



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	03 March 2021
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0031581

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 26 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (22 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:	37
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 March 2021	10:30hrs to 16:30hrs	Naomi Lyng	Lead
Thursday 4 March 2021	09:00hrs to 15:00hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

The inspector spent time on each of the three wards, Finn View, Woodville and Barnes View, and communicated with a number of residents living there as they went about their usual activities. There was a pleasant atmosphere in the centre, and the majority of residents who spoke with the inspector reported they enjoyed living in St Joseph's Community Hospital. However, the inspector found that further improvements were required in a number of areas, including premises, residents' rights and infection control, to ensure residents were facilitated to have a safe and good quality of life.

The Finn View ward was used for short-stay residents only, and had been home to a group of residents from another designated centre during the COVID-19 pandemic. The inspector observed that these residents were being discharged to another centre over the two days of inspection, and staff were observed bidding the residents farewell. The Woodville ward was used as a dementia specific unit and had experienced a significant COVID-19 outbreak in January 2021. The outbreak had been declared recovered by public health on 25 February 2021, and the inspector observed that residents no longer had their movements restricted and were moving around the ward as they wished.

Residents shared their experiences of living in the centre during the COVID-19 pandemic with the inspector. Some residents reported feeling safe, and were grateful for the company of other residents and staff in the centre. Other residents reported feeling lonely and missing their loved ones. A number of residents spoke of their desire to get out of the centre for a day trip or family visit, with one resident saying she felt "cooped up." The inspector observed that most residents in the centre had received the COVID-19 vaccine, and one resident reported that they "felt like dancing" when they had received it.

The inspector observed that in some areas the premises was in need of refurbishment and that a number of areas required maintenance to ensure they were pleasant spaces for residents to enjoy. For example, while the day rooms in the Woodville ward were comfortable spaces with a stove, colourful furniture and old music players, the flooring was damaged in places and the wall surfaces were stained. The inspector observed that residents' bedrooms were personalised with their individual belongings and pictures. The inspector found that the layout of some of the multioccupancy bedrooms did not allow for residents to access their wardrobes without encroaching on another resident's space. The inspector also observed that the layout of these rooms did not ensure residents could partake in personal activities in private. These findings are discussed further under Regulation 9: Residents' Rights.

Residents told the inspector about how they greatly enjoyed spending time in the large enclosed garden space. Staff informed the inspector that the "Garden of Peace" had been renovated with the assistance of a local celebrity, and had been

used to host a concert for residents. The inspector found it to be a pleasant space for residents to get fresh air, and was beautifully decorated with colourful furniture, attractive planting, landscaped paths, garden lights, ornaments and a traditional-style post box.

The inspector spent time observing meal-times on two units in the centre. The inspector found that some routines and practices were not person-centred. For example, residents in one unit were having to eat their meals in the day room using side tables. A number of other residents were eating their meal in their bedrooms. There was no dining facility available on this unit. While the inspector was assured that residents taking their meals in their own bedrooms were doing so by their own choice, there was limited space and seating available in the event that all residents wished to eat in the communal space. In another unit, the inspector observed that while there was a dining room available for resident use, it had been used temporarily by staff during the recent COVID-19 outbreak and had not been returned to use for the residents when the centre had recovered from the outbreak. Staff communicated with on inspection reported that the residents had previously enjoyed the experience of using the dining room, with many enjoying the exercise of walking to and from the room. These findings are discussed under Regulation 23: Governance and Management, and Regulation 17: Premises.

Residents gave positive feedback on the quality and choice of food available in the centre. One resident reported that the food was "lovely", and that they always felt well fed. The daily menu was displayed throughout the centre. The inspector observed residents being offered a choice of refreshments at different times of the day, including freshly baked goods, yoghurts, fresh fruit, biscuits, and hot and cold drinks. The inspector observed that one resident was offered a sugar-free alternative snack by staff, and was clearly delighted with the treat.

Residents were observed to have access to a variety of meaningful activities including bingo, board games, audio books, conversational therapy, listening to old records, pampering and hand massage. The inspector observed that residents were supported to engage in activities of their choice, and records were kept which identified residents' engagement and whether they enjoyed the activity. For example, one resident was recorded as being unwell and staff provided hand massage which the resident reported as being very comforting at a challenging time. However, the inspector observed that there were limited facilities in some areas for residents' occupation and recreation. This is discussed further under Regulation 9: Residents' Rights.

The inspector reviewed the records of resident committee meetings and observed that a meeting had taken place in January 2021. During this meeting, suggestions were sought from residents in relation to what activities and food choices they would like to be offered in the centre. The positive feedback recorded in these meetings in relation to life in the centre reflected what residents told the inspector and what the inspector observed. The inspector observed that activity staff completed questionnaires with a sample number of residents each month to ensure regular and consistent consultation with residents in the centre.

The inspector observed orientation devices and signs throughout the centre to assist directing residents.

Residents who communicated with the inspector reported feeling comfortable and confident in raising concerns or complaints with staff. While no residents reported having complaints over the two days of inspection, one resident reported that they sometimes had issues with missing clothes. However, they reported that staff always addressed their concerns and the missing items were usually returned immediately.

In summary, this was a good centre where residents felt supported by staff to lead a meaningful quality of life. However, some areas required improvement to ensure that the residents' environment was a safe and pleasant place to live.

Capacity and capability

This was an unannounced risk inspection to assess the centre's preparedness for a COVID-19 outbreak and took place over two days. Information gathered on this inspection will also be used to inform a recommendation on the centre's application to renew registration.

The Health Service Executive is the registered provider for St Joseph's Community Hospital. There was a clear management structure in place, with a registered provider representative (RPR) and person in charge (PIC). The PIC was supported in her role by an assistant director of nursing (ADON) and clinical nurse managers (CNMs). The PIC and ADON facilitated the two day inspection and demonstrated good knowledge of the regulations and nationally mandated standards.

This inspection identified findings of non-compliance in relation to governance and management, premises and residents' rights. These were found to be repeat non-compliances, which had been identified on two previous inspections. While some improvements in the premises had been made, including the installation of three ensuite bathroom facilities in one ward, and installation of an additional shower facility in another ward, further improvements were required. This is discussed under the relevant regulations. In addition, other areas were identified as requiring review on this inspection to ensure regulatory compliance and are also discussed under the individual regulations.

The centre had experienced a significant outbreak of the COVID-19 virus in January 2021, in which 8 residents and 13 staff were COVID-19 confirmed. The centre made a full recovery, and the inspector was assured that the centre had managed this outbreak in line with *'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities,'* and had made a full recovery.

There was evidence of manager and staff meetings, where staff suggestions and

concerns were discussed, and the management team provided updates on updated public health guidance, the centre's COVID-19 contingency plan, changes in the premises, policies, promotion of the flu vaccine, staffing arrangements and training available.

The inspector observed evidence of auditing of relevant areas including infection control (IPC) and hand hygiene. However, these were not robust and did not identify a number of risks and improvement areas that were found on this inspection.

The inspector reviewed a sample of staff files and found that they met regulatory requirements. There was evidence of annual appraisals of staff performance, and personal development plans were in place for a number of staff. There was evidence that all staff had received Garda Siochana (police) vetting clearance prior to commencing employment in the centre.

Regulation 14: Persons in charge

The person in charge (PIC) was a registered nurse, and had been working full-time in the position since 2013. She had the required management and nursing experience for the role, and demonstrated a strong awareness of the regulations and nationally mandated standards.

A suitably experienced assistant director of nursing (ADON) was observed to deputise for the PIC in the event of her absence.

Judgment: Compliant

Regulation 15: Staffing

The inspector found there was a sufficient number and skill mix of staff available in the centre on inspection, having regard to the residents' needs and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector observed that access to appropriate training for staff had been impacted by the COVID-19 virus and the restrictions on access to external training providers. However, the inspector was not assured that temporary arrangements,

such as online training, had been completed by staff. For example, the inspector found that there were some gaps in staff training records, including up to date manual handling and managing behaviour that challenges training, which was not in line with the timelines set out in the centre's policies.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available in the centre and this was found to meet regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Significant focus was required by the provider and the management team to ensure that the quality and safety of care and services delivered to residents achieved regulatory compliance. This was a particular concern in relation to the resources that were made available to improve the lived environment for the residents, and to bring the premises into regulatory compliance. This was an outstanding finding from the last inspection.

In addition, the inspector found that the provider did not have effective management and oversight processes in place for key areas such as infection control, residents' rights, complaints procedures, statement of purpose and staff training and development. This is reflected in the high number of non-compliances found on this inspection. For example, the inspector observed that the monitoring system used for training records was not easily accessible and did not easily identify or highlight when further training was required by staff.

The provider did not have effective oversight arrangements in place for the management of risk in the centre. As a result, the inspector observed a number of risks on this inspection that had not been adequately addressed. For example:

- Maintenance of a ceiling light fixture in a communal sitting room was observed to be taking place while a resident was eating lunch at a table in close proximity below the area of work
- Unsecure storage of high-risk items including nail clippers, scissors and razors in communal bathrooms, and prescription supplement drinks on one ward
- Fire risks including the use of a door stopper in one storage area and restricted access to a fire extinguisher box caused by the storage of document folders and notebooks

- Maintenance of facilities, for example a shower drain cover was missing in a communal shower room, and a number of residents' call bells in bedrooms were observed to have a damaged or missing cover surface

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose (SOP) available in the centre and this had been revised within the previous year. The inspector found that this needed to be updated to ensure it gave an accurate reflection of the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that there were no recorded complaints since 2018. From discussions with residents and staff, the inspector was not assured that informal complaints were being recorded in line with regulatory requirements. This included verbal complaints such as missing residents' clothing, or issues which are addressed immediately by staff.

In addition, from a review of documentation and discussion with staff, the inspector found that two complaints had been made by residents' relatives in relation to residents' skin care. However, there were no records available to show the investigation of these complaints, the outcome, and whether or not the complainant was satisfied.

Judgment: Not compliant

Registration Regulation 4: Application for registration or renewal of registration

A completed application to renew the registration of St Joseph's Community Hospital was received within the required timeframe.

Judgment: Compliant

Quality and safety

The inspector found that staff in the centre strived to give the residents living there a safe and high quality of life. This was promoted through person-centred care and good access to medical and healthcare services. However, the inspector found that some areas required review to ensure they were meeting the quality and safety needs of residents and regulatory requirements. This included Premises, Infection Control (IPC) and Residents' Rights, and is discussed under the relevant regulations.

The inspector observed that the premises had undergone some changes and improvements since the previous inspection in 2019. This included the reduction in occupancy of three bedrooms in Barnes View ward, and the installation of three ensuite shower facilities in these rooms. While the inspector found that the installation of one ensuite facility had resulted in the reduction in communal space available on the ward, the provider gave assurances that further communal space would be made available to residents living there through the reconfiguration of a staff room. The inspector observed that an additional shower facility had also been installed in the Wood View ward. However, the inspector found that further improvements to the premises were required to ensure that the residents' living environment was appropriate for their needs, and is discussed under Regulation 17: Premises.

Residents' care plans and daily nursing records were kept on an electronic record system in the centre. The inspector reviewed a small sample of care plans on one ward, and found these to be comprehensive and person-centred. However, access to the electronic record system was not available due to technical issues on the second day of inspection, and therefore the inspector was unable to inspect the Individual Assessment and Care Plan regulation in its entirety.

The inspector observed that the use of bed rails in the centre had been reduced over the previous six months, in line with national guidance '*Moving Towards a Restraint-Free Environment in Nursing Homes.*' The inspector observed that resources, including low low beds, crash mattresses and sensory pressure alarms, were made available to meet residents' needs, and that there were appropriate checks of restraints by staff when they were in use.

There was evidence of good access to medical and allied health care services in the centre from a review of the records available and communication with residents and staff. The centre had a designated medical officer who visited the centre from Monday to Friday, with access to Doctor on Call services during out of normal working hours. The centre had good links with the community mental health team, psychiatry of older age and hospital-based geriatricians. Allied health services were arranged on a referral basis and included physiotherapy, occupational therapy, dietetics, speech and language therapy, optician, dentistry, psychology, chiropody, audiology and tissue viability nursing.

There was evidence of IPC audits and cleaning schedules, including records of deep

cleaning of residents' bedrooms and communal areas. The inspector observed wall-mounted hand sanitisers at appropriate locations, and there was a plentiful supply of personal protective equipment (PPE) available for staff and resident use. The inspector observed that there had been a strong uptake of the COVID-19 vaccine among both staff and residents in the centre, and that staff were engaging in fortnightly serial testing for the COVID-19 virus. The inspector observed that all laundry was sent out externally and there was not a laundry facility onsite.

The inspector observed that monthly fire training and regular fire drills were taking place. These included different scenarios, including night-time drills where there was reduced staffing available. The inspector observed that residents had a personal emergency evacuation procedure in place, and that this was readily accessible.

The provider is not a pension agent for any residents in the designated centre.

Regulation 17: Premises

There was insufficient shower facilities available to meet residents' needs on the Finn View ward. The provider reported that the planned works to install an additional shower facility had been delayed due to the COVID-19 pandemic and the temporary admission of residents from another designated centre to this ward. The provider gave assurances following inspection that an additional shower facility would be installed prior to new admissions being received on to the Finn View ward.

There was insufficient dining space for residents in the centre. For example, residents in the Barnes View and Finn View wards did not have access to a dining room facility and some residents were observed eating their meals on side tables in the sitting rooms. The inspector observed that the residents' dining room in the Woodville ward had been temporarily reconfigured as a dining space for staff. The provider gave assurances following inspection that two additional dining facilities would be made available for Barnes View and Finn View wards, and that the dining room in the Woodville ward had been returned to residents' use.

The layout of four multi-occupancy bedrooms did not allow sufficient space for a resident to have a comfortable chair beside their bed.

There was limited storage in places which resulted in a resident's bedroom being used to store furniture and mattresses which were not in use by the resident residing there. In addition, the inspector found that items of residents' equipment were being stored in a communal bathroom. The provider gave assurances following inspection that further storage space had been made available to address these findings.

The inspector found that a shower facility in one communal bathroom did not have assistive grab rails, as per Schedule 6 requirements.

In addition, the inspector found that maintenance in the centre required

improvement to ensure that the premises was kept in a good state of repair internally. For example, the inspector observed that floor surfaces in some areas were badly damaged, and wall surfaces were badly stained and had peeling or cracked paint in places.

Judgment: Not compliant

Regulation 26: Risk management

There was an updated risk management policy in place in the centre, and this met Schedule 5 requirements.

The inspector observed the records of incidents and adverse events in the centre and found that all incidents were reviewed, investigated, risk rated and that learning and action plans were identified as a result of the findings.

Judgment: Compliant

Regulation 27: Infection control

Action was required by the provider to improve infection control (IPC) procedures in the centre to ensure they were consistent with the standards for the prevention and control of healthcare associated infections. For example:

- The risk assessment for legionella had not been updated since 2015, and the inspector found that the last testing for legionella had been completed in 2018. This was not in line with the centre's own identified control measures for management of the risk, which stated that the risk assessment should be reviewed annually.
- Inappropriate storage of cleaning products and used mops which impacted on the ability to maintain a clean and sanitary environment
- Inappropriate storage of continence wear in communal bathrooms
- Risk of cross contamination, for example open communal hygiene products stored in communal bathrooms, inappropriate storage of hoist slings, staff personal possessions observed in utility and storage areas, clean linen bags stored in a sluice facility
- Poor cleaning arrangements in place in some areas, for example the cleaning of commodes in one ward required improvement and the hydrobath/shower room in one ward was not kept in a clean and tidy manner
- Inconsistent use of personal protective equipment (PPE) over the two day inspection
- Insufficient pedal bins in key locations, for example a housekeeping room and a residents' ensuite bathroom

- Damaged equipment which did not facilitate appropriate cleaning practices, for example rusted grab rails in a communal bathroom, damaged screening rail which was observed to be fixed with tape, damaged shower head which was observed to be fixed with tape
- Washing machines were observed to be inappropriately located in a dirty sluice facility

Judgment: Not compliant

Regulation 6: Health care

The inspector observed that residents had good access to medical and allied health care services as required.

Judgment: Compliant

Regulation 9: Residents' rights

The configuration of four of the multi-occupancy bedrooms did not facilitate residents' privacy or dignity. For example, in four bedrooms, some residents were required to encroach on other residents' space in order to access their wardrobe and personal possessions, or the wash hand basin. In addition, the privacy screening in place in some of the multi-occupancy bedrooms was found to be impacted by the doorways into these rooms. As a result, when the door was opened the privacy curtain would be pulled back, which could potentially expose the resident behind the curtain, and therefore the inspector was not assured that it allowed residents to undertake personal activities in private.

There was only one television available for residents in the multi-occupancy rooms, which impacted their choice of television programme they would like to watch, and when they would like to watch it. For example, four residents were observed to share one television in some bedrooms. In the Barnes View ward, the inspector found that there was only access to one alternative television situated in a communal day room, and that this was observed to be a busy environment on both days of inspection.

Monitoring charts for the use of bedrails were stored hanging on some residents' beds. This did not meet the residents' needs for privacy as it could result in the sharing of their healthcare information to individuals, for example visitors, without their informed consent.

Despite receiving assurances that a small chapel on one of the unit was now available for residents living on this unit to use, access to this facility was impacted

by a sign stating it was "closed due to COVID-19 until further notice." Although the designated centre had recovered from the recent outbreak, the sign was still in place on the second day of 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000625

Inspection ID: MON-0031581

Date of inspection: 04/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>The training monitoring system has been updated to an easily accessible format which easily identifies future staff training requirement. All staff have completed online manual handling training. Responsive behavior training was completed by all staff on 22/04, 26/04 and 06/05/21. The practical aspect of manual handling training is ongoing and will be completed by 31/08/2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Resources have been made available to improve the living environment for residents. Infection Control issues identified on report have been completed. A system has been put in place for managing of all complaints and documentation made available as per policy. Statement of purpose has been updated on 13/5/21 to ensure to give an accurate reflection of the Designated Centre.</p> <p>A system has been put in place to provide effective oversight arrangements for the management of risk at the centre. Ward managers to communicate with maintenance person when any maintenance issues occur at ward level .Secured storage has been put in place for high- risk items. Issues observed regarding fire exits and fire extinguisher box has been addressed completely. Maintenance regarding shower drain and call bells are completed.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated on 13/5/21 to give an accurate reflection of the Designated Centre.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All formal complaints are recorded and fully investigated, documented in line with Regulatory requirements and the complaints policy.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provision of additional shower has been fully completed in Finn View. Dining Room facilities for Finn View will be completed by 30/06/2021. Barnes view Dining Room for residents will be completed by 31/08/2021. Woodville Residents dining facility was returned for residents use. The layout of four multi occupancy bedrooms will be reconfigured to provide suitable space for residents by 31/8/2021. Storage issues have been fully addressed, Grab rails have been placed in communal bath room as per Schedule 6 requirements. All maintenance issues regarding flooring and painting will be completed by 31/8/2021.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

The risk assessment and testing for Legionella has been conducted on 14/05/2021. Staff have been advised of correct storage of cleaning products to maintain clean and sanitary environment. Staff have been advised of the appropriate storage of continence products hygiene products hoist slings, personal possessions, clean linen bags. Staff have been advised of correct cleaning arrangements for the cleaning of commode and showers. CNM1 and CNM2 have been requested to monitor these aspects of care on a daily basis going forward. Staff have been advised regarding the use of correct personal protective equipment and all staff completed online training regarding the use of personal protective equipment. Sufficient pedal bins have been provided in key locations. Any damaged equipment have been replaced. Washing machine have been removed from the sluice facility.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The 4 multi occupancy bed rooms will be reconfigured to improve the privacy and dignity of residents. An audit has been conducted in relation to provision of television for residents. All residents who wish to have television will have a television and a headset provided. All wash hand basins in multi occupancy bedrooms will be relocated to ensure they do not encroach other resident's space. All residents wardrobe will be easily accessible to residents. Screens in multi occupancy bedrooms will be reconfigured to ensure that residents can undertake personal activities in private. Monitoring charges for the use of bedrails have been relocated. The small chapel is fully accessible to 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	06/05/2021
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 the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant		31/08/2021

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.	Not Compliant	Orange	31/08/2021
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.	Not Compliant	Orange	31/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/05/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/05/2021

Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	31/05/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	31/05/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2021
Regulation 9(3)(b)	A registered provider shall, in	Not Compliant	Orange	31/08/2021

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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