Community Hospitals. Results of audits fed into the internal QPS meetings, which in turn fed into the regional QPS meetings facilitated by the general manager. Items such as incidents, accidents and complaints were discussed and the QPS meetings enabled information sharing

between community hospitals. QPS meetings had set agenda items relating to key performance indicators, notifiable incidents and infection prevention and control as part of monitoring and oversight of the service. 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. Complaints were recorded in line with regulatory requirements.

Staff training was ongoing and included 'safeguarding awareness' training which was facilitated in-house to support protection of residents. 'Assisted Decision-Making' course was being facilitated on-site the week following the inspection to support staff regarding the change in the related legislation. There was an infection prevention and control (IP&C) lead; two additional staff had trained in assessing hand hygiene practice. Protected time was allocated to the IP&C lead on a monthly basis to provide ongoing support and training to staff. Staffing levels were adequate to the size and layout of the centre.

Residents' meetings were facilitated. One of the recommendations made at the meeting was residents wanted to set up a book club, which had been undertaken and audio as well as hard copy books were procured for residents to enjoy. Lots of photographs were seen displayed and input into the annual review report of residents on outings to the beech, Michael Collins memorial, and enjoying ice cream and fish and chips.

In general, the atmosphere was relaxed and staff actively engaged with residents in a social, friendly and respectful manner.

Regulation 14: Persons in charge

The person in charge was full-time in post and had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life of residents.

Judgment: Compliant

Regulation 15: Staffing

On a daily basis, the following was the staff complement for 23 residents:

- Person in charge (Monday-Friday)
- Clinical nurse manager (Monday-Friday)
- Nurses x 2
- HCAs x 4
- Household staff x 1

- Chef and kitchen assistant x 2
- Administration x 1
- On night duty, there was one nurse and two healthcare assistants.

Judgment: Compliant

Regulation 23: Governance and management

The management system in place did not assure that contracts of care were appropriate, and did not protect the rights of residents. The terms under which they resided in the centre allowed for residents to be moved from their bedrooms to facilitate the service needs. These stipulations were not in keeping with a rights-based approach to care or the mission statement in their statement of purpose.

There was a lack of oversight in relation to the availability of suitable space for residents to store their clothing. This was further detailed under Regulation 12: Personal Possessions, which was a repeat finding.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were viewed and it was noted that the bed numbers were not routinely input into the contract of care to identify the bed the resident was agreeing to occupy.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with regulatory requirements. Clarification was given on inspection regarding information to be submitted in the NF40 nil return bi-annual notification.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Dunmanway Community Hospital. Strong community links were fostered and encouraged to ensure residents remained part of the local community. Residents gave lovely feedback about staff and the care they received.

The person in charge explained that the Friends of Dunmanway Community Hospital were a huge support and over the years had contributed significantly to the centre. They had donated funds to upgrade the enclosed garden to the side of the centre which was now a landscaped dementia-friendly garden with all-year-round planting, walkways and seating. The area outside Shehy 1 and 2 was developed since the last inspection with new red circular paving and seating for residents to enjoy.

A sample of care plan documentation was reviewed. Residents' care plans and assessments were comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs.

Residents had good access to general practitioner (GP) services where the medical officer attended the centre on a daily basis, Monday to Friday. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care, for example. Behavioural support charts showed that staff had good insight into residents' care needs with social and compassionate interventions to support them during a time of anxiety or upset. Advanced care directives were in place for residents and documentation showed that these discussions were with the resident and GP. The person in charge explained that West Cork Palliative Care provided excellent support to the centre. Timely referrals, telephone triage followed by timely reviews made the service seamless and provided ongoing support to residents for their care management. When required, the social worker attended the centre to support residents and staff; residents' documentation showed that liaising with the family formed part of the ongoing support provided to enable best outcomes for residents concerned. A new clinical psychologist was available to the service.

Weekly safety pauses were facilitated and these included reviews of KPIs, new admissions, and policies for reading and signing for example. Daily discussions following daily staff handover meetings to remind staff of areas such as risk and appointments were highlighted.

A sample of medication management charts were examined; they were comprehensively completed in line with professional guidelines.

Transfer letters with information on residents being transferred into and out of the centre were seen to be comprehensive.

Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags as required. Laundry was outsourced as the laundry facilities available in the centre were inadequate.

Evacuation routes were clear of obstruction. Evacuation floor plans were displayed in the centre with a point of reference 'You are Here' and primary escape routes detailed.

Following the lifting of COVID-19 precautions, residents re-joined the day services they were attending prior to the lock down. Visitors to the day centre call into the hospital visiting their friends and residents were delighted with re-connecting with the local community and their friends. While a variety of activities were available to residents including dog therapy, massage, art for health, afternoon tea parties, mass on site every Saturday evening, a review of information sharing relating to activities was necessary to inform residents of the daily activity including the staff member facilitating the activity.

Overall, the inspector observed that the care and support given to residents was respectful and kind; staff were helpful and were seen to socially and actively engage with residents.

Regulation 11: Visits

Visiting was facilitated in line with current (March 2023) Health Protection Surveillance Centre (HPSC) guidance. Information pertaining to COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage facilities available to residents remained inadequate for residents in a long-term care facility. Some residents had access to a single wardrobe which was divided with one side shelved and the other side for hanging clothes which was wholly inadequate. While other wardrobes were double sized, these were divided in two, with shelving on one side, and shelving on the top and bottom of the other side, and this resulted in the space for hanging clothes to be inadequate; and the space available did not allow for clothes to be suitably draped. This was a repeat finding over all inspections carried out to date.

Judgment: Not compliant

Regulation 17: Premises

The premises was bright, clean and well decorated. The addition of the communal spaces of dining and day rooms, visitors room and seating areas added to the quality of life of residents. The dementia-friendly garden was a lovely place which was accessible via bedrooms and corridor. The recently completed outdoor space outside Shehy 1 and 2 was a lovely space for residents to view, and sit out and enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

Better oversight of meals and mealtimes was necessary to ensure the dining experience was a social and leisurely experience for residents as:

- residents were brought to the dining room from 12:05pm but were not served until 12:45pm which is an inordinate waiting time to be served
- residents sitting together at tables were not served together in line with normal serving and dining
- two residents had their meal in the day room while an activities programme was facilitated; one resident required assistance and the second resident dined alone
- Medications were administered during their main meal so mealtime was not protected to enable residents have a social dining experience.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of transfer letters used when residents were being transferred in and out of the centre were maintained on-site. Information included in transfer letters enabled residents to be cared for in line with their assessed changing needs.

Judgment: Compliant

Regulation 27: Infection control

Issues identified relating to infection control were:

- many surfaces such as doors, skirting boards and architraves were quite worn so effective cleaning could not be ensured.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were reviewed and there were comprehensive. A nurses' signature list was in place as part of medication prescription charts. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions. Maximum dosage of PRNs (medicines to be taken when required) was included in prescriptions in line with best practice guidelines. An antibiotic log formed part of residents' medication management with details of the infection being treated, duration of antibiotic and duration of the prescription which enabled quick and easy access to the resident's antibiotic history.

Residents' documentation showed that records were maintained of psychotropic PRN medication and these were supported by behavioural charts, reviews and responses to interventions including pharmacological and non-pharmacological interventions to enable best outcomes for residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed by the placement co-ordinator prior to residents admission to the centre to ensure the service could care for the resident. Pre-admission assessments examined showed thorough review of the resident including their social and medical history, medication and assistance required.

Validated risk assessments provided good oversight of the care and welfare needs of residents to support individualised care planning. The 'quick screen risk assessment' was an excellent tool providing an easily accessible snapshot of the resident's care needs and included assessments such as falls, medications, vision, peripheral sensation, balance and seating for example.

The clinical development co-ordinator had developed an admission assessment tool for people requiring short-stay admission such as respite or convalescence care. The 'quick screen risk assessment' formed part of the document to enable staff detail residents' assessed needs. This template allowed for three admissions to be recorded so it enabled quick and easy access to information showing the person's

status, and whether they remained at their current level of care or if this had altered. It was being trialled in the centre and staff said it was excellent.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services; the GP was on site on a daily basis from Monday to Friday and out-of-hours GP cover was available. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

Residents' documentation showed that residents signed consent forms. For occasions where residents were unable to sign consent, their next of kin signed to confirm that the care was discussed with them and the rationale for interventions was explained to them.

Judgment: Compliant

Regulation 9: Residents' rights

The following required action to ensure residents' rights were fully upheld:

- orientation signage required improvement to enable residents to independently access communal rooms such as the chapel and parlour
- comprehensive information needed to be included in the activities boards displayed so residents had choice and could look forward to activities
- on the duty roster, most days, responsibility for activities was not assigned to a dedicated member of staff to ensure the activities would be facilitated
- multi-occupancy bedrooms remained clinical and by virtue of the multi-occupancy nature, they could not be fully personalised in accordance with residents preferred wishes
- residents reported during meetings that they were unhappy with Wifi cover. The person in charge explained that this was reported to facilities, and while some improvement was noted following intervention, it was still poor, with intermittent connectivity and residents were unhappy not being able to use their electronic devices.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0039146

Date of inspection: 14/03/2023

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>The contract of care in use is under review and will be discussed at CKCH Director of Nursing/Quality Meeting on 18.04.2023. Once ratified it will be in line with regulations to ensure the rights of resident are protected.</p> <p>The Person In Charge is currently reviewing resident's storage space engaging with the residents, maintenance and an external contractor in relation to providing suitable storage space.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Person In Charge is currently carrying out a review of all contracts of care to ensure that bed numbers are routinely inputted into contract. Going forward they will be reviewed and audited regularly to ensure they correctly identify the bed the resident is occupying.</p>	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person In Charge is currently reviewing resident's storage space to ensure more adequate space is available. Residents, maintenance and an external contractor have been liaised with to seek out best options in relation to providing suitable storage space. Once best option to meet resident's needs is sourced same will be purchased and fitted.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person In Charge has engaged with residents, and all staff including chef and kitchen staff to improve oversight of meals.</p> <p>Times which residents are brought to the dining room have been reviewed and adjusted where necessary and residents who are seated at the same table are now being served at the same time.</p> <p>The Person In Charge has reviewed medication times with all nursing staff to ensure they do not adversely affect mealtimes.</p> <p>Regular WCCAT will assist in improving the dining experience.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Improvement and maintenance works are currently in progress replacing architraves to enhance surfaces so effective cleaning can be ensured. Painting of entire building underway at present now nearing completion.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Signage has been ordered and awaiting delivery of same.</p>	

An Activities board is now in place informing residents of activities and displaying events for residents.

Duty rosters have been amended to reflect activity person on duty.

Discussion with residents are ongoing in relation to personalising multi occupancy rooms.

The Person In Charge has reported lack of Wifi and broadband to General Managers Office and HSE IT and Communication department as a matter of urgency to improve quality of life for residents.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	31/10/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/04/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which	Substantially Compliant	Yellow	31/03/2023

	are properly and safely prepared, cooked and served.			
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	31/10/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/04/2023
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	Substantially Compliant	Yellow	08/05/2023

	Authority are implemented by staff.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	08/05/2023
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	17/04/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/10/2023