



**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 Conlon's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Church Road, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0000666
Fieldwork ID:	MON-0034001

About the designated centre

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

St. Conlon's Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Nenagh in north Tipperary. The centre is single storey and is designed around an enclosed central garden area. The centre can accommodate up to 25 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and five twin bedrooms. Two of the single bedrooms and the twin rooms have en suite shower facilities. There are two assisted showers, a specialised bath and six toilets for residents occupying 13 single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and quiet room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 May 2022	10:00hrs to 19:00hrs	John Greaney	Lead
Thursday 5 May 2022	10:00hrs to 19:00hrs	Bairbre Moynihan	Support

What residents told us and what inspectors observed

Overall, residents were very positive in their feedback with regard to the lived experience in the centre. Staff were observed to be interactive with residents and kind and caring.

On arrival to the centre, Inspectors were met by the person in charge who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented, prior to accessing the centre. After an opening meeting, inspectors were guided on a tour of the centre by the person in charge. It was evident from the walk around with the person in charge that the centre had a relaxed and calm atmosphere and residents were well cared.

There were 21 residents living in the centre at the time of the inspection. Inspectors spoke to a number of residents and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living in St. Conlon's. Residents were very complimentary in their feedback about the centre. One resident told an inspector that he "loves it here and is well fed". Residents informed inspectors about a tea party which was held the previous day. The tea party was described as being "lovely" and the food provided was described, another resident stated it was "brilliant". In addition, a dog visited the centre once a week and a resident described how he looked forward to the dog coming each week.

The centre had a relaxed atmosphere where residents were freely moving around the centre including the sitting room or the enclosed garden, doors to which were open. The lunchtime experience was observed by an inspector. The majority of residents were eating in the dining room and socially interacting with each other. The menu for the day was on display and inspectors observed residents being offered a choice of meals and a small number of residents enjoying a glass of wine. A number of staff were available in the dining room to provide assistance to residents if required.

Residents' rooms were furnished with personal belongings and contained photographs and other personal items of sentimental value. Single bedrooms were small with bedside lockers placed at the end of the bed. In addition, single bedrooms did not support the use of assistive equipment and if a resident's needs changed it would require the resident moving to a twin room. Twin rooms were spacious with en-suite facilities, however, privacy curtains did not always cover the resident's bed space.

Residents could have visitors in their rooms, however, due to the small size of the rooms this was not always possible. Otherwise residents could meet their visitors at the rest area/entrance which was a thoroughfare and did not provide privacy for the visit. Two communal rooms, a sitting room and relaxation room had been repurposed as staff rooms during the COVID-19 pandemic and as yet had not reverted

back to communal rooms for residents.

An engagement board was displayed on a corridor which described the activities available for the day ; bingo, gardening and relaxing was the choice on the day of inspection. Resident's were viewing mass on the television at 10am and in the afternoon a sing along and group chats were taking place. The centre had one multi-task attendant allocated to activities seven days a week.

The next two sections of this 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. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

While residents were seen to have a good quality of life, inspectors were not assured that management systems were effective in ensuring the service provided was safe, appropriate, consistent and effectively monitored. The gaps observed by inspectors are detailed under the regulations relating to governance and management, policies and procedures, personnel records and the statement of purpose.

St. Conlon's Community Nursing Unit is a residential care setting operated by the Health Service Executive (HSE). There is a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge reports to a general manager. The person in charge is supported on-site by a clinical nurse manager (CNM), nurses, care staff and administration staff.

Improvements were required in relation to governance and management. There was a programme of audits outlined to inspectors to support the oversight of the quality and safety of care delivered to residents. However, not all these audits were accessible to inspectors on the day of the inspection. As a result, inspectors could not be assured that the system in place for monitoring quality and safety was effective. A number of the Policies and Procedures as set out in Schedule 5 of the regulations were not accessible on the day of the inspection, while others were overdue review. An annual review of the quality and safety of care delivered to residents for 2021 was not available.

While the statement of purpose contained all the requirements of the regulations, a review was required to ensure that it reflected the current services provided in the centre. For example, reference to visiting did not reflect current visiting arrangements and instead made reference to specific restrictions associated with COVID-19 that were not currently in place. There was also a need to ensure that frequently updated guidance was not quoted in the statement of purpose due to the

frequency at which this guidance changed.

From a review of the rosters, inspectors' observations and from feedback from residents and visitors, inspectors found that the number and skill mix of staff was appropriate to meet the assessed individual and collective care needs of residents and with due regard for the size and layout of the centre. Staff were knowledgeable of residents' needs and responded to residents' request for assistance in a timely manner. All interactions by staff with residents were seen to be respectful.

There was a comprehensive programme of training plan in place for 2022 and the records showed that the vast majority of staff were up-to-date with this training. The person in charge was cognisant of the need for staff to enhance their knowledge and skills to fulfill their roles through attendance at training in managing behaviours that challenge and also in cardiopulmonary resuscitation.

Inspectors reviewed a sample of four personnel records. Most of the requirements of Schedule 5 of the regulations were met, however, some improvements were required in relation to employment references and employment histories. These are outlined under regulation 21 of this report.

Inspectors were informed that the person in charge was the designated complaints officer in the centre and had responsibility for managing complaints received and to ensure that complaints were responded to timely and appropriately and that records were maintained. A review of the complaints log indicated that no complaints were recorded since the last inspection in April 2021.

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that she was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed the centre's staff rosters across all disciplines. These showed that there was sufficient staff, of an appropriate skill mix to meet the needs of the residents, given the size and layout of the centre. Staff supervision was provided by the person in charge and a clinical nurse manager, both of which were full-time

supernumerary positions.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training records. Onsite fire training was in progress on the day of inspection. Inspectors were informed that following training 99% of staff had up-to-date fire training. 97% of staff had completed safeguarding training up until April 2022. While it was identified by inspectors that there were deficits in cardiopulmonary resuscitation training, this had been identified by the person in charge and inspectors were informed cardiopulmonary resuscitation training would be recommencing in the next few weeks.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff personnel records and found that all the prescribed information set out in Schedule 2 of the regulations was generally there with the exception of:

- gaps were noted in employment histories, either in application forms and or curriculum vitae
- a reference which was provided by two staff members from within the centre were not signed.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were required in relation to systems of oversight, for example:

- Schedule 5 policies and procedures were not available on the day of the inspection and therefore would not be accessible to staff
- Not all audits described to inspectors were accessible on the day of the inspection
- The audit systems in place did not identify areas for improvement such as those identified by the inspectors regarding infection prevention and control and staff records.

- There were inadequate arrangements in place for the oversight of risk in relation to residents that smoked. Risk assessments did not take account of all risks, such as access to lighter fuel, and therefore mitigation measures were not adequate.
- An annual review of the quality and safety of care delivered to residents for 2021 was not available.

Judgment: Not compliant

Regulation 3: Statement of purpose

A review was required of the statement of purpose to ensure that all information contained in the document was accurate, for example in relation to visiting and infection control procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was received quarterly from the CHO. All incidents had been reported to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors were informed that the centre had received no complaints either in writing or verbally. The centre's procedure on the management of complaints was not available for inspectors to review on the day of inspection. This is addressed under Regulation 4; Written policies and procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all the Schedule 5 policies were available for inspectors to review. Of the policies

reviewed a number were out-of-date and were not centre specific.

Judgment: Not compliant

Quality and safety

Inspectors found that residents had a good quality of life in St. Conlon's Community Nursing Unit and where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. Improvements were required in relation to the design and layout of the premises, infection prevention and control and risk management.

St Conlon's Community Nursing Unit is a single storey, 25 bedded centre, which required updating and refurbishment at the time of inspection. The corridors were narrow but clutter free. There were assistive handrails on corridors throughout the centre. Thirteen of the fifteen single bedrooms were small and did not facilitate residents to have a locker beside their bed. According to the statement of purpose, only residents that were assessed as low dependency and did not required the aid of assistive healthcare equipment were accommodated in these rooms. This was due the the size of the rooms, which could not facilitate manoeuvring equipment such as hoists within the rooms. These bedrooms did not have en suite facilities but shared communal shower, bath and toilet facilities. These were adequate and were within an accessible distance for these rooms. There were also two larger single bedrooms that were designated for palliative care and had full en suite facilities. There were five twin bedrooms and all had en-suite facilities containing a shower, toilet and wash hand basin. Inspectors were informed that a new 50-bedded unit is currently being built and is due to be handed over to the HSE in December 2022 and should be available to residents in early 2023.

On the day of inspection, it was World Hand Hygiene Day and a staff member was providing education and advice on hand hygiene. The centre was clean with few exceptions. Cleaners had a good knowledge of their role and appropriate training on the principles and practices of cleaning had been completed by staff spoken to by inspectors. However, a number of areas for improvement were identified which will be discussed under Regulation 27; Infection Control.

Inspectors observed visitors arriving to the centre, with appropriate checks for symptoms of COVID-19 and hand hygiene carried out. However, restrictions remained on visiting with a requirement to pre book visits in advance. Care plans were updated in line with the requirements in the regulations, were resident specific and person-centred. In addition, residents needs were assessed on admission using validated assessment tools for example Waterlow scores for the risk of developing pressure ulcers. Residents had good access to a general practitioner (GP) of their choice and some health and social care providers, for example speech and language therapy. Inspectors were informed that there was limited access to dietetics through

HSE community services.

Measures were in place for the oversight and management of fire safety in the centre. Fire safety equipment had preventive maintenance conducted at the required intervals. There were daily, weekly and monthly checks to ensure that fire safety equipment was functioning appropriately and that emergency exits were free from obstruction. There were regular fire safety drills involving the simulated evacuation of residents. There was a need however to ensure that the personal emergency evacuation plans for all residents reflected the most appropriate means of evacuation for each resident and to ensure that all residents in a fire safety compartment could be evacuated in a timely manner.

Residents spoken with by inspectors were complimentary of staff and of the care provided in the centre. Residents confirmed that they felt safe in the centre and would have no problem approaching staff if they had any concerns.

Regulation 11: Visits

Visitors were observed to be visiting on the day of inspection in resident's rooms. However, visitors were required to book in advance. While Inspectors recognised that the centre's outbreak was only recently formally closed by public health, this practice is overly restrictive. In addition the centre's local policy for visiting during COVID-19 was not up-to-date with current guidance from the HPSC. This needs to be reviewed and updated and any decision to not adhere to current guidance should be underpinned by an up-to-date risk assessment including a rationale for the decision taken.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Due to the size and layout of most of the single bedrooms, residents could not have bedside lockers accessible to them while they were in bed and instead, many of these were store at the end of beds and out of reach of residents.

Judgment: Substantially compliant

Regulation 17: Premises

Similar findings were identified as on the last inspection in April 2021 for example:

- general wear and tear was noted throughout the centre, for example chipped skirting boards and doors, exposed piping, walls and doors were marked and required repainting.
- a sitting room and relaxation room had been re-designated as staff rooms for the COVID-19 pandemic and remained as such, thus reducing the communal space for residents.
- lack of storage facilities with inappropriate storage of multiple wheelchairs on a corridor.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was not available for inspectors to review on the day of inspection. Incidents were reported on a paper based system and logged on an electronic system by the CHO. The PIC received a quarterly report on the centre's incidents from the CHO.

Judgment: Not compliant

Regulation 27: Infection control

Overall, the centre was generally clean with few exceptions. Areas for improvement were identified including:

- Staff were not wearing respirator masks while carrying out resident care activity in line with HPSC guidance.
- COVID-19 contingency plan dated December 2021, required review; for example the plan referenced "cocooning of residents", healthcare workers were to wear surgical face masks and referenced HPSC guidance from 2020.
- Wash hand basins were being used by both residents for washing and staff for hand hygiene. In addition, improvements were required with compliance with hand hygiene training.
- a chlorine based bleach was routinely used to clean frequently touched areas. Disinfectants are only required where residents are being cared for with transmission based precautions. Neutral detergent is recommended for routine environmental hygiene
- Personal Protective Equipment (PPE) was stored in a room that was also a changing room for male staff which presented a risk for cross-infection.
- PPE such as visors and hand gels were noted to be out of date in the "male changing room". In addition, excess amount of dust was noted on top of the boxes.
- Multi-task attendants had a dual role of cleaning and caring on night shifts.

This should be risk assessed so that risk of cross infection to residents is mitigated for example the sluice room was being cleaned by the night staff.

- The window sill in the cleaners room was noted to be dusty with black matter on the sill. This was brought to management's attention on the day.
- Vents in bathrooms were not on a cleaning schedule and were noted to be dusty.
- Inappropriate storage of a shoe and multiple bins was observed in the sluice room.
- Sluice room racking required review to ensure that there was a enough racking so cleaned sanitary equipment such as urinals and bedpans can be inverted while drying and have suitable drip trays.

Judgment: Not compliant

Regulation 28: Fire precautions

The personal emergency evacuation plan (PEEP) for one resident did not correlate with information provided to inspectors in relation to the means of evacuation for that resident in the event of an emergency. There was a need to ensure that adequate measures were in place for the evacuation of residents with the highest level of dependency in conjunction with all other residents in that fire safety compartment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans. Overall, the standard of care planning was person-centred in nature and contained sufficient information to guide the delivery of care. However, one care plan reviewed on "visiting by family and friends", was signed as being updated but described the requirement for window visits due to the COVID-19 pandemic. This is not in line with current guidance and is discussed under Regulation 11: Visits. Validated assessment tools were used to assess residents clinical, social and psychological needs. Inspectors found that care plans were regularly reviewed in line with regulations.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. The centre had varied access to Health and Social Care Providers for example Speech and Language Therapy access was described as being very good, however, residents had not been reviewed by a dietitian since the onset of the COVID-19 pandemic. In addition, inspectors identified residents who had newly diagnosed conditions, required dietetic input, but had not been referred.

Residents' vital signs and weights were required to be carried out monthly, however, of the sample of records reviewed it was identified that these were not consistently completed.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were no residents living in the centre presenting with significant responsive behaviour. Staff were knowledgeable of residents' needs and were able to identify behaviours that may indicate that a resident had an unmet need that may precipitate responsive behaviour. Risk assessments were conducted prior to the use of bed rails and safety checks were conducted while bed rails were in place. The person in charge was requested to review the use of bed rails as almost 50% of residents had bed rails in place. A significant number of staff had not attended training in managing responsive behaviour and the person in charge informed inspectors that she was in the process of arranging this training.

Judgment: Compliant

Regulation 8: Protection

The centre acted as a pension agent for seven residents and appropriate measures were in place to protect residents' finances. The majority of staff had completed safeguarding training. Staff were knowledgeable of what constituted abuse and were able to describe the steps they would take if they had concerns if they suspected abuse was taking place.

Judgment: Compliant

Regulation 9: Residents' rights

- Privacy curtains in twin rooms did not always cover the end of the bed which

reduced the privacy for residents.

- While residents had access to a computer to speak to family while on camera, this was not in a private area, but in a thoroughfare from the kitchen to the sitting room.
- Resident's meetings were held on a monthly basis, however, there was no associated action plan to identify if issues raised, for example, more variety of food, were addressed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Conlon's Community Nursing Unit OSV-0000666

Inspection ID: MON-0034001

Date of inspection: 05/05/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Actions to be completed:</p> <p>A review of all staff personnel records will be completed. Staff, whose files show gaps in employment history, will be asked to provide this information and this will be added to their personnel record.</p> <p>A reference check will be completed on staff personnel files and any references unsigned or which do not have a backup email to identify referee will be resubmitted for signature or proof of referee.</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>Action Completed:</p> <ul style="list-style-type: none"> • The annual review of the quality and safety of care delivered to residents for 2021 is now available, completed 06/05/2022 • IPC audits on new audit IT system are available on line and results are displayed on the notice board opposite the nurses station , completed 09/05/2022 • Areas for improvement have been identified , completed 23/05/2022 • Risk assessments for residents who smoke have been updated. Lighter fuel has been removed from the smoking area , completed 06/05/2022 <p>Actions to be completed :</p>	

<ul style="list-style-type: none"> • Update of the Schedule 5 policies and procedures will be completed by 05/09/2022 • Audit IT system currently is being upgraded to incorporate all audit requirements. This is an ongoing process. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Action Completed :</p> <ul style="list-style-type: none"> • The Statement of Purpose has been reviewed and updated by the person in charge and now reflects accurate information in regards to visiting and infection control procedures, completed 10/05/2022 	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Actions to be completed :</p> <ul style="list-style-type: none"> • The person in charge is currently in the process of updating the Schedule 5 policies and procedures and will be completed by 05/09/2022 	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Actions Completed :</p> <ul style="list-style-type: none"> • The local policy for visiting has been updated to reflect the current guidelines. • However the unit encourages visitors to schedule visits where possible to reduce foot fall to the unit , this has been risk assessed, completed 09/05/2022 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Actions to be completed :</p> <ul style="list-style-type: none"> • A new facility to replace the existing centre is currently under construction. The completed 50 bedded project will meet with the National Quality Standards for Residential Care Settings for Older People, build to be completed Quarter 1, 2023. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Actions Completed :</p> <ul style="list-style-type: none"> • Painting commenced in the building on May 30th 2022 and work completed June 7th 2022. • Relaxation Room is no longer being used as a staff room and has reverted back to its original purpose <p>Actions to be completed :</p> <ul style="list-style-type: none"> • The person in charge is liaising with the maintenance team regarding suitable storage facilities and the exposed piping to be completed by 28/06/2022 	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Action Completed :</p> <ul style="list-style-type: none"> • The risk management policy has been updated. This policy is available for review if requested on inspection. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Actions Completed :</p> <ul style="list-style-type: none"> • IPC nurse provided training to the staff on the requirement to wear FFP2 masks while caring for residents, completed 09/05/2022. • IPC nurse provided training to staff regarding use of wash hand basins and hand hygiene training , completed 09/05/2022 • COVID – 19 contingency plan has been updated to reflect current recommendations and guidelines , completed 13/05/2022 • Staff are aware that neutral detergent is recommended for routine environmental hygiene, completed 10/05/2022. • PPE that was stored in a changing room has been removed and is now in a storage room ,completed 07/05/ 2022 • Bathroom vents are now on the regular cleaning schedule , completed 11/05/2022 • Window still in the cleaner’s room now part of the daily cleaning schedule, completed 06/05/2022. • Shoes and bins removed from Sluice room .Staff informed that shoes , bins etc are not to be stored in the sluice room , completed 06/05/2022 • Following consultation with the IPC nurse re MTA (night duty) the MTA role includes both cleaning and patient care , patient care to be carried out first , then cleaning duties , same risk assessed , completed 09/05/2022 • In the event of an outbreak an MTA would be assigned to cleaning duties only <p>Actions to be completed :</p> <ul style="list-style-type: none"> • Designated Officer for PPE has been contacted by person in charge re: removal of out of date PPE. Removal is scheduled for 24/06/2022. • The Person in charge has liaised with the Maintenance Department re sluice room racking. Date to be completed : 27/06/2022 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Action completed :</p> <ul style="list-style-type: none"> • The PEEP for the resident has been updated to reflect their current means of evacuation in an emergency, completed 06/06/2022. • All other residents PEEPs have been reviewed to reflect their evacuation requirements , completed 27/06/2022 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Actions Completed :</p> <ul style="list-style-type: none"> • Resident has been referred to dietician, completed 09/05/2022. • All residents' vital signs and weights are recorded on a monthly basis. <p>Actions to be completed :</p> <ul style="list-style-type: none"> • Person in charge to contact community dietician regarding reviewing the residents on a regular basis to be completed by 22/06/2022 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>+Actions Completed :</p> <ul style="list-style-type: none"> • Residents meetings are now action planned , completed 08/06/2022 • Residents' computer is on a portable table and can be brought to the residents' room /quiet area for the residents to use in privacy. <p>Actions to be completed :</p> <ul style="list-style-type: none"> • The person in charge has contacted the Maintenance Department regarding the privacy curtains to be completed by 28/06/2022. 	

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	09/05/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	09/05/2022
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	30/06/2022

	retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	05/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	05/09/2022
Regulation 26(1)(a)	The registered provider shall ensure that the	Not Compliant	Orange	06/05/2022

	risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
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	27/06/2022
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	27/05/2022
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	10/05/2022
Regulation 04(2)	The registered provider shall make the written	Not Compliant	Orange	05/09/2022

	policies and procedures referred to in paragraph (1) available to staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	05/09/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	09/05/2022
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	Substantially Compliant	Yellow	22/06/2022

	paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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	08/06/2022
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	28/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	08/06/2022