



**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:	St Joseph Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	03 August 2023
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0037478

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.

It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 24 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (20 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The centre is situated on the ground level and located on the outskirts of an urban area.

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

Number of residents on the date of inspection:	61
--	----

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 3 August 2023	08:45hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Feedback from residents regarding the service they received and their quality of life in St Joseph's Community Hospital was positive.

The inspector observed that an activity coordinator was available on each of the three units with responsibility for ensuring residents were facilitated with opportunities to enjoy meaningful social activities that interested them and met their capability needs. However, the inspector found that residents spent a significant amount of time with little in the way of meaningful activities to occupy them on Barnes View unit.

The inspector observed that a number of the residents in Barnes View unit spent their day in the sitting room or in their bedrooms and they had their meals served on small portable tables placed in front of them by staff. Residents who spoke with the inspector were not aware of what social activities were scheduled and confirmed they were satisfied with watching the television. While social activities were scheduled, some of the activities scheduled on the day did not take place on the unit including an outing, a music session and board games. Explanation as to why the activities had been cancelled was not available.

In contrast, the inspector observed that there was a happy atmosphere in Woodville dementia specific unit and that the residents in this unit were facilitated to enjoy person-centred care and meaningful lives. Staff in this unit demonstrated that they had a very good knowledge of each resident's individual life stories, their needs and preferences regarding their care, their interests and preferred usual routines. The inspector observed that this information was clearly used to guide staff with tailoring the supports provided to residents with dementia. Residents in this unit were observed enjoying a variety of small group and one-to-one social activities in line with their interests and capabilities.

The inspector observed that procedures were in place on this inspection to control unauthorised access into the centre and consequently this enabled removal of key-code locks in place internally on the doors into Finn View and Barnes View units. The inspector observed that residents were enjoying mobilising freely around the centre either independently or with their mobility aids. Residents who liked to go to church each day were now able to access the church without the support of staff to unlock doors for them.

The inspector observed that residents' accommodation was arranged into three separate units on the upper ground floor level. The lower ground floor in the premises was accessible from a separate entrance on the front of the premises and this part of the premises was in use for regional administration purposes and was not part of St Joseph's Community Hospital designated centre.

Finn View unit in the designated centre provided accommodation for residents

admitted on a short-term basis, Barnes View unit provided accommodation for residents receiving long-term care and Woodville unit is a dementia specific unit.

The inspector observed that the provider had upgraded and refurbished a number of areas in the centre premises since the last inspection and the communal environment was bright, spacious and well decorated in a domestic style that was familiar to residents. Items of traditional memorabilia and furnishings made the communal rooms in the units comfortable and relaxing areas for residents. The inspector observed that the centre environment was well maintained throughout and was visibly clean. The refurbishment works to address what had been cubicle toilets in Woodville unit were completed and now ensured residents' privacy and dignity when using these facilities. The provider representative informed the inspector that further works were planned to address the layout of the remaining bedrooms with four beds in them and one cubicle style toilet that was still in place. There were also plans to carry out further work to upgrade the outdoor area for residents in Finn View unit.

The inspector saw that residents living in the three units were provided with appropriate, safe outdoor space. These areas were nicely laid out with flower and shrub beds, seating and safe pathways. Artificial grass surface was laid on the outdoor area for residents in Finn View unit in the interim until works to provide a permanent outdoor area for these residents was completed. Residents in Woodville unit were observed using the outdoor area adjacent to this unit as they wished. This outdoor area was designed for residents living with dementia.

Some residents bedrooms and bed spaces were personalised with soft fabric blankets, books and ornaments. Shelves had been fitted in the bedrooms and were being used by residents to display their personal photographs and other items. Residents' wardrobes and lockers provided them with enough storage for their clothes and possessions. Residents had their wardrobes beside their beds and this ensured they could maintain control over their clothes and personal possessions. However, the inspector observed that on Woodville unit some residents' wardrobes were locked with a key which was held by staff.

Residents in Barnes View unit confirmed that they felt comfortable and safe in their environment and told the inspector that they liked the layout of their communal rooms. The inspector saw that the dining room had been refurbished to a high standard and had panoramic views of the surrounding countryside but very few residents used this room. The majority of residents ate their meals in the sitting room and only a small number of residents choose to move to the dining room to eat their meals. Residents reported that they liked the dining room environment but preferred to remain by their beds or in the sitting room for their meals. The inspector observed that residents' meals in the dementia unit were served on coloured plates specially designed for residents living with dementia. This prompted the residents that it was mealtime and encouraged residents to eat. However in Barnes View unit residents' meals were not served appropriately. The inspector observed that residents were served their meals in bowl-type plates in this unit. The inspector was told that these plates prevented their meals falling off their plates. Furthermore, residents' deserts were served at the same time as their main meal

and this practice did not ensure residents' dining experience was optimised.

It was evident that residents and staff knew each other well and residents were comfortable in the company of the staff. The inspector observed that staff interactions with residents throughout the inspection were observed to be kind and caring. However, staff were observed to be not available to assist residents for prolonged periods of time in the sitting room in Barnes View unit.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. During the inspector's conversations with residents, they confirmed that they were listened to by staff and any issues they raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013 under the capacity and capability and the quality and safety pillars. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

Overall care and services provided for residents were well managed and ensured that the service provided met residents' assessed nursing and healthcare needs. However, this inspection found that the provider had failed to maintain adequate oversight of fire safety. In addition, the provision of activities for residents did not ensure that they had equal opportunities across all the units in the centre to participate in meaningful social activities. These findings are discussed under Regulations 9: Residents' Rights and 28: Fire precautions in the quality and safety section of this report.

This was an unannounced inspection completed over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan from the last inspections in March and September 2022 and found that all actions from the previous inspections had been progressed. However, more focus and resources are now required to bring this designated centre into full compliance with the regulations.

The registered provider of St Joseph's Community Hospital is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, St Joseph's Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

The person in charge at the time of this inspection was changing and a new

assistant director of nursing (ADON) was appointed to take up the role. The incoming person in charge had previously worked in a senior role in the centre for many years and their experience and qualifications met regulatory requirements. The outgoing person in charge was absent for greater than 28 days earlier this year and the provider had suitable deputising arrangements in place during this absence. The person in charge had senior clinical support from a regional manager and an assistant director of nursing (ADON) who assisted with auditing, staff supervision and staff training.

There was an established governance and management structure in place and the quality assurance systems included effective monitoring and auditing of key clinical indicators such as falls and wounds. There was clear evidence that the provider had allocated significant resources to improve the living environment for the residents and these improvements increased the residents' comfort and quality of life. Notwithstanding the benefits gained for residents from the work completed since the last inspection, this inspection found that the layout of one multiple occupancy bedroom did not ensure that the residents accommodated in this room were able to move with ease around their bedroom.

The inspector found that the deployment of staff available on the day of the inspection in Barnes View did not ensure that residents' needs were met. The inspector found that staff were not available for prolonged periods of time in this unit to supervise residents in the communal room. In addition, residents on this unit did not have access to the planned social activities schedule on the day and there was no reason given for this. As a result, the inspector was not assured that there was adequate supervision of staff to ensure that residents had access to appropriate social activities in line with their preferences and capacities. This finding was in direct contrast to how staff were deployed to meet residents' needs in the dementia specific unit. On this unit staff were observed to be attentive to residents' needs and were clearly committed to ensuring residents enjoyed a good quality of life with activities that interested them and were in line with their capacities.

The provider had not ensured that additional one-to-one personal assistant hours were resourced for a resident to support them to access the local community in line with their preferences and care plan. This meant that this resident spent much of their time in the centre.

Assurances were available that all staff had attended mandatory training including safe moving and handling procedures, safeguarding residents from abuse and fire safety. In addition a wide programme of professional development training was available for staff to ensure that they had the necessary skills and competencies to meet the complex needs of residents.

Records were held securely and all records requested were made available to the inspector for the purpose of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. However, not all restrictions on residents as found on

this inspection were notified to the chief inspector in the quarterly report as required.

### Regulation 15: Staffing

Although there were sufficient numbers of staff available on the day of the inspection the inspector found that staff on Barnes view Unit were not appropriately deployed and supervised to ensure there were staff available to meet residents' supervision and social activity needs.

This is a repeated finding from the last inspection in March 2022 and is addressed under Regulations 16 and 23.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of residents in one of the units in the centre. This finding is repeated from the last inspection and was evidenced by:

- senior staff did ensure that staff were present in the communal sitting room in Barnes View unit at all times to ensure residents' needs were met.
- the inspectors' observations on the day such as the prolonged call bell waiting times were not being addressed by senior staff.
- ineffective allocation of staff to ensure that residents were supported to participate in social activities in line with their interests and capabilities was not being addressed by senior staff.

Judgment: Substantially compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

Further improvements were required in the management and oversight systems to ensure that the quality and safety of the service was maintained in all areas. This was evidenced by the following findings;

- Staff were not resourced and deployed effectively so that care and supports provided to meet residents' needs and quality of life was of an equal standard in all units.
- Staff had not been resourced for a resident aged under 65 years assessed as needing one-to-one supports to ensure their quality of life was optimised. As a result they were unable to integrate in their local community as they wished.
- Adequate oversight by the provider was not in place to ensure fire safety checks and fire evacuation drills were consistently carried out in line with the centre's own policies and procedures.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The centre's statement of purpose was updated within the last 12 months and this document set out the information as required under Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Although restrictions in place on five residents' access to their wardrobes was identified, these restrictions were not notified as required to the Chief Inspector in the quarterly reports submitted. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

## Regulation 32: Notification of absence

A recent absence of greater than 28 days was notified to the Chief Inspector as required and included details regarding suitable deputising arrangements until the

person in charge returned to their role on 17 April 2023.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre's policies and procedures had been updated since the last inspection and were accessible to all staff working in the centre.

Judgment: Compliant

### Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs and their rights were mostly respected. However improvements were necessary to ensure residents had equal access to engage meaningful activities across all units in the centre in accordance with their interests and capacities and residents who were funded for additional supports had those supports in place.

Following the previous inspection the provider had carried out significant work to ensure the requirements of the National Standards for Infection Prevention and Control in Community Services (2018) were met and that residents were protected from risk of infection. This included an upgrade of the internal environment, and infection prevention and control guidelines which were underpinned by mandatory training for all staff.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Effective arrangements were in place to ensure treatment and recommendations for residents' care made by members of the multidisciplinary team were implemented and monitored. Care plans were developed to meet residents' assessed needs in line with their individual preferences and usual routines. These practices optimised residents' continued good health and clinical well being. Residents' care plans were detailed and reflective of their individual preferences and wishes regarding their care and supports. Care plans were regularly updated and residents or, where appropriate, their families were consulted with regarding any changes made.

Although, the provider had measures in place to protect residents from risk of fire, this inspection found deficits in the fire safety equipment, oversight procedures and

the emergency evacuation drill records. The provider representative committed to addressing these findings without delay. The inspector's findings are discussed under Regulation 28; Fire precautions.

Residents' bedroom accommodation was provided in single bedrooms and bedrooms with three and four beds. Further to reducing the occupancy in two bedrooms with four beds to a maximum of three beds, the provider had reviewed the layout of the remaining bedrooms with four beds in them and ensured that residents had space by their beds for a chair and that their wardrobes were within their control. However, the inspector observed that the layout of one bedroom with four beds in it continued to negatively impact on residents' ability to move easily around their bedroom. Furthermore, residents in the multi-occupancy bedrooms could not choose their television viewing and listening as only one television was available in these rooms.

Effective measures were in place to protect residents from risk of infection. Implementation of infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The centre was visibly clean throughout and cleaning checklists were completed. Staff carried out effective hand hygiene procedures as appropriate.

Residents' rights were mostly respected in the centre. However, not all residents had access to appropriate meaningful activities on the day of the inspection. Furthermore the provider had not ensured that residents whose social care plan included access to their local community were able to get out into the community on a regular basis.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre and had access to local and national newspapers and radios. Residents' meetings were convened on a regular basis and issues raised needing improvement were addressed.

Measures were in place to protect residents from risk of abuse and while there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours, While, the person in charge and staff team demonstrated commitment to a minimal restraint use, restrictions on a number of residents' access to their wardrobes negatively impacted on their rights. These restrictions were in place to manage another resident's responsive behaviours and were not informed by assessment of need or in line with national restraint policy guidelines.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for a small number of residents, and procedures were in place to ensure this process was managed according to the legislation and best practice.

## Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in a visitor's room as they wished. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk, including risk of infection.

Judgment: Compliant

## Regulation 12: Personal possessions

Five residents in the dementia unit were unable to maintain control of their personal possessions stored in their wardrobes as the wardrobes were locked with a key held by staff.

Judgment: Substantially compliant

## Regulation 17: Premises

Notwithstanding the improvements made by the provider to the layout and design of two multi-occupancy rooms since the last inspection, action was necessary to ensure one bedroom with four beds in Barnes View unit was appropriate to the number and needs of the residents in this bedrooms. This was evidenced by;

- there was limited circulating space available between the ends of the beds in this bedroom and as a result there was not enough room for residents who needed assistive equipment to pass along the end of the beds in their bedroom without impacting on the other residents in that room. This is a repeated finding from the the last inspection.

Some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

- Nurse call bells were not available by a number of residents' beds in Woodville dementia unit. This did not ensure that residents had a means of alerting staff for assistance.

Judgment: Substantially compliant

## Regulation 27: Infection control

The environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by alcohol hand gel dispensers and clinical hand hygiene sinks available along corridors and convenient to the point of care (where the care procedure takes place) for staff use. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were completed by staff to evidence that all areas were cleaned and equipment was decontaminated after each use.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had not ensured that adequate precautions were in place to protect residents from risk of fire. For example;

Adequate arrangements were not in place for maintaining all fire equipment. This was a repeated finding from the last inspection;

- The records of weekly fire door checks were not individually recorded and as such did not provide assurances that the condition of each fire door in the centre was checked to ensure any deficits were identified and addressed without delay.

Satisfactory assurances were not available that residents would be evacuated to a place of safety in a timely manner.

- Regular simulated emergency evacuation drills were carried out however, the records of recent simulated emergency evacuation drills reviewed did not reflect the evacuation procedure of the total number of residents in any of the fire compartments, the number of staff involved did not reference the roles of all staff available on night duty and the drill procedure did not reference calling the fire services and supervision of residents following evacuation and other residents in the centre. Therefore the provider could not be assured regarding residents' safe emergency evacuation.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Although, each resident had their social activity needs assessed and had a care plan developed to meet their needs, not all residents' social activity care plans were implemented in one of the units in the centre.

There was evidence that residents' care plans were regularly reviewed with them or/and their representative but there was limited detail regarding the consultation including any changes agreed to the resident's care interventions. This non compliance with Regulation 5 is repeated from the last inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' nursing and healthcare were met. Residents had timely access to their general practitioner (GP) and were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and any treatment recommendations made were implemented by staff. An on-call medical service was accessible to residents out-of-hours as needed. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had not ensured that responsive behaviours experienced by a resident were managed in a way that did not impact on other residents. For example, five residents wardrobes were locked by staff at all times to prevent another resident accessing these residents wardrobes without their consent. The keys to these residents' wardrobes were held by staff. This practice imposed restrictions on these residents accessing their clothes and personal possessions and were not in line with national restraint policy guidelines. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had measures in place to protect residents from abuse. An up-to-date safeguarding policy was available and informed the arrangements in place to ensure

any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Although the provider continued to make efforts to ensure residents' rights were respected, further improvements were found to be necessary on this inspection.

Cubicle style communal toilets provided in one unit for residents' use did not ensure that residents' privacy would be maintained whilst using these facilities. This is a repeated finding from the last inspection.

Residents on Barnes View unit did not have opportunities to participate in meaningful social activities and there was a high reliance on television viewing for these residents on the day of this inspection. Residents in this sitting room also had their meals served on individual tables placed in front of their chairs. Many of the other residents in this unit spent much of their time in their bedrooms. The finding was validated by limited records of the activities that residents on this unit participated in and therefore assurances that residents had opportunity to participate in meaningful social activities that met their individual interests and capabilities on this unit were not adequate.

Residents in the multi-occupancy bedrooms on Barnes View and Finn View units were required to share one television. Although, the inspector was told that portable televisions were available to residents in these bedrooms the inspector found that the space available was not sufficient to accommodate additional equipment without hindering residents' access. This is a repeated finding from the last inspection.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St Joseph Community Hospital OSV-0000625

Inspection ID: MON-0037478

Date of inspection: 03/08/2023

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed Managing Responsive Behaviour training in 2021, an additional training programme on Crisis Prevention Institute Training is also being provided to all staff. This will be completed by 31/01/2024.</p> <p>A review of staffing allocations have taken place and staff are now allocated in the communal sitting rooms. Key staff are identified to provide social activities to residents based on their interests and capabilities on a daily basis. The Person In Charge has spoken with all staff in relation to the response of call bell times. Call bells are answered promptly which meets the needs of the residents. Person In Charge will continue to monitor call bell times. This will provide an assurance that resident's needs are met. This was completed on 10/09/2023.</p>	
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 daily allocation of staff is completed by the Clinical Nurse Manager in writing to ensure that care and supports are provided to meet the resident's needs. The Clinical Nurse Manager and the Nurse in Charge are responsible to supervise the delivery of care by the staff. A daily walk around is conducted by the Assistant Director of Nursing /Person In Charge to ensure that this is implemented daily.</p>	

A Personal Assistant has commenced to provide one to one support and meaningful social activities to a resident under 65. Clinical Nurse Manager and Nurse in Charge liaise weekly with the Personal Assistant to ensure that age appropriate social engagement is provided to the resident under 65. This process is over seen by the Assistant Director of Nursing /Person In Charge. This was completed on 11/09/2023.

A new document has been developed for the emergency evacuation drills to reflect the evacuation procedure of the total number of residents in any of the fire compartments, the number of staff involved , the roles of all staff available on night duty , the drill procedure including calling the fire services and the supervision of residents following evacuation along with other residents in the centre. This was completed 25/09/2023.

Simulated day and night emergency evacuation drills have been performed and completed on a timely manner with regards to the amount of staff available This is recorded on the updated document. This process is supervised by the Nurse in charge on the unit. The emergency evacuation drills document is submitted to the Person In Charge / Assistant Director of Nursing on a weekly basis to review. Any issues identified are resolved immediately and lessons learned are disseminated at the monthly managers meeting. Governance is provided through ongoing communication between the Person in Charge and Registered Provider. This was Completed on 11/09/2023.

Regulation 31: Notification of incidents	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  
 Quarterly notifications will be submitted in detail including all types of restraints. Completed 04/08/2023.

Regulation 12: Personal possessions	Substantially Compliant
-------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
 A review has taken place with the 4 residents in relation to their wardrobe access. One resident has decided that they wish to ensure that their wardrobe is locked. A Risk Assessment has been completed for this resident and is documented in the resident care plan and a record maintained in the units restraint register. The remaining 3 residents now have unrestricted access to their wardrobes. This change in practice has been communicated to all staff. The nurse in charge will ensure that these changes are maintained within the unit. This will be overseen by the Person In Charge, and this was

completed on 16/10/2023

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A review of the 4 bedded bedroom has taken place with the Provider, the Person In Charge, the Resident / nominated person it is noted that the area of the room is 52.5sqm, which allows for each resident to have a bed space of 13.12sqm each resident bed space includes the bed, storage, and a chair as set out in Schedule 6 of the Regulation.

As part of the review the Provider and the Person In Charge has reviewed the circulating space between the ends of the bed of each resident and is assured that residents bed space is not impacted by other residents. This was completed on 22/09/2023.

The Person In Charge has also met with each resident residing within the 4 bedded unit, or their nominated person regarding their bedroom allocation. All residents / nominated persons have expressed that they are happy residing within this bedroom and have refused a transfer to a different bedroom within the unit. The Person In Charge will continue to monitor same.

As per Schedule 6 of the Regulations 1a the Provider is meeting the regulations, As to ensure continue adherence to the Regulation and to ensure residents residing in this room are happy with their bedroom allocation the Person In Charge will continue to engage with the resident / nominated person.

This will ensure that the residents are happy within their bedroom allocations and also the Person In Charge will ensure that residents are not impacted by other residents who occupy this room. Additional to this the provider along with the HSE Estates Department is finalising the plans for a Major Refurbishment of the Designated Centre. As part of this refurbishment all bedroom allocations and occupancy will be reviewed. This refurbishment programme will commence in Quarter 4 2024.

Nurses call bells are available for all residents in Woodville Ward. This was completed 04/08/2023.

Regulation 28: Fire precautions

Substantially Compliant

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

Weekly fire door checks are now individually recorded to provide assurances that the condition of each fire door in the centre was checked to ensure any deficits were

identified and addressed without delay. This was completed 04/08/2023 .

A daily inspection of fire exits and fire alarm panel were conducted and is available in a document in fire register. This was completed 04/08/2023.

A new document has been developed for the emergency evacuation drills to reflect the evacuation procedure of the total number of residents in any of the fire compartments, the number of staff involved , the roles of all staff available on night duty , the drill procedure including calling the fire services and the supervision of residents following evacuation along with other residents in the centre. This was completed 25/09/2023.

Simulated day and night emergency evacuation drills have been performed and completed in a timely manner with regards to the number of staff available This is recorded on the updated document. This process is supervised by the Nurse in charge on the unit. The emergency evacuation drills document is submitted to Person In Charge /Assistant Director of Nursing on a weekly basis to review. Any issues identified are resolved immediately and lessons learned are disseminated at the monthly managers meeting. Governance is provided through ongoing communication between the Person In Charge and Registered Provider. This was Completed on 11/09/2023.

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:

The delivery of Social Activity by the Activity Coordinator has been restructured to ensure meaningful engagement is consistent with social activity care plans. This was completed on 04/08/2023. Care plans will include more detail regarding the consultation including any changes agreed to the resident's care interventions. The Clinical Nurse Manager will conduct an audit on the care plans quarterly and the findings will be submitted on a Quality Improvement Plan to the Person In Charge /Assistant Director of Nursing. This will be completed by 30/11/2023.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A review has taken place with the 4 residents in relation to their wardrobe access. One

resident has decided that they wish to ensure that their wardrobe is locked. A Risk Assessment has been completed for this resident and is documented in the resident care plan and a record maintained in the units restraint register. The remaining 3 residents now have unrestricted access to their wardrobes. This change in practice has been communicated to all staff. The nurse in charge will ensure that these changes are maintained within the unit. This will be overseen by the Person In Charge, and this was completed on 16/10/2023

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There are 4 toilets for the use of 12 residents on the main corridor in which we are meeting the WC provisions against regulations, two of these are cubicle style toilets. To ensure privacy and dignity the cubicle toilets will be upgraded to create one large wheelchair access toilet for resident use. This will be completed by 31 March 2024.

The structure of the activity coordinators day has been reorganised in order to provide opportunity to those residents not in the sitting room to participate in social activities . All staff have been made aware about the importance of meaningful engagement with residents as per their interests and capabilities and this has been overseen by the nurse in charge in the unit.

Residents will continue to be encouraged to avail of the dining room and sitting room facilities and their preferred option will be documented in their care plan. All residents are actively encouraged to avail of the dining room. Some residents wish to stay in the sitting room for meals , a dining table has been provided in the sitting room for those residents.

Activity records will be written in detail to provide assurances that residents are participating in meaningful social activities that meet their individual interests and capabilities. The activity records will be overseen by the clinical nurse manager. This will be completed by 31/10/2023.

As the part of the social activity assessment each residents preferred option regarding bed side television has been discussed with the resident and documented in their care plan. Those who wish to watch the television by their bedside are provided with a portable television. HSE Estates are exploring further options for the provision of televisions. This will be completed by 28/02/2024.



## 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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	16/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/09/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with	Substantially Compliant	Yellow	22/09/2023

	the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/08/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	11/09/2023
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	25/09/2023
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	Substantially Compliant	Yellow	04/08/2023

	services, and suitable bedding and furnishings.			
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	04/08/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	25/09/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	04/08/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	04/08/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	31/10/2023

	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 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	16/10/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	16/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Not Compliant	Orange	31/10/2023

	capacities.			
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	28/02/2024
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	26/10/2023