



**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 Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 February 2021
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0031566

About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the Elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both Male and Female, over the age of 18 years. Accommodation is provided on four units, Primrose Place (26 female), Clover Meadow (30 male), Lavender Vale (25 female) and Heather Rest (11 male and female). Bedroom accommodation is mostly multi-occupancy three and four bedded rooms. There are 2 twin rooms and four single bedrooms- two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
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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 25 February 2021	10:25hrs to 16:30hrs	Liz Foley	Lead
Friday 26 February 2021	09:45hrs to 14:25hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents received a good quality of care in this centre and were supported by experienced and competent staff. The premises however impacted on the daily lives of residents and challenged staff to provide the person-centered and compassionate care observed. The premises also impacted on the safety of residents with regard to appropriate fire containment in parts of the building.

On arrival at the centre the inspector was guided through the centre's infection control procedures. This large centre was spread out over four units, all on the ground floor. The premises was constructed in the late 1970's and had been reconfigured over time. Total bedroom accommodation consisted of 13 four bedded rooms, 10 three bedded rooms, three twin rooms and four single rooms. There were several large and small sitting rooms, lounges, dining and recreational spaces available to residents. A large chapel was situated near the main entrance and was available for all denominational celebrations. The residential units consisted of Lavender Vale and Heather Rest which were situated on one side of the building. The administration corridor which contained the chapel, the main dining room and kitchen divided the centre in the middle and Primrose Place and Clover Meadow were situated at the other side of the building.

The inspector observed care practices and spoke at length with nine residents to gain an insight of the lived experience in the centre. On arrival the inspector observed a small group of residents in the chapel where a TV was showing live mass from a local parish. In the absence of religious ceremonies in the centre, residents appreciated the opportunity to watch the mass in a space that had significant meaning for them. Residents were observed mobilizing along the centre's long corridors, both independently and supervised. There was a very relaxed and friendly atmosphere in the centre and it was obvious that residents were the focus of service provision. Staff were observed providing very respectful, person-centered care and residents told the inspector that staff went 'above and beyond' for them.

Efforts had been made to make the centre homely with furniture, art work, tapestries and well maintained gardens. However, the poor condition of the premises was impacting on the quality and safety of the residents who lived there. For example, peeling paintwork, exposed pipes, exposed plaster work, damaged flooring and evidence of leaks and mould on some ceilings. Hence it was not possible to effectively clean the environment to the standard required for residential accommodation or to meet the national infection control guidelines. The majority of residents were accommodated in shared bedrooms of up to four people. Some residents were unable to carry out personal activities in private. Privacy screening consisted of curtains and therefore conversations, noise and smells could not be excluded. Residents told the inspector their sleep was regularly disturbed from noise in shared rooms. In most bedrooms one TV was available and a consensus on what

to view had to be reached, individual preferences could not always be accommodated.

The centre was warm and generally clean throughout, with the exception of the areas that staff could not effectively clean due to the poor condition of the premises. Housekeeping staff were competent and described the increase cleaning requirements for COVID-19, including appropriate solutions and frequencies. There was adequate supplies of PPE and cleaning equipment and records were maintained of daily cleaning and disinfection in all areas of the centre. Hand gel dispensers were available in convenient locations throughout the centre to support good hand hygiene among staff and residents. Social distancing required review. Large congregations of resident were observed in some of the centre's day rooms and in the main dining room. This practice contradicted the many efforts and procedures in place to help reduce the impact of and prevent an outbreak of COVID-19, and was not in line with the national guidance. If a resident had become positive with COVID-19 there was a risk that it could spread potentially to a large cohort of residents in one area.

The dining experience was pleasant and residents had a good choice of home cooked meals and home baking. Residents were highly complementary of the choice and quality of the food provided. Meals were well presented and staff were available to help residents who required assistance with meals. Residents could choose to have their meals in the main dining room, the dayroom or their bedroom.

Residents were kept up to date with changes to visiting rules and had opportunities to attend meetings and give feedback to the provider on the service they received. Residents said they had nothing to complain about but if they did they could give feedback or suggestions to any staff member, and issues were normally dealt with swiftly. Activity provision was good and residents enjoyed the varied group and one-to-one activities provided. There were extensive gardens and animals on site which some residents visited and enjoyed, weather permitting. Residents who enjoyed gardening were encouraged and facilitated to continue with this. Residents consistently praised the staff for their hard work, dedication and support particularly during the past year. Residents really missed their families and while they could have window visits and speak to them regularly they looked forward to having proper indoor visits again soon.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Prior to the recent COVID-19 pandemic, St Coleman's Residential Care Centre, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for. However, significant non-compliances with regulation 28 Fire precautions were found and an urgent action plan was issued to the provider following the inspection. There was ongoing non-compliance with premises which was not fit for its intended purpose and impacted on the quality and safety of care. Management were responsive to the findings of the inspection and were taking steps to come into compliance with infection control and staffing issues identified.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in centre have been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

The registered provider was the Health Service Executive (HSE), which had a nominated provider representative who worked in a different location and was available remotely. The Person in Charge was responsible for the daily operation of the centre and was supported by an Assistant Director of Nursing. There were four Clinical Nurse Managers, one in each of the centres units/wards who were supported by nursing, caring, housekeeping, activities and catering staff. The senior management team were supported by administration and accounts staff on-site. The person in charge also had responsibility for the day-care service which was temporarily closed because of COVID-19 and for 12 independent housing units on site. The service managed pensions for several residents and there were robust procedures in place in line with the Department of Social Protection Guidelines. Garda vetting was in place for all staff in the centre and available for the inspector to view.

A review of resources was required in order to ensure safe systems and staffing levels were in place to care for residents, particularly in relation to fire risks, infection control and staffing risks found on inspection. The centre was not sufficiently staffed to cope with an outbreak of COVID-19. The current staffing arrangements provided for one nurse on duty on each unit at night to provide nursing care to the residents. One unit was the protective isolation area for the centre and had one nurse and one carer on duty at night. All admissions and transfers from the acute hospital spent two weeks in isolation in single room accommodation in this unit in line with the national guidance. At night the staff looked after both residents who were isolating and COVID-19 negative residents, this is not in line with the guidelines or best practice for safely cohorting suspect from negative cases. Social distancing required review in order to enable residents to continue to socialise in a safe manner. Centre management were undertaking to review these practices to ensure safe and appropriate care for all residents in the centre. Residents and staff had completed the COVID-19 vaccination programme and staff continued to participate in routine screening for COVID-19.

Staff had access to appropriate training and were supported to provide person-centered care in accordance with the centre's statement of purpose. Online training

had replaced traditional classroom based training where practical in response to the COVID-19 emergency. There was an ongoing schedule of training in place to ensure the training needs of staff were met. Centre management took immediate steps to review fire training needs in response to specific risks found on inspection. An external fire safety company were providing on-site fire training during the inspection.

Oversight of risks required review, for example, risks associated with fire, infection control and staffing had not been identified. Systems to monitor the residents experience and quality of life in the centre also required review. There were lost opportunities for the service to measure and capture the satisfaction that residents expressed, for example, with the food quality and activity provision. A regular schedule for audits was in place, however the documentation did not always support the quality improvements which were ongoing in the centre. For example, residents dining experience was very good and this had not been captured as a measure of effective practice. Similarly, documentation did not always track the outcomes completed from meetings and audits and it was not always obvious how they informed quality and safety improvements.

Regulation 15: Staffing

In order to minimise the impact of COVID-19 infection or cope with an outbreak a separate nurse led team is required to care for residents who are suspect and residents who are negative. The staffing resource at the time of inspection did not facilitate this practice in line with the national guidelines. The registered provider was undertaking a review of staffing to ensure the number and skill mix of staff was meeting the assessed needs of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed training in infection prevention and control specific to the management of COVID-19, correct use of PPE and hand hygiene. Information submitted following the inspection confirmed that gaps in mandatory training were being managed and a training schedule was in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

Systems in place to monitor the quality and safety of the service required review to ensure that services and residents' experiences were monitored and informed improvements in the centre. Documentation required review to ensure that feedback from residents, management meetings and audits were informing quality and safety improvement in the centre.

Staffing resources required review to ensure sufficient staff were available to provide safe cohorted care in the context of the national public health emergency due to COVID-19.

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. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception and in each unit. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centres policy. Centre management were undertaking to review documentation forms to ensure they contained required information. Residents were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was very good and window visits continued in line with level five restrictions. In contrast, the use of restrictive practices was high and not in line with national guidance on promoting a restraint free environment. The design and layout of the premises was impacting on the quality and safety of care and there were active risks associated with fire safety and infection control.

Overall the management team had a proactive approach to risk management in the centre and arrangements were in place to mitigate or eliminate any of the identified risks. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for most of the risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. However, risks associated with fire containment and evacuation, infection control and staffing resources had not been identified.

Fire doors in parts of the centre did not have automatic closing devices and bedroom doors were usually left open during the day and at night time to allow staff to monitor and observe residents in these rooms. There was no risk assessment of the impact of this on residents or controls to mitigate the risk. Automatic door closers are important as they can delay the spread of fire and allow time to evacuate residents. The performance of these door sets was not optimal, as when they were closed there were visible gaps and many of them did not have intumescent strips, which are important to seal the door from smoke and gas in the event of fire. This was discussed over two days of the inspection with the management team who informed the inspector that one half of the centre had had an upgrade to the fire doors. The management team undertook to ensure that staff working in these areas understood the importance of closing all doors when the fire alarm sounded as this was not currently the practice nor was it in the centre's fire procedures. Seven bedrooms in Lavender Vale had two sets of doors, one on either side of the room. One set of doors appeared to be standard glass double patio doors; the fire performance of these doors was also not known.

There were concerns about the safe evacuation of residents from large compartments within the centre when staffing levels were lowest. Fire drill reports did not provide assurances that residents would be safely evacuated in a timely manner, for example, in Lavender Vale where nine high to maximum residents resided in one compartment. A fire drill which simulated night time staffing levels was practiced during the inspection however, further assurances were required to ensure a safe and timely evacuation of all residents in the event of a fire. An urgent action plan was issued to the provider following the inspection for further assurances regarding fire safety in the building.

The design and layout of the premises was not meeting the needs of residents. The premises had been an ongoing risk and the provider had put in place plans for a new build. There was no date for commencement or completion of the new building and the current premises was impacting on the quality and safety of the residents' daily lives. Both staff and residents had become desensitised to the effects of the

environment on the daily experience of the resident. For example, wards were noisy, smells pervaded the air, and residents could not carry out personal activities in private. Staff were observed providing person-centred and compassionate care in an environment that challenged the privacy and dignity of the resident. Multi-occupancy bedrooms were not conducive to privacy and dignity as all residents and staff could overhear conversations when care was being provided. Residents told the inspector about disrupted sleep from noise in multi-occupancy rooms. Areas of the centre were in disrepair for example, exposed pipes, plaster exposed and water marks on ceilings and obvious leaks around roof windows, visible mould on ceilings, peeling paint. One sluice room did not have appropriate racking to dry or store shared equipment. The service had converted some spaces to ensure that the minimum requirement was met in terms bathrooms and toilets. However, the location of bathrooms required further consideration as in some cases residents had to travel long distances from their bedroom to access sanitary facilities.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent and manage an outbreak of COVID-19. Staff and management had worked hard to date and had managed to avoid an outbreak in the centre. Robust systems were in place for people entering the centre for essential reasons and staff were observed to comply with the correct use of personal protective equipment and hand hygiene. The provider had reconfigured spaces and reduced bed numbers in order to provide an area where residents could be isolated safely. Staffing resources for safe cohorted care as per the national guidelines required review, this is discussed under staffing. Social distancing required review to allow residents to safely socialise within the recommended pods as per the national guidance.

The general standard of care planning was good with validated health care assessments used to inform person-centered care plans which reflected the changing needs of residents. Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable and skilled at identifying and preventing episodes of responsive behaviour and behavioural assessments were regularly carried out. These assessments mostly informed effective care planning and resulted in a reduction in the number and intensity of episodes for residents. Improvements were required in the documentation of behavioural triggers in care plans, as they did not always reflect the detailed and person-centered interventions that staff described.

The use of restrictive practices in the centre was very high with 45% of residents using bed rails. Risk assessments were completed for bed rails however, less restrictive alternatives were not always trialled in line with the national guidance, and in some cases less restrictive options like half bed rails were not available. Safety checks were in place and carried out correctly and in line with the national guidance. Practices required review in order to reduce the use of restrictions and promote a restraint free environment.

There was a successful activities programme running in the centre which was evidenced by multiple activities occurring throughout the centre over the two days

of the unannounced inspection. Residents had a choice of small group and one-to-one activities and all staff played a role in providing social stimulation and company for residents. Activity provision had been adapted and enhanced in order to ensure the safety of residents in the context of the COVID-19 emergency and to help reduce the impact that the absence of visiting had on residents. The centre kept small animals on site and residents continued to visit them when weather permitted. Sensory based activities were provided for residents with advanced needs and the centre had developed a dedicated sensory room to facilitate this. Residents were very complementary about the activities which had continued throughout the pandemic. Regular residents' meetings were held, however the documentation did not always support the resident led and focused improvements found. Residents' choice was respected within the confines of the service. While religious services were temporarily suspended, these were available remotely by TV and radio with some residents choosing to attend prayer groups.

Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. Residents who were very ill or at their end of life were facilitated with indoor visits on compassionate grounds. Window visits continued in a safe manner in several areas throughout the centre in line with the national guidance.

Judgment: Compliant

Regulation 17: Premises

The premises was not meeting the needs of individuals and was impacting on the safety, privacy and dignity of the majority of residents. This is an on-going non-compliance and on previous inspections the management team had outlined plans to construct a new building which would meet the needs of the residents; this building had not commenced construction.

The registered provider was not providing a premises which conformed to the matters set out in schedule 6 of the regulations. The major impact of this was on the daily experience of the majority of residents living in the centre, for example, lack of privacy to perform basic care, noise, risk of infection and fire evacuation risks.

Judgment: Not compliant

Regulation 26: Risk management

Hazard identification and assessments of risks throughout the designated centre required improvement as risks associated with fire containment and evacuation, infection control and staffing resources had not been identified; these are discussed under each regulation.

Judgment: Substantially compliant

Regulation 27: Infection control

A review of the arrangements for social distancing of residents was required. Large congregations of residents were observed in day rooms and dining rooms over two days of the inspection. The risk of cross contamination of COVID-19 was high should it occur in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire doors in Lavender Vale and Heather Rest required review to ensure they provided sufficient protection in the event of a fire. These doors did not have automatic closers, gaps were seen in the doors when closed and doors did not have intumescent strips. The fire performance of glass double doors in seven bedrooms also required review to ensure they were up to the relevant fire standard. The risks associated with the current standard of fire doors in Lavender Vale and Heather Rest had not been identified by the provider and required review.

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. A simulated fire drill had been practiced in the centre's largest fire compartment based on minimum staffing levels during the inspection. However, further assurances were required that the residents in large compartments could be evacuated in a safe time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was generally good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. Staff were very familiar with residents care needs and preferences.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. The GP attended daily Monday to Friday and residents had access to a Consultant led Psychiatry of Older Age service in the centre when required. Allied health professionals, for example, physiotherapy, occupational therapy, dietician, speech and language therapist, chiropody supported the residents on site where possible and remotely when appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices required review. The use of restrictive bed rails was high, with 45% of residents using bed rails at the time of inspection. This was not in line with the national guidance and there was little evidence of progress in reducing or eliminating the use of restrictive practices.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The majority of residents could not undertake personal activities in private. The privacy and dignity of residents in shared bedrooms was impacted on by noise, smells and disruptions from others living in this shared space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0031566

Date of inspection: 26/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment campaign is underway – Interviews 8th, 9th and 10th March 2021 for Staff Nurse vacancies to be filled.12.0 WTE.</p> <p>Staffing resources and skill mix is reviewed daily in line with Resident's assessed needs and in accordance with daily handover (from previous night-shift). Resident`s care plan needs are updated daily in line with National standards.</p>	
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>Resident Committee – meetings feed requests and information to Management.</p> <p>Residents Newsletter is a valid source of detailed information to residents and family in relation to life and events in the Centre. It captures the daily experiences of the residents.</p> <p>Integrated Quality, Risk and Safety Committee captures specific requests and risks posed for residents of the Centre. Resident requests are feed into this format from the resident committee meetings. All incidents and significant events are reviewed and evaluated in line with the HSE's Incident Management Framework. Analysis of same informs mitigation factors and strategies and ensures escalation where appropriate and/or necessary.</p> <p>We have added to the minutes of those meetings which are planned to take place</p>	

quarterly to capture those items addressed or open and not yet achieved to the satisfaction of the residents.

Key Performance Indicators are identified for review in this regard Food provision and satisfaction audit and Residents satisfaction surveys in 2021 are in plan to assess and guide service improvement. These audits will be priority in the next 6/12.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider has engaged specialist advices in terms of remedial action to address deficiencies in the infrastructure as interim to the commencement of construction on site of a replacement facility in line with plans approved. The HSE has proceeded to tender stage in respect of the overall construction project as planned and will commence construction on site in late 2021/early 2022.

Tenders have already been returned in respect of remedial work within the existing facility which will involve interior decoration in Clover Meadow/Primrose Place & Lavender Vale and work on the plumbing and heating system with Lavender Vale is also agreed. Additional works on the roof area adjacent to Lavender Vale/Heather Rest is also approved. Resources have already been made available to address these necessary works and therefore work will commence on site in early April in this regard. Significant infrastructural (internal) improvements (painting & decoration including remedial actions to enhance environmental aspects impacting on IPC practices) identified during Inspection will be completed by 31/08/2021

The Provider is also reviewing further Fire Safety obligations in Lavender Vale with further engagement planned with the Inspector to identify necessary works as interim to the delivery of phase 1 of the overall construction project (which will deliver replacement accommodation for residents of Lavender Vale and Heather Rest). A full Fire Risk Assessment is in train at present. On site fire drill have been enable since Inspection in the presence of the HSE's Fire Safety Officer to ensure appropriate fire safety responses and improvement measures are in place while awaiting the overall fire safety risk assessment on Lavender Vale.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Report has specified three risks –

1. Fire Containment and Evacuation
2. Infection Control meeting NEPH Guidelines
3. Staffing Resources

Risks identified and risk assessments completed on each area identified and captured on risk Register – escalation of these risks to Social Care Risk Register with Head of Social Care. (These matters are referred to under Regulation 17)

Risk Assessments completion: Risk Register review – All managers of the Centre will review quarterly basis and the outcomes of review will inform IQRS and escalation to Social Care risk Register.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Infection Control practices at the Centre are in line with best practice and in accordance with ongoing support and direction provided by the Department of Public Health, however, the Provider accepts that specific areas of the Centre are not conducive to appropriate application of our standards due to some deficiencies in infrastructure. The Provider has set out a strategy in response to Regulation 17 (premises) to address these deficiencies.

The Provider accepts that a review of Social Distancing is required as sitting room was over crowded on day of inspection.

Our Plan is to separate the sitting room for use by residents of Clover Meadow and create a new additional sitting room as part of the present dining room space on the main corridor. These spaces will then become designated sitting/dining spaces for residents of Clover Meadow and Primrose Place. The number of residents involved is 56 belonging to Primrose Place and Clover Meadow and the Provider is assured that the creation of this additional dedicated space will ensure appropriate social distancing to support enhanced infection control measures.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations;

Major works are continuing across the Centre as part of renewal of doors and update of fire compartments within the fire plans review.

Lavender Vale and Heather Rest have been identified as a priority area for upgrade. A detailed review is underway by the HSE Fire Safety Officer and further engagement is proposed with the Regulator to refine the works required and develop an overall time-bound plan for such works.

The Provider Representative will be communicating formally to the Inspector on this specific aspect of the Compliance Plan in line with previous communication issued to the Inspector on the 15th of March 2021.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

There is a specific policy in place to guide and direct responses to the management of behaviours that challenge. A review of this policy has not been enabled due to the impact associated with the on-site challenges related to the management of Covid-19

Restrictive Practices will be reviewed in the form of an audit of bedrails and this will be completed by 31st May 2021.

This audit shall inform the Centre's policy in the use of bed-rails. Attempts to reduce the use of bedrails in considering alternatives trialed shall be available for all residents for review by the 31st May. Clarity shall be sought for those wishing to have a rail as a comfort measure attached to one side of their bed. Discussion has taken place in relation to bed sizes which are smaller than the beds in the home situation.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The planned new build will meet the requirements of patient rights for individual space. Presently without the build we are not going to achieve this standard but shall attempt to reduce its impact on the residents who reside in St Colman's. Consideration to shared accommodation unfortunately must be part of life in St Colman's for the immediate

future. This is identified in the St Colman's residents Guide. Night time noises /smells review shall be part of the new satisfaction survey. This audit shall be completed by June 30th, 2021. Findings shall inform outcomes of shared living and attempts to resolve shall be prioritized with Residents input being the uppermost consideration for initiatives and developments proposed to Provider.

In the interim management and staff at the Centre will take all appropriate action to maintain and enhance the privacy of dignity of residents while seeking opportunities to improve mechanical and natural ventilation systems throughout the Centre.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2023
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	30/06/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Not Compliant	Orange	30/06/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2021
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.	Not Compliant	Orange	30/06/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/03/2021
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,	Not Compliant	Orange	30/06/2021

	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.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	15/03/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/03/2021
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	Substantially Compliant	Yellow	31/05/2021

	as published on the website of the Department of Health from time to time.			
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	30/09/2021
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	30/09/2021