



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

## Issued by the Chief Inspector

Name of designated centre:	Waterford Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Passage Way, Waterford, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0007792
Fieldwork ID:	MON-0036535

## About the designated centre

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

Waterford residential care centre is a new purpose built centre set out over two floors. It is built to a high specification and consists of two units of 30 providing a total of 60 beds. The units were named after local Waterford areas surrounding the centre. Ferndale ward: has 28 continuing care beds and 2 respite beds and Farronshoneen ward has 28 continuing care beds and 2 respite beds. All of the bedroom accommodation is provided in single full ensuite bedrooms. There are a number of sitting room and dining rooms in each of the units and additional multipurpose rooms including activity rooms and quiet/ visitor rooms. The variety of communal spaces provided adequate space and choice for residents. There were also other areas along corridors with seating for use by residents. Facilities shared between all units include a large function room, a tranquil room, a hairdresser room, a treatment room, laundry, meeting rooms, overnight room for families, offices, visiting areas and a number of secure outdoor areas. Residents and families also have access to large communal area's near the entrance and in the atrium of the building.

Waterford Residential Care Centre provides 24 hour care for Female & Male residents who require various levels of nursing care from continuing care, rehabilitation and respite care. There is a good ratio of nurses on duty during the day at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:

60

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
Tuesday 14 June 2022	09:30hrs to 18:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

From informal chats with residents and from what the inspector observed, residents were happy living in the centre. There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. Staff were observed to treat residents with kindness and it was clear they knew the residents well.

This was an unannounced inspection and was conducted on one day. The inspector spoke with several residents during the inspection. Feedback was positive from those residents that spoke with the inspector and residents said that they were satisfied with their accommodation, the opportunities provided for them to participate in social activities and with the quality and quantity of food.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking. An opening meeting was then held with the assistant director of nursing (ADON) and clinical nurse manager (CNM) during which the proposed plan for the inspection was discussed.

The inspector was accompanied by the ADON and CNM on a walk about of the centre, where they met with residents and staff. Waterford Residential Care Centre is a purpose built centre, first registered in March 2020. It is set out over two floors, with resident accommodation on both floors. Residents' accommodation was set out in two separate 30-bedded units. Ferndale Unit is on the ground floor and Farronshoneen Unit is on the first floor. All bedrooms are single with en suite bathrooms, each containing a shower, toilet and wash hand basin. The first floor is accessible by stairs and lift. The main door to the premises was open leading to a reception area. Each of the units are access from the main reception area and the doors are controlled by an electronic key code lock.

The inspector observed that all parts of the environment were well maintained. Communal sitting rooms were bright, comfortably furnished and decorated to a high standard. Items of traditional memorabilia made the sitting and dining rooms in these two units comfortable and relaxing. There are a number of secure outdoor areas to which resident have ready access. All residents on the ground floor can access outdoor areas directly from their bedrooms. Residents on the first floor have access to a balcony area containing garden furniture. Courtyards on the ground floor are landscaped to a high standard with shrubbery and raised plant beds. Some residents have taken responsibility for maintaining some of the plant beds and were seen to be gardening on the day of the inspection. During the walk around the inspector observed chair yoga was being facilitated by activity staff in the foyer area of the ground floor and ten residents were enthusiastically participating.

The inspector spoke with a number of residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Feedback from residents on staff was generally positive with

comments such as "they are very good" and "she's lovely".

The inspector observed the mealtime experience in the dining rooms. There are two small dining rooms in each of the units. Food was seen to be well presented. Residents reported that food was very good and they were satisfied with the choices available to them. While the inspector observed that a large number of residents were seen to have their meals in the dining rooms at lunch time, most residents had their tea in their bedrooms. The inspector observed that the residents' evening meal was being delivered to their bedrooms from approximately 4.15pm onwards. In Farronshoeen Unit all 29 residents were in their bedrooms at 4.15pm, either in bed, laying on top of the bed or sitting in chairs at their bedsides. At this time in Ferndale Unit the inspector could confirm that there were six residents in the sitting room and these residents were later observed to be having their evening meal in the dining room.

Residents told the inspector that they were delighted that they can receive visitors again and inspectors observed many visitors meeting with residents throughout the day, having complied with all infection control procedures on their arrival.

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

Overall, this inspection found that there were effective management systems in place, to support the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits of practice to improve services. However, some improvements were required in relation to the management of complaints, staff training and the submission of notifications.

The registered provider of Waterford Residential Care Centre centre is the Health Service Executive (HSE). This premises was first registered as a designated centre for older persons in March 2020 and replaced St. Patrick's Hospital.

There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge (PIC) is an assistant director of nursing (ADON) and has responsibility for overseeing the designated centre. The PIC reports to a director of nursing (DON). The person in charge was not available on the day of the inspection but the DON, the ADON responsible for rehabilitation services and a CNM were available in her absence. The DON has oversight of the designated centre but is also responsible for rehabilitation services and integrated care services, which are located on the same campus. The PIC is supported by a team of nursing, health care, catering, activity

and maintenance staff. Housekeeping services are provided by an external company, as are laundry services. The DON reports to a manager for older person services that in turn reports to a general manager for older person services. The service is also supported by centralised departments, such as human resources and fire and estates. There was evidence of good communication through a variety of forums to discuss all areas of governance.

A restrictive condition had been attached to the registration of this centre to comply with regulation 28, Fire Precautions, due to concerns identified on a previous inspection in relation to the absence of automatic door closure devices on bedroom doors. The date for achieving compliance with regulation 28 had been extended to 31 May 2022 on the basis of an application by the provider that compliance would be achieved by this date. The provider had arranged for a fire safety risk assessment to be conducted on 04 and 05 May 2022. An action plan had been developed by the provider and areas identified for improvement were in the process of being addressed on the day of the inspection. The provider was requested to submit an application to remove the condition, once compliance with regulation 28 was achieved.

The inspector found that the centre was well resourced, in terms of staffing levels. The staffing rosters reflected the staff on duty in the centre on the day of the inspection. While there was a comprehensive programme of training in place, not all staff had completed up-to-date training in mandatory areas. This is discussed under regulation 16.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had recently come out of an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene. The centre had an up-to-date COVID-19 contingency plan, which was reviewed on a regular basis.

There was a good system of oversight of the quality and safety of care delivered to residents through a programme of audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback.

The incident and accident log was examined. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. While there was a clearly identified procedure for the management of complaints, discussions with staff indicated that not all complaints are recorded. This is predominantly in relation to complaints that are considered minor and can be addressed to the satisfaction of the complainant without undue fuss. Complaints provide an opportunity for learning and improvement, and documenting all complaints supports quality improvement processes. A review of complaints logs identified that records of the investigation did not always provide assurance that they were adequately investigated. A review of records also identified that a notification was not submitted in accordance with the requirements of the regulations.

<b>Regulation 14: Persons in charge</b>
The person in charge is an experienced nurse and manager and meets the requirements of the regulations in terms of experience and qualifications.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
On the day of this inspection, the inspector found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Not all staff had up-to-date training in fire safety and safeguarding residents from abuse.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
There were clear lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems were in place enable the delivery of a service to residents that was safe and effective through the ongoing audit and monitoring of outcomes.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was an up to date statement of purpose that accurately reflected the service

and facilities available to residents in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Not all incidents required to be notified to the Chief Inspector were notified within the required time frame. For example, an allegation of abuse was not notified as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Based on discussions with staff and a review of records, not all complaints were recorded in the complaints log.

Complaints records did not always provide assurance that they were adequately investigated.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Policies and procedures detailed in Schedule 5 of the regulations were in place and were updated as required.

Judgment: Compliant

## Quality and safety

Overall, residents were provided with a high standard of nursing and medical care through good access to healthcare services. However, the inspector found that some improvements were required predominantly in relation to residents' rights but also in the area of fire safety, the recognition of allegations of abuse, restraint usage, infection control and medication management.

Residents were consulted through regular residents' meetings and through resident surveys. There was a need, however, to ensure that issues identified for improvement through the consultation process were addressed. There were good systems in place for communicating with residents through informal chats, residents' meetings and also through a newsletter that was published monthly. While there was a good programme of activities and adequate resources were provided to support the provision of activities, many residents spent long periods of time in their bedrooms, including for meals. There was very good access to outdoor space in all areas of the centre and this was readily accessible to residents.

This is a relatively new purpose-built centre that meets the needs of residents in a homely and comfortable manner. All bedrooms are single with en-suite bathrooms. Bedrooms were personalised with residents' memorabilia and photographs. There was adequate communal space that was suitable furnished and decorated.

The premises was bright, clean and in a good state of repair throughout. Housekeeping services were provided by an external organisation. While there were records available to identify when areas of the centre had been cleaned, there were some gaps, particularly in relation to deep cleaning.

The inspector was assured that residents' health care needs were met to a very good standard. There was good access to general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place, to services such as dietetics, speech and language therapy, occupational therapy, physiotherapy, dental and opticians.

A sample of residents assessments and care plans were reviewed by the inspector. Care delivered was based on a comprehensive nursing assessment, utilising a variety of validated tools, which were completed within 48 hours of admission to the centre, in line with regulatory requirements. Most care plans were personalised and provided good detail on the care to be delivered on an individual basis to each resident. A small number of care plans, however, required updating and some required more personalised information.

Approximately sixty percent of residents living in the centre had bed rails in place when they were in bed. This is a high percentage and the inspector was informed that there was a quality improvement project planned to support a reduction in the use of bed rails. While each resident had an assessment conducted prior to the use of bed rails, the assessment document referenced an objective tool to assess the risk associated with the use of bed rails against the risk of not using bed rails. This tool was not routinely being used and therefore the centre's own assessment process was incomplete.

There were measures in place to protect residents from being harmed or suffering abuse. The majority of staff had completed training in adult safeguarding and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. However, there was a need to ensure that all allegations of abuse were recognised and appropriate measures taken in response to those allegations. This is further discussed under regulation 8 of this report.

The inspector found that comprehensive systems had been developed for the maintenance of the fire detection and alarm system, emergency lighting and fire fighting equipment. A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge. As found on a previous inspection, automatic door closure devices were in place on cross corridor fire doors but not on doors to bedrooms, offices or other ancillary rooms. Discussions with staff indicated that they were aware of the need to close doors in the event of a fire and this was incorporated into fire drills. Discussions with residents indicated that they liked to have their bedroom doors closed at night time. The inspector did, however, identify some areas for improvement in relation to fire safety and these are discussed under regulation 28 of this report.

### Regulation 11: Visits

There were adequate arrangements in place for residents to receive visitors, either in their bedrooms or in dedicated visitors' rooms. Visitors were seen to come and go throughout the day of the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

The layout and design of residents' bedroom provided with unhindered access to their wardrobes and facilitated them to retain control over their clothing and personal belongings. Residents had adequate storage facilities for their clothing and personal belongings in their bedrooms. Residents had the option of having their clothing laundered in an external laundry for an additional fee or having it laundered by their family. The additional charge was outlined in the contract of care. This additional fee was under review and the inspector was advised that the laundry service would now be included in the service covered by the weekly fee.

Judgment: Compliant

### Regulation 17: Premises

There was inadequate storage space for cleaning equipment resulting in floor buffers and vacuum cleaners being stored in stairwells of emergency exits.

Judgment: Substantially compliant

## Regulation 26: Risk management

There were adequate arrangements in place for the identification and management of risk, including an up to date risk management policy and associated risk register.

Judgment: Compliant

## Regulation 27: Infection control

Some improvements were required in relation to infection prevention and control. For example:

- wash hand basins in housekeeping rooms did not comply with relevant infection control guidance
- records of deep cleaning of residents' bedrooms were not always completed
- a staff uniform was found resting on radiator in a visitors' room

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Some improvements were required in relation to fire safety, including:

- doors to areas such as offices, a clinical room, and a pantry were held open with waste bins, which is contrary to fire safety guidance
- cleaning equipment was seen to be stored on a fire escape landing on the first floor and in a stairwell on the ground floor. This could potentially cause an obstruction in the event of a fire
- a small number of staff were overdue attendance at fire safety training

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

An out of date medicine was found in the medication fridge.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

There were mixed findings in relation to care planning found on this inspection, as it was found:

- the care plan for one resident in relation to visiting was not reflective of current visiting guidance
- the care plan in respect of managing pain for a resident did not adequately detail the type of pain experienced by the resident or detail pain reduction strategies other than pharmacological interventions

Judgment: Substantially compliant

## Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews. Residents were reported to have good access to general practitioners (GPs). This was confirmed by residents who said that the medical care was good and regular reviews in residents medical notes.

Residents had access to allied health services such as speech and language therapy, dietetic services, tissue viability specialist, physiotherapy and occupational therapy.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was high level of bed rails in place for residents. Thirty five of the sixty residents in the centre had bed rails in place.

A Risk Balance Tool referenced in the the centre's own bed rail assessment document was not routinely used prior the the placement of bed rails.

Judgment: Substantially compliant

## Regulation 8: Protection

An allegation of abuse had not been investigated in accordance with the centre's

own policy on the recognition and investigation of allegations of abuse.

Judgment: Not compliant

### Regulation 9: Residents' rights

A significant number of residents spent a large part of their day in their bedrooms, either in bed, laying in bed on top of bed clothes or in chairs at their bedside. For example, at 4.15pm on the day of the inspection, all 29 residents in Farronshoneen ward were in their bedrooms.

Residents' evening meals were being served at 4.15pm, which is only three hours after lunch. While refreshments and snacks are served later in the evening there is a considerable gap between the main evening meal and breakfast the following morning.

Action plans were not put in place following residents' meetings to ensure that issues raised at meetings were addressed. For example, residents had complained about the quality of the television service at a number of meetings but it was not clear what actions were taken to address the problem.

Residents did not have access to WiFi in the centre.

Residents bedrooms on the ground floor overlooked a courtyard and it was possible to see directly into residents rooms from the courtyard. Plans had been put in place following the last inspection to put a privacy screen on the glass to allow residents see out and this had been done on first floor windows but not on the ground floor.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Waterford Residential Care Centre OSV-0007792

Inspection ID: MON-0036535

Date of inspection: 14/06/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Onsite Fire Training scheduled 2 sessions each day - 06/09/2022 &amp; 14/09/2022</li> <li>• Fire Warden training 2 sessions - 23/09/2022</li> <li>• Online Fire Safety training also available- Immediate &amp; ongoing</li> <li>• Online Safe Guarding training in progress- Immediate &amp; ongoing</li> <li>• Review of Training &amp; Education matrix- notify staff in advance of training expiry dates- Immediate &amp; ongoing</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Regarding incident that was highlighted during inspection:</p> <ul style="list-style-type: none"> <li>• Safeguarding preliminary screening completed by service Designated Safe Guarding Officer &amp; submitted to the Regional Safeguarding &amp; Protection Team- 22/06/2022.</li> <li>• Following review of the Preliminary screening &amp; action plan by the Regional Safeguarding Team the matter is now closed with no further action required - 27/06/2022.</li> <li>• Retrospective NF06 submitted 16/06/2022.</li> </ul> <p>Service Incident Management &amp; Notification Management Process</p> <ul style="list-style-type: none"> <li>• National Incident Management System Form to be completed immediately by staff</li> </ul>	

directly involved in the incident and HSE incident management Policy & Process to be adhered to - Immediate & ongoing

- Incident to be notified to PIC or PPIM within 24 hours or immediately depending on the nature of the incident. If the incident occurs outside normal working hours the ADON/DON on call is to be notified immediately. A report of any incident that occurs to be reported on the night report form from each unit and forwarded to the ADON's office on a daily basis before 7.30am- Immediate & ongoing
- PIC & PPIM to ensure that all notifications are submitted within the 72 hour time frame- Immediate & ongoing
- Safeguarding Preliminary Screening where indicated, is to be completed by Service Designated Officer within 72 hour timeframe & submitted to Regional Safeguarding & Protection team - Immediate & ongoing
- Two additional Designated Officers for the Service to be trained- 31st October 2022
- Report of all incidents & current status to be reported at monthly Clinical Nurse Manager meeting & this information is then to be reported back at each unit's monthly ward meeting. - Immediate & ongoing

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- All staff to follow The HSE Complaints process, Your Service, Your Say, which is divided into Four Stages- Immediate & ongoing

Stage 1 is an informal stage, where a complaint is made verbally, and resolved locally and quickly.

Stage 2 is the start of a formal complaint, and involves making a written complaint.

Stage 3 is an internal review in the HSE if a person is not happy with the outcome of the complaint they made under Stage 2.

Stage 4 is when a complaint goes to independent review. This means an external organisation, such as the Ombudsman or the Medical Council, receive the complaint. A person can request an independent review if they are unhappy with the outcome of the stage 2 or stage 3 process.

- All complaints are to be recorded in the Complaints log in each unit, required actions & resolutions to be recorded also- Immediate & ongoing
- If complaint cannot be dealt with at ward level, it is to be escalated immediately to ADON or DON (complaints officer). Following review of our current system we now have a complaints log for complaints that are not resolved at ward level in our ADON's office: complaint to be logged, action required & resolution to be documented- Immediate & ongoing
- Clinical nurse managers from each unit to bring their complaints log to monthly CNM meeting, where complaints will be reviewed & signed off where appropriate by PIC or PPIM - Immediate & ongoing
- Complaints & management of complaints to be a fixed agenda item for discussion at

monthly ward meetings - Immediate & ongoing	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>Review of all equipment onsite &amp; remove any that is not required from the premises. Health &amp; Safety walkabout inspection &amp; action plan to include hospital management, technical services, fire officer, cleaning services, catering services &amp; representative from nursing staff scheduled-30/08/2022</li> <li>As part of this process suitable storage areas to be identified &amp; necessary works to be carried out- November 2022</li> <li>Additional storage space will also be available for the service, when refurbishment works are completed in the Rehabilitation Unit- November 2022</li> <li>Remove all equipment from stairwells of emergency exits 14/06/2022- Immediate &amp; Ongoing</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>New taps which meet infection prevention and control requirements installed onto all hand washing basins in cleaning rooms- Completed 16/07/2022</li> <li>Records of deep cleaning of resident's rooms to be monitored by cleaning supervisor &amp; CNM's, new folder which contains record of deep cleaning of residents rooms is now kept with the CNM of each unit, the person who deep cleans the room has to report to the CNM and complete the itemized record- 23/06/2022 &amp; ongoing.</li> <li>Staff uniform removed from visitors room &amp; staff returned to using designated changing rooms – 15/06/2022</li> <li>Hygiene audits completed monthly by Cleaning Services Manager &amp; action plans created, these are circulated monthly to Clinical Nurse Managers of each unit to action- Immediate &amp; Ongoing.</li> <li>Infection prevention &amp; control training &amp; education – Completed &amp; ongoing</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety to include Fire Safety walkabout inspection &amp; action plan to include fire officer, technical services, hospital management, cleaning services, catering services &amp; representative from nursing staff scheduled. 30/08/2022</li> <li>• Additional storage space will also be available for the service, when refurbishment works are completed in the Rehabilitation Unit- November 2022</li> <li>• Remove all equipment from stairwells of emergency exits 14/06/2022- Immediate &amp; Ongoing</li> <li>• Onsite Fire Training scheduled 2 sessions each day - 06/09/2022 &amp; 14/09/2022</li> <li>• Fire Warden training 2 sessions - 23/09/2022</li> <li>• Online Fire Safety training also available- Immediate &amp; ongoing</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Out of date medicine removed &amp; disposed of with immediate effect- 14/06/2022</li> <li>• Weekly checklist of fridge items &amp; stock rotation introduced- 16/06/2022</li> <li>• New pharmacy service provided by an external company will be commencing in the service 24/08/2022, this company are currently in the process of providing education and training to staff as part of the transition. Once this service is established all aspects of medication management within the service will be provided by the company in collaboration with our nursing staff &amp; medical officer. Medication review, auditing and ordering of medication will be supported by the companies pharmacists. 24/08/2022 &amp; ongoing</li> <li>• Medication management training provided on line via HSE land- Immediate &amp; ongoing</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• Current care plan audit system within the service is the Nursing Metric system; these audits are carried out &amp; actioned on a monthly basis for each unit. We are currently in the process of changing our auditing system and reviewing an alternative more Person Centred tool/system to the Nursing Metrics- February 2023</li> <li>• Four Care Planning workshops with a focus on Care Plans being a true reflection of</li> </ul>	

Resident's needs scheduled for- September 19th & 20th 2022

- The need for our care plans to reflect our resident's needs in a Person Centered manner to be a discussion & action item on CNM meetings & ward meetings for months of September, October & November 2022.

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

- Quality Improvement Plan in place to reduce restrictive practices in place- Immediate & ongoing.
- Restrictive practice training & education scheduled for - September 21st, October 19th & November 16th 2022.
- Restrictive Practice service audit scheduled- July 2022
- One CNM 1 & staff nurse currently undertaking training to become Dementia education facilitators. The training that they will facilitate for the service will include behavior that is challenging – November 2022
- The service has received an additional new post Advanced Nurse Practitioner in Dementia Care , interviews were held on the 11/07/2022, the successful candidate has been offered the post and will be processed through HSE recruitment- October 2022

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection: Regarding allegation of abuse that was highlighted during inspection:

- Safeguarding preliminary screening completed by service Designated Safe Guarding Officer & submitted to the Regional Safeguarding & Protection Team- 22/06/2022.
- Following review of the Preliminary screening & action plan by the Regional Safeguarding & Protection Team the matter is now closed with no further action required -27/06/2022.
- Retrospective NF06 submitted 16/06/2022.

Service Incident Management & Notification Management Process

- National Incident Management System Form to be completed immediately by staff directly involved in the incident and HSE incident management Policy & Process to be adhered to - Immediate & ongoing

- Incident/allegation to be notified to PIC or PPIM within 24 hours or immediately depending on the nature of the incident. If the incident occurs outside normal working hours the ADON/DON on call is to be notified immediately. A report of any incident that occurs to be reported on the night report form from each unit and forwarded to the ADON's office on a daily basis before 7.30am- Immediate & ongoing
- PIC & PPIM to ensure that all notifications are submitted within the 72 hour time frame- Immediate & ongoing
- Safeguarding Preliminary Screening where indicated, is to be completed by Service Designated Officer within 72 hour timeframe & submitted to Regional Safeguarding & Protection team - Immediate & ongoing
- Three additional Designated Officers for the Service to be trained- 31st October 2022
- Report of all incidents & current status to be reported at monthly Clinical Nurse Manager meeting & this information is then to be reported back at each unit's monthly ward meeting. - Immediate & ongoing

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Regarding residents, spending large amounts of time in their bedrooms on either their beds or sitting at their bedsides all current practices are under review by both PIC & PPIM. We are also going to work directly with ward staff on various shifts to get a practical assessment of current practices. DON/PPIM will work the following shifts directly hands on Faronshoneen unit commencing week 22nd August 2022 :
  - 7.45am-2pm
  - 2pm-17.00pm
  - 17.00pm-20.30pm
  - 20.30pm-8.00am
- We have also enrolled the help of the HSE Workforce Development & Improvement department to work with our CNM's to provide supports in order to challenge practices and help with overall cultural changes required. Please see below program for July-November 2022:
  - Wednesday 6th July 10a – 1pm Managing Challenging Situations in the Workplace
  - Wednesday 21st September 10am – 1pm Stepping out of the Drama, our own & other peoples
  - Wed 12th October 10am – 1pm Working Styles – Helping us to work to our strengths & that of others
  - Wed 16th November 10am – 1pm Values, Beliefs & Assumptions – Understanding others & ourselves better.
- We have submitted training submission request for additional:
  - Designated Safe Guarding Officer training X 3 ( 2 ADON's & 1 CNM)
  - Systems Analysis Training X 3 (1 DON & 2 ADON's)
  - Effective People Management training X 5 ( 2 ADON 5 CNM's)
  - Submitted 18th July 2022
- An additional five Catering Assistants have been recruited and commenced induction

27th June 2022. We plan to review our catering practices and with the view to making changes to current mealtime delivery. – Immediate & Ongoing

- Although regular Resident's forum meetings were taking place with some follow-up actions, we have introduced a more robust system of recording meetings & follow up action plan. Any issues that are not addressed are forwarded onto ADON/PIC & DON/PPIM- Immediate & Ongoing
- WIFI- continuing to work with Technical Services & HSE IT services to resolve this issue, at the moment we don't have a definite time frame to resolution but continues as a priority issue.
- Privacy screen to Resident's external windows working with Technical Services & HSE Estates to resolve.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
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	28/02/2023
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	16/06/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	05/12/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/06/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been	Substantially Compliant	Yellow	16/06/2022

	dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	16/06/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	19/07/2022
Regulation 34(2)	The registered	Substantially	Yellow	19/07/2022

	provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Compliant		
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	30/11/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/11/2022
Regulation 8(3)	The person in	Not Compliant	Orange	15/06/2022

	charge shall investigate any incident or allegation of abuse.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	28/02/2023
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.	Not Compliant	Orange	28/02/2023
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	16/06/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	28/02/2023