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:	Community Hospital of the Assumption
Name of provider:	Health Service Executive
Address of centre:	Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 July 2021
Centre ID:	OSV-0000662
Fieldwork ID:	MON-0033253

About the designated centre

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

The Community Hospital of the Assumption is a modern facility located on the outskirts of Thurles town. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 60 residents. The service provides continuing care for people over 18 years of age across a range of abilities from low to maximum needs. The service also has facilities to provide respite, palliative and rehabilitative care. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. The service provides on-site pharmacy services and a medical officer is in regular attendance. Regular arrangements are in place to provide residents with an activation programme and a number of communal areas are provided throughout the centre for use by residents and visitors. Residents are provided with relevant information about the service that includes advice on health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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 7 July 2021	09:45hrs to 18:00hrs	Catherine Furey	Lead
Wednesday 7 July 2021	09:45hrs to 18:00hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

Inspectors arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. From the observations of the inspectors and from speaking to residents and their families, it was clear that despite ongoing visiting and distancing restrictions, the residents received a good standard of care from skilled staff. Overall, residents expressed that they were happy living in the centre. Visitors who spoke with inspectors praised the care team for their dedication and support to the residents during this challenging time.

On arrival to the centre, the inspectors were met in the main entrance hall by the receptionist who completed a COVID-19 risk assessment prior to inspectors accessing the centre. There was sufficient signage in place to alert all visitors to social distancing measures and hand hygiene requirements. Following an opening meeting, the person in charge accompanied the inspectors on a full tour of the premises. The centre is registered to accommodate 60 residents and there were 44 residents living in the centre on the day of inspection. The inspectors spoke in detail with eight residents and four visitors to gain an insight into the lived experiences of residents in this community hospital. Inspectors saw that most residents were up and dressed having finished their breakfast, others had received their breakfast in bed and were being assisted by staff with their care needs.

The centre is a large and spacious single-storey building, with residents' accommodation laid out in three separate units. Unit A is the Rehabilitation Unit which caters for acute rehabilitation, respite and long term care residents. On the day of the inspection, there were no long-term care residents residing in Unit A. Inspectors observed that this unit had a more clinical approach to care, given that the residents were not long term and were engaged in focused physiotherapy and rehabilitation with the goal of returning home. Inspectors were not assured that the nature of this unit would be suitable for residents requiring long term care. Long term care residents are predominantly accommodated on units B and C. Palliative care outreach beds are available under the medical governance of Milford Hospice, Co. Limerick. Palliative care clinical nurse specialists are on site in the centre and provide expert care to both palliative clients from the community who access these beds and also to the residents within the centre. There is overnight accommodation available, enabling families of residents occupying the palliative care beds to stay with their loved ones. The centre's respite beds have been closed since the beginning of the COVID-19 pandemic contributing to the 16 vacancies on the day of inspection. Unit C is a dementia-focused unit and contains 12 single ensuite rooms and two three-bedded ensuite rooms. Inspectors observed that the privacy and dignity of the residents in the multi-occupancy rooms on each unit was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Bedrooms that previously accommodated four residents, had reduced their occupancy so that no more than three residents were accommodated in one bedroom. Personalisation and decoration of bedrooms was

varied, with some rooms being nicely personalised with framed family photographs, memorabilia and resident's own decorations and ornaments, while others, including some of the multi-occupancy rooms requiring more attention to ensure a homely and non-clinical ambiance throughout.

There are several communal areas within the centre, including a large dining room, activity room, sitting rooms and rest areas throughout. The arrangements in place did not afford the residents an optimal dining experience. On the day of inspection, the spacious and bright dining room was closed, despite there being ample space to serve residents their meals in pods or smaller groups if required. Inspectors observed that meals were served in the smaller sitting rooms on each unit, which had been furnished with some tables and chairs, or in resident's bedrooms. As a result, some residents spent long periods of the day on the units. Staff told the inspectors that some residents did use the large dining room if they preferred, but that it had remained closed for full service for the duration of the pandemic restrictions. As the centre had not had an outbreak of COVID-19, this measure appeared restrictive and is not in line with current national guidelines for residential care facilities. The person in charge stated that plans were being made to reopen all communal areas to residents on a phased basis. For example, the oratory had recently opened back up for all residents to access and Mass had resumed once a week. Main meals were seen to be delivered to the units from the central kitchen in a heated bainmarie, ensuring that all food was warm and appetising. Regular snacks and drinks were offered to residents between meals. Residents told inspectors that they were satisfied with the timing of meals. Each unit had a kitchenette and could access a range of different foods and drinks at night when the main kitchen was closed. Residents food preferences and assistance requirements were clearly documented. Residents who required assistance with eating and drinking were seen to be assisted discreetly and independence was promoted where possible.

All areas of the centre are furnished and decorated to a high standard, and contain appropriate and comfortable seating. The inspector observed that the open storage spaces for equipment within each unit had been screened off. Residents had access to the enclosed garden areas from each unit. The sensory garden areas were tastefully furnished with benches and tables and a large marquee for residents to enjoy the outdoors. A speaker system was set up which enabled music to be played outside. The area contains wheelchair-accessible circling walkways throughout, allowing all residents to fully enjoy the outdoor spaces. A remembrance rose garden provided a peaceful area for residents, families and visitors to pause and remember their loved ones and friends.

A large number of residents were living with a cognitive impairment and were unable to fully express their opinions to inspectors. However, these residents appeared to be content and comfortable, appropriately dressed and well-groomed. Visitors who spoke with the inspectors were complimentary of the care and attention received by their loved ones and stated that communication with the staff was excellent and they they were informed at every step if there was a concern or issue. Visitors said that the centre had maintained constant communication during the various levels of visiting restrictions. Residents who could express their opinions told inspectors that they were well looked after and that the staff were very good to

them. A resident satisfaction survey undertaken in November 2020 showed that 94% of the respondents said that they were always treated gently and respectfully by staff. Inspectors observed person-centred interactions between staff and residents throughout the day and it was evident that the staff were knowledgeable about each residents needs and preferences.

On the day of inspection, the scheduled activities were limited as there was no dedicated member of staff assigned to deliver the activities programme. The staff on each unit were responsible for the provision of activities and there were no activities in the morning as staff were focused on getting residents up and dressed. Many staff in Unit C, the dementia-friendly unit, had received specific training to enhance the delivery of person-centred care delivery. Inspectors observed that residents had their nails nicely painted and management informed inspectors that as part of the daily care delivery, the staff deliver tactile stimulation via scheduled hand, foot and nail care sessions within the dementia unit. While all interactions between staff and residents were observed to be person-centred and meaningful, it was noted that residents spent periods of time unoccupied and were not engaged in the type of scheduled or spontaneous activities usually seen on dementia-friendly units. Staff told inspectors that between 1pm and 3pm was usually the time available that they could dedicate to activities. Inspectors were not assured that there was sufficient engagement for residents or that arrangements to meet their social needs were appropriate in this unit. On the day of inspection, residents and staff gathered to watch a funeral online in the sitting room at 2pm. There was a selection of rummage aprons and dementia-friendly games available in the unit's day room, however these were not seen in use on the day. Staff were seen to accompany some residents out into the garden in the afternoon, and other residents were kept occupied by watched television in the sitting rooms and spending time in their bedrooms listening to the radio and reading. One resident told inspectors that she was bored and had "nothing planned" for the afternoon. Call bells were readily available at each bedside and residents said that when they required assistance, staff attended to them quickly.

Overall, inspectors found that while the residents had a good quality of life in this centre, this could be further enhanced by improved oversight of the provision of activities for all residents to ensure the promotion of a social model of care. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place in this centre, ensuring good quality care was delivered to the residents. The management team was proactive in response to issues as they arose and the majority of improvements required from the previous inspection had been addressed with the exception of access to a

dietitian for residents. This is addressed further in the Quality and Safety section of the report.

Community Hospital of the Assumption is operated by the Health Service Executive (HSE) who is the registered provider. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the overall provision of care. She was supported in her role by two assistant directors of nursing. Two clinical nurse managers were assigned to each unit, providing further oversight and clinical support. The complement of staff was made up by a nursing team and multi-task attendants who were assigned to healthcare, catering and domestic roles. Clear lines of responsibility and accountability were evident. Inspectors spoke with various staff who demonstrated an awareness of their individual roles and reporting relationships. The general manager, who was responsible for the operational oversight of the service, worked in a different location held twice-weekly meetings with the person in charge and management staff. It was evident that the general manager was available to consult with the management team whenever required.

The management team ensured that various aspects of the service were monitored through regular audits of all aspects of resident care using key performance indicators and feedback from residents and relatives. The clinical nurse managers utilised supernumerary allocated time to conduct unit-specific audits. A review of these audits showed that the information gathered was analysed to identify trends and to inform ongoing quality improvement initiatives. Regular management meetings were held providing good communication systems within the management team. The person in charge confirmed that meetings with the wider staff pool had been cancelled due to lockdown restrictions, however these were in the process of being rescheduled.

During the extent of the pandemic, the centre had managed to remain free from a COVID-19 outbreak. The centre had completed its vaccination programme and there had been a very high uptake of both staff and resident vaccinations. There was evidence of regular engagement with the residents and their families during the pandemic with regard to changing visiting restrictions. Families were kept updated regularly. Larger group meetings for the residents had been cancelled during periods of restrictions, however smaller unit based meetings were held and one to one chats with the diversional therapist were used to to gain feedback about the service provided. Residents meetings had resumed on each unit. Residents were familiar with and spoke highly of the person in charge.

On the day of inspection, inspectors found that the staffing levels were appropriate to meet the needs of residents. Staff were seen to be knowledgeable about residents care needs and appropriately supervised. It was evident from a review of training records and from speaking with staff that there was there was good uptake of training in infection prevention and control. However, oversight to ensure that all staff completed mandatory training required improvement. Training courses were a mixture of online and in-person. The centre had a number of staff who provided onsite training for staff. On the day of inspection one of the clinical nurse managers was providing CPR training to staff. While all staff were up to date with mandatory

training on fire safety, some gaps were seen in mandatory training for responsive behaviours and safeguarding.

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all units to meet the assessed needs of the residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors were not assured that all staff had completed mandatory training in line with the centre's policy. Six staff had not completed mandatory safeguarding training within the required time frame, while seven staff had not completed training on managing responsive behaviour within the required time frame.

Judgment: Substantially compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing records reviewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined overarching management structure in place with identified lines of accountability and authority. The person in charge had completed

an annual review of the quality and safety of care delivered to residents in 2020. There was a detailed quality improvement plan for 2021 outlined.

There was a schedule of audits in place including audits of falls, medication and restrictive practices which were completed on a regular basis and included areas for improvement, assigned to nominated individuals for completion. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed in each unit of the centre. There was a nominated person who dealt with complaints and to oversee the management of complaints. The centre received very few complaints from relatives or residents and residents who spoke with inspectors were aware of how to make a complaint should the need arise.

Judgment: Compliant

Quality and safety

Overall, the resident's welfare and well-being were maintained to a good standard. The privacy and dignity of the residents was respected and promoted. Inspectors saw that residents appeared to be well cared for and residents described positive experiences of living in the centre. Improvements were required with regard to infection control procedures, access to specialised healthcare services, visiting procedures and the provision of activities for residents.

The overall premises was well-maintained and laid out to meet the needs of the residents. Actions required from the previous inspection had been addressed.

Alcoves in each unit which were used for storage of various items had been appropriately screened off, which enhanced the overall ambiance of the units and provided a less clinical environment. Remedial works to address the water supply to the centre had been completed and the water was deemed suitable for consumption in June 2021. Bottled water was no longer required to be supplied for drinking and cooking purposes. Significant improvements in fire safety procedures were noted since the last inspection. Fire training was complete for all staff and additional fire marshall training was underway to ensure that all regular night staff and senior staff were confident to lead a fire evacuation.

There was evidence of good awareness of emergency planning in the centre's COVID-19 contingency plan, to be implemented should an outbreak of COVID-19 occur. This plan detailed the areas to be used for isolation of residents and the measures in place to resource additional staff and equipment to ensure the safety of the residents and to minimise the spread of infection. Staff were observed to follow public health guidance in the use of PPE in the centre. Good practices were observed with regard to hand hygiene and staff continued to adhere to separate changing facilities and break times according to their allocated teams. Notwithstanding the good practices observed, further oversight of the infection control procedures in place were required, as discussed under Regulation 27.

Resident's healthcare needs were generally very well met with onsite access to a range of healthcare services. There was a referral system in place to access the onsite physiotherapist, speech and language therapist and podiatrist. Group-based exercise classes had previously been held weekly by the physiotherapist for the residents on Unit B and Unit C, however these had been suspended during the pandemic restrictions and had not been recommenced at the time of the inspection. A clinical nurse specialist in palliative care was also onsite, who provided medical and social supports for the residents occupying the two dedicated palliative care beds, and also to any other residents who required this service. The centre's medical officer provided daily support to the residents, and was seen to refer to specialist medical services such as the local consultant geriatrician and psychiatry of older persons. Inspectors saw that the nutritional status of the residents was monitored by the staff daily. Regular assessments using the Malnutrition Universal Screening Tool (MUST) were carried out by the staff nurses. In the absence of a referral pathway to a dietitian, the medical officer was consulted with if a resident was deemed to require a supportive nutritional plan. The lack of access to specialist dietetic services is discussed further under Regulation 6. A sample of residents care plans were reviewed by inspectors and all were found to be very comprehensive, with individual plans in place for each identified need. End of life care plans were reviewed and seen to detail the residents specific wishes and preferences. There was documented evidence that residents or their representatives were consulted with and involved in the creation and review of care plans.

The activities programme on offer required further oversight to ensure that all residents are afforded the opportunity to participate in activities in accordance with their interests and capacities. Records showed that a social assessment was carried out to determine each residents past occupation, hobbies and preferences for activities. Subsequently, care plans were created outlining these preferences. The

daily flow chart recorded attendance at activities however inspectors found that there was not enough description of residents participation in and engagement with different activities, which is helpful to assess their ongoing satisfaction with the activities on offer. On the day of inspection, there was no dedicated activities coordinator on duty. The activity board on display in Unit C identified that art would take place on Wednesday afternoons. This activity was specifically organised for 2 residents.

Visits to the centre were scheduled in advance on an appointment basis and took place in two dedicated visiting rooms near the main reception area. The person in charge confirmed that compassionate visits were offered as required, and inspectors observed these visits taking place on the day of inspection. Visiting had recently been expanded to include weekends. The person in charge explained that while a time limit of half an hour per visit was allocated, there was flexibility around this arrangement and generally, visits were scheduled according to the preferences of the resident and their families.

Regulation 11: Visits

The visiting arrangements in place were not in line with the current national guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities) which state that there is no requirement to limit the duration of visits.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. There was good oversight of risks in the centre. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Risk assessments, including specific risks associated with COVID-19 were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 27: Infection control

Environmental audits were completed on a regular basis within each unit. However, further oversight of these is required as some items were identified by inspectors which had not been identified in these audits. These items could hinder effective infection prevention and control procedures. For example;

- A shared bath and shower room contained a number of personal toiletries which were not labelled. Staff were unable to fully clarify if these toiletries were for shared or individual use. A bale of clean towels were also stored on top of a bin in this bathroom.
- Commodes and laundry trollies in use were stored in the dirty utility room. This could lead to potential contamination of the clean equipment.

In addition, several hand hygiene units in residents rooms contained multiple dispensers including hand soap, alcohol gel and hand lotion. These were not labelled and could cause confusion as to which product was to be used. The person in charge confirmed that this issue had been identified and that all dispensers were planned to be changed to new single product dispensers.

The cleaning trolleys in use did not comply with best practice guidelines, as there was no area to securely store the cleaning chemicals in use. The person in charge provided evidence that new lockable cleaning trolleys had been ordered and were awaiting delivery.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drill records showed that fire evacuation drills were carried out regularly. These included the simulated evacuation of a full compartment with night time staffing levels which provided assurances to inspectors that the compartment could be evacuated in a safe and timely manner. The drill reports were detailed and included identified areas for improvement.

Daily, weekly and quarterly fires safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system, fire alarm panel and fire extinguishers were serviced regularly. Personal Emergency Evacuation Plans were in place for all residents which identified the means of evacuation and number of staff required to assist the resident to evacuate both during the day and at night time.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Records identified that residents were comprehensively assessed prior to admission, and at regular intervals thereafter. Assessments were conducted using a variety of validated assessment tools for a range of issues, such as the risk of pressure related skin damage, the risk of falls and nutritional status. Care plans were developed based on these assessments and these were seen to be sufficiently personalised to guide the care of the resident. Care plans were reviewed regularly and residents were reassessed as their individual needs changed, or at a minimum of every four months.

Judgment: Compliant

Regulation 6: Health care

The centre's Statement of Purpose outlines that a dietitian service is available to residents, however as identified on the last inspection in November 2019, inspectors noted that a number of residents were prescribed nutritional supplements but these residents had not had a nutritional assessment. The person in charge stated that access to an agency dietitian had been sought, and this was awaiting approval from the registered provider.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that residents who displayed behaviours that challenge had individualised supportive care plans in place, which identified the potential triggers to the behaviour and the methods used to de-escalate the behaviour. Nursing notes reflected that the care plan was followed during episodes of this behaviour, and that medication was not used in the first instance to manage the behaviour. The Antecedent - Behaviour - Consequence (ABC) tool was used to record and analyse behaviours and there was evidence of ongoing reviews by the psychiatry team and medical officer, in response to concerns identified.

The centre maintained a weekly register of any practices that were or may be considered restrictive. The use of restrictive equipment such as bedrails throughout the centre was high, however inspectors found that this equipment was individually risk assessed prior to use and included a multi-disciplinary approach. Records showed that restrictive equipment was regularly checked and used for the minimal amount of time, in line with national guidance on the use of restraint. There was evidence of discussion with residents and their representative, and consent was obtained for the use of all restrictive equipment.

Judgment: Compliant

Regulation 9: Residents' rights

Similarly to the last inspection in November 2019, the diversional therapist, who had oversight of the activities programme, was scheduled to different units on different days. This meant that activity provision was predominantly led by the staff of each unit. Inspectors found that in the absence of the diversional therapist, the activities schedule on each unit was not well-defined and there was no nominated staff member to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Hospital of the Assumption OSV-0000662

Inspection ID: MON-0033253

Date of inspection: 07/07/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: >All staff have now completed the mandatory Safe guarding training, 4 of the 6 identified in the report had the training completed but were unable to access their cert online due to recent Cyber attack. >The MAPA trainer is currently on short term sick leave. Dates have been identified for the remaining staff, for MAPA training, on her return. Online MAPA support training will be provided to the staff, while awaiting in house training.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: - All residents and short term clients have access to regular visits from family and friends. The unit continues with their 2 visiting rooms at the main reception area and are also facilitating bedroom visits , as requested for clients who are in single room occupancy. - Dedicated staff are assigned to monitor and screen all the visitors as it is necessary to ensure safe controls remain. - Robust risk assessment has been completed since the revised National Guidance Document was released, in consultation with Infection Control team and Mid West Dept of Public Health, due to local infection rates. Additional weekend visits are now accommodated, supported by reception and unit staff.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
- The toilet seat as was reported in the inspection report had been replaced on the day of inspection.
- The toilet which was reported as being soiled was immediately flushed and the stained was removed, with instant flushing.
- Robust cleaning schedule in place as per the CHO3 Cleaning Policy 2020.
- New cleaning trollies have been purchased as was discussed on day of inspection, with lockable doors for safe chemical storage. Each ward area and main corridor area have each received a new trolley.
- All residents have their own personal toiletries identified and no shared toiletries are permitted across all clinical ward areas.
- All spare clean commodes are now stored in clean bathroom area in each ward area and ana commodes not in use have now been removed from the ward areas.
- The Linen Skip, while stored in the Sluice room, in each ward area, will be cleaned before it is taken to the clinical areas, thereby reducing any potential contamination risk for the bedroom areas.
- All the hand cream dispensers will be removed, current in progress with Maintenance Department and a new single liquid soap dispenser will be installed to every sink area, when available September 2021. This will reduce any confusion for the residents and labeling will be very clear.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
- Approval has been received for agency Consultant Dietician and an assessment day has been confirmed for Saturday 7th August 2021. 10 residents, as identified under MUST assessment framework, will be assessed on the day and further appointments will be made as necessary.
A Business Case has been submitted to General Manger, in consultation with Community Dietetics Manager, for the provision of dietetic services in the designated centre.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- Immediate replacement of the Activities Co-ordinator, who remains on sick leave has been sought and approved as this will ensure oversight across all the 3 units and provide assurance that all approved activities continue and one-on-one sessions for residents who prefer it instead to group activities, will be available. Currently this is available, supported by unit staff.
- Nominated staff will be assigned in each ward area and documented in the roster, on a daily basis.
- Additional 1 WTE staff member will be assigned to support the Activities Program across all of the hospital.
- It is planned to re-open the main dining area from week commencing 9th August 2021, maintaining IPC and Public Health measures for the safety of residents and staff.
Hairdresser on site will resume from week commencing Monday 6th September 2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	10/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/09/2021

	published by the Authority are implemented by staff.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	07/08/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	09/08/2021