



**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:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0042355

## About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building was originally built as a community hospital in the 1950s with accommodation and facilities laid out along a single corridor on four floors. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room and a separate room to receive visitors in private. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues

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

Number of residents on the date of inspection:	37
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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 11 January 2024	09:50hrs to 18:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, Mount Alvernia was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with five residents in detail on the day of inspection. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and and they were supported by a kind and dedicated team of staff.

On arrival to the centre, the inspector met with the person in charge who following an introductory meeting, accompanied the inspector on a walk around of the premises. During the walk around, the inspector saw that a small number of residents were in their rooms with isolation precautions in place as they were showing respiratory symptoms. The person in charge was consulting with the infection control team and public health regarding their management. Mask wearing for staff had also been implemented. The person in charge was well known to residents and they greeted her warmly during the morning.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, storerooms, the centre's shop and a hairdresser's room. A designated specimen fridge was now available in the clinical room on the ground floor. The inspector saw that the service lift, the centre's second lift, remained out of order in the centre.

Residents' accommodation was located over the remaining three floors with accommodation for 14 residents on each floor, namely Avondhu unit, Clyda unit and St. Camillus unit. The centre had one triple room, 14 twin rooms and 11 single rooms located over the three floors. A number of the twin rooms were single occupancy on the day of inspection and the inspector saw that the layout of some of the twin rooms were not suitable for twin occupancy. None of these rooms had ensuite toilets or showers but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and two floors had an assisted Jacuzzi bath for residents' use. The inspector saw that renovations had also been completed in one of the sluice rooms and on one of the toilet and shower rooms in the centre since the previous inspection.

New wardrobes and chests of drawers were available for storage of residents' belonging and new privacy curtains were also seen. In general, residents bedrooms were personalised with photographs, paintings and residents' personal belongings. Bedrooms and communal areas were clean and warm throughout, though paintwork in some residents' bedroom furniture such as wardrobes and cupboards under the sinks, was worn and required attention. Communal spaces on each floor comprised of a day room and a dining room for residents' use. The third floor had two small

dining rooms as well as a dayroom. These rooms were nicely decorated with home style furniture such as dressers, fireplaces and pictures. The day and dining rooms on each floor were cosy, homely places, where residents could sit and rest, during the day. During the inspection, residents were using these communal spaces to rest and watch television especially the morning mass. Residents living on the first and second floor had unrestricted access to the outdoor, well maintained gardens in the centre. A small number of residents were walking outside or sitting in the seating area during the day. The third floor entrance had a key code, so that residents with a cognitive impairment, could not leave the centre without staff supervision.

The inspector observed the lunch time and evening meal in the centre. Both meals were brought to each floor in a heated trolley and serving of the meals was overseen by a nurse on duty on each floor. Residents were offered a choice for their meals and the food served appeared appetising and wholesome. Following feedback from residents, a chicken curry had been added to the options for the evening meal and residents appeared to enjoy it. Residents who spoke with the inspector were complimentary regarding the food available and inspectors saw that residents requests for alternatives to the menu were facilitated. Residents who required assistance were provided with it, in a respectful and dignified manner.

During the inspection, it was evident that staff knew residents' preferences and dislikes and many person-centred interactions were observed. There were a number of crash mats and low beds in use, as an alternative to bed-rails, and staff reported that they were working well. Residents spoke highly regarding the care staff provided to them. A hairdresser attended the centre once a week and residents told the inspector that they enjoyed having their hair done. The inspector saw that residents were dressed and groomed in accordance with their preferences.

Annual surveys and monthly residents' meetings were held on each floor and feedback from residents was generally positive. There was a full-time staff member assigned to activities in the centre and a second staff member was assigned to providing meaningful activities for residents, under 65 years, who were living in the centre. As well as onsite activities such as arts and crafts, yoga, bingo and cards; residents were supported to attend activities in the local town. A number of residents enjoyed shopping trips accompanied by staff or independently, or to go swimming or attend a local yoga group. Residents were facilitated to view these local groups before agreeing to attend them. Some residents preferred their own company and told the inspector they enjoyed reading the daily newspapers, listening to the radio and watching TV. Mass was held every Friday in the centre. The person in charge told the inspector that the centre had applied to have a therapy dog visit the centre, once a week and this was due to start in the coming weeks.

On the day of inspection, one of the activity staff was on sick leave and the second staff member was reassigned in the morning to caring duties, due to staff shortages related to sick leave. This meant that there was little scheduled activities for residents in the morning. In the afternoon, a group of residents participated in a lively bingo session.

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 on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor compliance with regulations, to follow up on actions from the previous inspections and to inform decision making with regard to renewal of registration of the centre. While the inspector found that many of the findings of the previous inspection had been actioned, findings of this inspection were that the governance and management systems in the centre required strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

Mount Alvernia Hospital is a designated centre for older persons that is owned and operated by the Health Service Executive (HSE) who is the registered provider. The centre was operated through the governance structures of the mental health services for Cork and Kerry Community Healthcare. The inspector found that the lines of accountability and responsibility for the service needed strengthening. The person participating in management had resigned from their role in 2023. The registered provider did not nominate another person for this role. The general manager for mental health services Cork/Kerry was the nominated person representing the provider and reported to the head of mental services for Cork and Kerry Community Health care. The person in charge in the designated centre reported to the General manager and informed them of any changes in the centre. However, there was no formal communication meetings or structured management meetings arranged between the provider and the person in charge of the centre. This raised concerns with the inspector that there was an over reliance on the person in charge and the clinical management team to provide the governance and leadership for this service. This is outlined under Regulation 23; Governance and management.

The director of nursing was the designated person in charge and worked full time in their post. The person in charge was supported on-site by an assistant director of nursing, three clinical nurse managers and a team of nurses, health care assistants, multi-task attendants, an administrator and maintenance staff.

The person in charge held regular management team meetings in the centre with clinical nurse managers to discuss and action key clinical issues with staff in the centre. There was a schedule of clinical audits in place in the centre and the person in charge was progressing with implementation of more rigorous audit practices in relation to infection control practices since the previous inspection. Following the findings from the inspection in May 2023, a new care planning record system had

been implemented and further training was scheduled for nursing staff to support them with these changes.

The registered provider had ensured that staffing levels were maintained to ensure the effective delivery of care to meet the assessed needs of the residents. Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of training available for staff at the centre.

The inspector saw that incidents occurring in the centre were notified to the office of the Chief Inspector in line with regulations. While there was a low level of complaints recorded in the centre, the complaints procedure required updating to meet the changes to Regulation 34 Complaints procedure.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in post in the centre since 2019. They had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the assessed needs of residents and the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

From speaking with staff and the person in charge, it was evident that there was good oversight of mandatory training in the centre. A review of the training records indicated that all staff were up-to-date with mandatory training. Regular in person staff training was scheduled during the year, to ensure staff had access to training, appropriate to their role. Staff were seen to be appropriately supervised during the inspection.

Judgment: Compliant

### Regulation 21: Records

The inspector found that records were stored securely. Records as set out in Schedules 3 and 4 of the regulations and relevant to the regulations examined on this inspection were made available for inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The overall governance and management systems in place required strengthening.

There was an over-reliance for the governance and management of the centre on the local management team instead of it being the registered provider's responsibility. While the person in charge had informal communication with the general manager, who was assigned as the provider representative, there were no formal meetings in relation to the operational management of the centre. Furthermore, there were no structures in place to ensure outcomes in relation to residents' health, well being and safety or audit findings were reviewed and actioned by the provider. These are required to ensure the provider has oversight of the quality and safety of care provided to residents living in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required action to ensure it included changes to the complaints procedure, and reflected the current registration conditions for the designated centre.

Judgment: Substantially 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, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that not all complaints were logged in the centre as required. For example, where residents complained regarding food choices and options these were not consistently recorded. The complaints procedure required updating in line with changes to the regulation that was implemented in March 2023.

Judgment: Substantially compliant

## Quality and safety

In general, the inspector found that management and staff working in the centre supported residents to have a good quality of life. The inspector found improvements had been made to the residents' dining experience, care planning and personal possessions, however further action was required in relation to infection control and premises as outlined under the relevant regulations.

Residents living in Mount Alvernia had good access to medical care services, which were provided by a local GP service and from mental health medical staff who attended the centre every week. Health and social care professionals such as dietitian, speech and language therapist and physiotherapist reviewed residents living in the centre following referral from the nursing or medical team. There was evidence of input from allied health professionals when required. The inspector saw that a new nursing care planning documentation system had been introduced since the previous inspection. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and care plans reviewed were person centred and outlined the required interventions to meet the residents needs and preferences. Action was required to ensure that residents care plans were updated when changes in their needs were noted as outlined under Regulation 5 Individualised assessment and care plan.

There were detailed behaviour support plans in place to guide the small number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These plans were designed to minimise the use of restrictive interventions and to promote a restraint-free environment.

Residents' hydration and nutritional needs were being well supported. There was sufficient number of staff available at mealtimes to assist residents with their meals. The inspector saw that there were improvements to the dining experience for residents since the last inspection.

The centre had a link nurse for infection prevention and control assigned for the centre. There was improvement in the oversight and monitoring of residents colonised with multi-drug resistant organisms(MDRO) since the last inspection as well as closer monitoring of antimicrobial usage in the centre. There was adequate resources to ensure the centre was cleaned as required. The inspector saw that renovations had progressed with one of the sluice rooms and one of bathrooms for residents since the previous inspection. At the time of the inspection, an outbreak of influenza was suspected in the centre and the person in charge was liaising with public health ,regarding the management of same and implementation of the centre's outbreak management plan was underway. The inspector saw that action was required to ensure that residents who reported respiratory symptoms were provided with appropriate transmission based precautions in a timely fashion. Oversight of hand hygiene practices required action to ensure all staff complied with the centre's hand hygiene policy and were bare below the elbow, as outlined under Regulation 27; Infection control.

There was an ongoing plan for renovations for the centre and the inspector saw that a number of new wardrobes were fitted in residents' rooms on the third floor of the centre to enhance the storage space for residents' personal belongings. One of the residents' bathrooms had been renovated in the weeks prior to the inspection and there was evidence of ongoing painting and renovating of residents rooms. Further action was required as outlined under Regulation 17 premises.

The person in charge had recently assigned a second activity staff member to support the social needs of residents under 65 years of age living in the centre. A programme of activities to enhance residents links with community services such as arranging visits to the local community centre, attending the local swimming pool and library was in place. Residents were supported to go outside and to go on outings with their family members and friends. Residents had access to radio, newspapers and televisions. Residents' meetings were held and minutes of meetings showed that residents views and feedback were actioned. On the day of inspection, one of the activity staff was on unplanned leave and due to other staff absences, the remaining activity staff member was assigned to caring duties. This meant that there was little meaningful activities available for residents during the morning of the inspection as outlined under Regulation 9; Residents' rights.

## Regulation 10: Communication difficulties

The inspector saw that residents with specialist communication requirements had these recorded in their care plan and staff were aware of their needs.

Judgment: Compliant

## Regulation 12: Personal possessions

The person in charge ensured that there were systems in place to ensure that residents' clothes were laundered on site and returned to residents in a timely fashion. New wardrobes were being fitted on the day of inspection to ensure residents had adequate hanging space to store their clothing in an appropriate manner.

Judgment: Compliant

## Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Care plans reviewed demonstrated that staff consulted with residents to gather information with regard to residents' needs and wishes to support the provision of end of life care.

Judgment: Compliant

## Regulation 17: Premises

The inspector saw that while a number of the findings from the last inspection had been addressed in relation to the premises, the following required action;

- the service lift remained out of order
- paintwork on furniture such as wardrobes and under sink cupboards in some residents' rooms were worn and required review
- the visitors room on the third floor was full of stock and Christmas decorations, therefore could not be used by visitors.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was a sufficient number of staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome.

Judgment: Compliant

## Regulation 20: Information for residents

The information guide for residents was updated on the day of inspection to include details regarding the complaints' investigation and review process.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

On review of a sample of residents' records, the inspector found that there were systems in place to ensure that all relevant information about the resident was provided to the receiving hospital where a resident was temporarily transferred for care.

Judgment: Compliant

## Regulation 27: Infection control

The following improvements were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018).

- staff were observed not to be compliant with bare below the elbow in line with good hand hygiene practices.

- residents who reported respiratory symptoms were not consistently assessed and managed in a timely fashion, in line with guidelines to reduce the risk of onward transmission.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed processes and practice around the administration of medicines. Nurses on duty were knowledgeable regarding residents' medication requirements and safe medicine administration practices. Medications were stored in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that while there were improvements since the previous inspection, they were not always updated when resident's care needs changed. For example, a residents mobility care plan was not updated following changes advised by a physiotherapist. This could lead to errors in care provided.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in the centre had good access to medical care from both a local general practitioner who attended the centre twice a week and from the mental health services teams who attended the centre each week. Residents who required it had access to physiotherapy, dietitian and speech and language therapist. From a review of residents files, it was evident that residents had access to nursing care and wound care management that was evidenced based.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

On the morning of inspection, the inspector saw residents sitting in day rooms with no social stimulation to add meaning to their day.

One privacy curtain in a shared bedroom was missing therefore the resident's privacy may be impacted.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0042355

Date of inspection: 10/01/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>General Manager is going on the Register as the PPIM in Mt Alvernia Hospital. I have been invited to the North Cork Local Area Management Team meetings in St Stephens Hospital .This will strengthen the governance arrangements for Mt Alvernia Hospital .The Registered Provider will be in attendance at these meetings.</p>	
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>The Statement of Purpose has been updated to include Changes in Complaints policy &amp; to update current registration conditions for the designated centre.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

The complaints policy in use in Mt Alvernia Hospital is Your Service Your say. I have inserted an Appendix into the policy to Capture the Changes implemented in March 2023. This along with the Your Service Your Say policy will be displayed in the Reception Hall in Mt Alvernia Hospital.

Regulation 17: Premises

Substantially Compliant

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

1. Painting and Decorating has commenced.
2. The wardrobes & under sink cupboards in Clyda ward will be upgraded.
3. The Visitors room in Avondhu ward had bags in it on the day of the inspection. These bags were clothes belonging to the residents as the wardrobes were being fitted on the day of the Inspection. This room is now cleared
4. The Service Lift will be reviewed & discussed with Deborah Harrington re funding .

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Hand Hygiene training to be rolled out to all staff. All staff reminded of the Standard required in order to be compliant with good hygiene practices.
2. Further training to be given to Staff on the Guidelines of How to deal with Respiratory Symptoms & timely isolation to reduce the risk of onward transmission

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

New Care Plans implemented in January 24.  
 Care Plan Training rolled out to all Staff Nurses. Comprehensive Review every 4 Months.  
 Ongoing Audit of Care Plans to ensure Compliance

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Review of the Bedside Curtains has been undertaken. All the Bedside Curtains are now in Place.</p> <p>Unfortunately on the day of the Inspection the hospital was at the beginning of an Influenza A outbreak. The Activity Coordinator was out sick on the day of the Inspection. Greater Emphasis will be placed on Activities to ensure that the residents have social stimulation in the event that the Activity Coordinator is absent for any reason.</p>	

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/05/2024
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/05/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	29/02/2024
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	31/05/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	29/02/2024
Regulation 34(2)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	29/02/2024

	complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	29/02/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	29/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	29/02/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	29/02/2024

	that a resident may undertake personal activities in private.			
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