



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2021
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0033655

About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 22 residents. The bedroom accommodation comprises of 2 four bedded wards, 3 three bedded wards, 1 single room and 2 double rooms. Bathrooms and showers are available throughout the centre. Communal space comprises of a day room, conservatory and dining room. St Joseph's Community Hospital provides 24 hour nursing care to both male and female residents aged over 65 years requiring continuing, respite, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

17

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 July 2021	07:50hrs to 16:30hrs	Ella Ferriter	Lead
Thursday 8 July 2021	07:50hrs to 16:30hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

The inspectors met and spoke with six residents during the inspection of Millstreet Community Hospital. Overall, feedback from residents was that staff were caring and kind and they were happy living in the centre. Residents reported that communication in the centre was good, and that they had been kept up-to-date regarding the restrictions posed by the COVID-19 pandemic. Inspectors spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there.

The inspectors arrived to the centre for an unannounced inspection. At the time, there was a change of shift, and the inspectors had the opportunity to attend the handover between day and night staff. Information communicated was comprehensive and highlighted the care needs of each resident and issues to be followed up on during the day, for example, wound care and medical review. On entering the centre it was observed that the centre had infection prevention and control processes in place, and staff were observed adhering to good practices in hand hygiene and in the wearing of personal protective equipment throughout the day.

Millstreet Community Hospital is two storey building located on the outskirts of Millstreet town, Co. Cork. Resident accommodation is all located on the ground floor, and the first floor comprises of staff facilities and offices. The centre is registered to accommodate 22 residents. Bedroom accommodation consists two four bedded rooms, three triple rooms, two twin rooms and one single room. Bedrooms do not have en suite facilities, however, there are adequate communal toilets, proximal to each bedroom. On the day of this inspection there were 17 residents living in the centre. One triple room was empty and allocated to isolate residents, if required due to COVID-19.

The inspectors were guided on a tour of the premises by the director of nursing. It was evident that residents knew him well, and he was articulate regarding the clinical care requirements of each resident. On the walk around, inspectors noted that residents bedroom wardrobes were small and there was limited space available to store clothes and personal possessions. As a result, personal possessions were stored on top of wardrobes, in boxes, or in an adjacent building, therefore, were not easily accessible to residents. Access to television for some residents also required review, as inspectors observed that in some four bedded and triple rooms, residents did not have access to the television and could not view it from their bed space.

There was a major building and refurbishment programme of work on-going in the centre. It was evident that residents had been informed about the building work currently taking place. Residents told the inspectors they were very excited about the new premises and looked forward to having their own rooms and more space. The inspectors observed a large floor plan of the new premises, just inside the front door. Residents had written their names to indicate what bedroom they would like,

when the build was complete. Most of the residents had chosen a room to the back, which overlooked the mountains. As a result of the current building work the layout and size of the residents communal space had been reduced, as the main sitting room had been recently demolished. The current premises did not reflect the layout of the centre's registered floor plan. Therefore, the communal space available to residents was limited to a dining room and a sun room. This was not sufficient to accommodate all residents living in the centre, resulting in some residents remaining by their bedside. The completion of this new premises was estimated to be in October 2022. Access to a safe outdoor space for residents also needed to be addressed. The internal courtyard was no longer accessible, due to current building work. Although there was a paved area to the side of the building, it was not secure and there was no furniture available for residents use. The inspectors did not observe any residents outdoors on the day of this inspection which took place on a warm day in July.

The inspectors observed that the ventilation was poor in some bedrooms and in the dining room of the centre, as the windows could not be open. This was as a result of the current building work and risk of aspergillus infection. Portable air filtration systems were in place, however, they were not in use on the day of this inspection. This was discussed with the management team, who responded immediately, assuring inspectors that this would be reviewed and the infection prevention and control specialist would be consulted with.

The inspectors observed interactions of staff and residents, and saw that residents were treated with kindness and respect. Staff knew residents' preferences and routines and these were facilitated in a caring manner. Staff were seen to be supportive of residents communication needs and were observed listening to residents and giving them time. Residents spoke very positively about staff, reporting they were kind, caring and respectful. Inspectors observed that interactions were very person centred, and it was evident that staff knew the residents well. Staff were observed assisting and attending to residents in a friendly and respectful manner throughout the day. Residents looked well cared for, and had their hair and clothing done in accordance with their own preferences. Inspectors heard staff asking residents what they would like to wear and how they would like their hair done.

There was a member of the care staff allocated to activities. There were group games in the afternoon and staff were observed assisting and encouraging residents in playing board games and doing puzzles. However, the layout of the centre and limited communal space did not facilitate opportunities for group activities. The inspectors observed that early afternoon a few residents were facilitated to say the rosary in the sun room and following this a healthcare attendant sang a traditional Irish folk song for residents. Residents reported they enjoyed the singing and the interactions with staff. However, as found on the previous inspection of this centre, access to activities was limited in the morning. On review of the activities schedule on display, the inspectors noted that the schedule of activities did not reflect the current social programme in the centre, for example; it related to activities available to residents prior to the pandemic, from an external company on two days.

The inspectors observed residents being served their lunch in the dining room, sun room and in their bedrooms. Residents told the inspectors that they were offered choice at mealtimes. Meals were observed to be appetising and nutritious. Due to the size of the dining room, it was not possible for all residents in the centre to dine in this room together. Visiting indoors had resumed as per national guidelines. The inspectors did not have the opportunity to meet with visitors as there were no appointments booked for the day. On review of the diary it was noted that visiting was scheduled between 11:30 and 16:30 daily, for a half hour, and evening visits were not generally taking place. The management team were requested to review this following inspection.

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

This was an unannounced risk inspection by inspectors of social services to monitor compliance with regulations, and to follow up on the actions from the previous inspection of January 2020. Overall, this inspection found that the health care needs of the residents were met to a very high standard in Millstreet Community Hospital, and were in compliance with the regulations. However, improvements were required to ensure clear and effective oversight of the service, to address training, the premises, personal possessions, staff records, fire precautions and residents rights. The inspectors also reviewed the actions required from the previous inspection and found that some areas identified as not compliant, had not been addressed by the registered provider.

The registered provider of this centre is the Health Service Executive. There had been a change in the management structure within the centre, the week prior to this inspection. The director of nursing was newly recruited to the post at the end of June 2021, having previously been in the role of clinical nurse manager. As per regulatory requirements the provider had submitted a notification to the Chief Inspector to put them forward as the person in charge, however, they did not meet the requirement of the regulations, which is discussed under regulation 14.

The management team operating the day to day running of the centre consists of a director of nursing and a clinical nurse manager. Support was provided by a General Manager, who was the registered provider representative (RPR), and the director of nursing reported to the RPR. Off site there also the additional support of a clinical development coordinator, human resources and an infection prevention and control specialist. There was evidence of good communication via quality and patient safety meetings to discuss all areas of governance.

There was evidence that the quality and safety of care delivered to residents was being monitored, and there was a schedule of audits in place. Audits were seen to

cover a range of topics, however, they did not always provided an action plan in relation to implementing the improvements required. It was also noted that the majority of audits identified areas as 100% compliant and had not identified a number of areas for improvement as found on this inspection.

There were adequate numbers and skill mix of staff to meet the personal and care needs of residents. Staff were competent and knowledgeable about the needs of residents. The centre had appropriate policies on recruitment, training and vetting of new employees. It was evident that enhanced training had been implemented, in response to the COVID-19 pandemic, in areas such as infection control, hand washing and the donning and doffing of PPE. Mandatory training in fire precautions had taken place for all staff working in the centre, however, there were gaps in other mandatory training, which is discussed further under regulation 16.

The inspectors acknowledged that residents and staff living and working in centre had been through a challenging time due to restrictions imposed by COVID-19. To date the service had managed to prevent an outbreak in the centre. 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.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. However, a sample of staff records reviewed indicated that some staff files did not contain the required information as per Schedule 2 of the regulations, which is discussed under regulation 21. Notification to the Chief Inspector were submitted, within the required time frames. Complaints were recorded and managed in line with the regulations.

Regulation 14: Persons in charge

The director of nursing is an experienced nurse and manager. The director of nursing was appointed to the role on the 28th of June 2021 and was undertaking a management course at the time of this inspection. The regulations state that the person in charge shall have a post-registration management qualification in health or a related field.

Judgment: Substantially compliant

Regulation 15: Staffing

Based on the observations of the inspectors and a review of the staff roster, there were adequate numbers and skill mix of staff to meet the needs of residents on the day of the inspection. There were three nurses on duty on the morning of inspection

and three health care attendants. One of these healthcare attendants also had responsibility for activities in the afternoon.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been enhanced in areas relating to infection prevention and control in response to the global pandemic. However, some deficits were noted in mandatory training for some staff namely:

- 14 staff (50%) of staff were due training in managing behaviors that are challenging
- 8 staff (29%) were due training in Manual Handling
- 7 staff (25%) were due training in safeguarding vulnerable adults

Judgment: Not compliant

Regulation 21: Records

An Garda Siochana (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff, as required. The inspectors reviewed four staff files and found they did not all conform with Schedule 2 of the regulations, for example:

- One file did not have a Curriculum Vitae
- One file did not have a reference from the most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

This inspection found that a number of key areas required to be addressed, such as:

- the monitoring of risk. Although a risk register was in place it did not contain a number of risks associated with the on-going building work.
- access to mandatory training
- the system of audit to ensure that where deficits were identified there were time bound action plans in place
- appointment of a person in charge that met the requirements of the

<p>regulations</p> <ul style="list-style-type: none"> • ensuring that the premises is appropriate to the number and needs of the residents of the centre and is in accordance with the statement of purpose • ensuring that residents have access to their personal possessions • review of the current activities programme.
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Judgment: Not compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that included the facilities and services provided in the centre. However, amendments were required to ensure it met the requirements of Schedule 1 of the regulations, such as :

- the organisational structure of the designated centre
- a description of the rooms in the centre, including their size and primary function, as the functions of rooms had changed since the centres registration.
- changes in the management structure and staffing

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. Notifications were provided to the Chief Inspector as required. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log indicated that only a small number of complaints had been recorded. The inspectors were satisfied that complaints were managed in line with the centre complaints policy.

Judgment: Compliant

Quality and safety

Residents received a good standard of health care and services were provided in line with their assessed needs. Residents in the centre were generally satisfied with the quality of the service they received. Nonetheless, improvements were required in relation to the premises, personal possessions, individual assessment and care planning, fire precautions and residents rights.

Residents' medical and health care needs were met to a very good standard. Staff were committed to providing quality care to residents. The centre has good access to general practitioner services, and a range of healthcare professionals such as dietetics, speech and language, occupational therapy and physiotherapy. There was a low incidence of pressure ulcer development within the centre.

The inspectors viewed a number of resident's records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. However, care plans were not always updated as required, which is discussed further under regulation 5. Medication management was appropriately monitored in the centre, and improvements were noted from the previous inspection. There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Residents were facilitated with choice of pharmacy, and pharmacists were supported to fulfil their obligations to residents.

The centre continued to maintain infection prevention and control (IPC) procedures to help prevent and manage an outbreak of COVID-19, such as daily symptom monitoring of residents and staff for COVID-19. All staff had attended IPC training and those who spoke with the inspectors were knowledgeable regarding best practices.

Residents were facilitated to practice their religion and mass had resumed in the centre. However, some issues pertaining to resident rights required review, which is discussed under regulation 9.

Regulation 11: Visits

The centre had a booking system for visiting in place and from review of records it was evident that visiting was risk assessed. The management team was requested to review current visiting to the centre as it was found:

- Visiting was only available from 11:30 until 16:30 for 30 minutes and generally not facilitated in the evenings.
- There were not suitable communal facilities available for residents to have a visitor, having regard to the number of residents and amount of communal

space available.

Judgment: Substantially compliant

Regulation 12: Personal possessions

As found on the previous inspection of this centre, residents did not have adequate space to store and maintain their clothes, as wardrobes were small. As a result residents clothes were stored in an adjacent building where the laundry was carried out. In some instances, residents wardrobes and lockers did not fit beside their bed, therefore, their personal possessions were not easily accessible to them.

Judgment: Not compliant

Regulation 17: Premises

The premises did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013) which included the following:

- inadequate communal accommodation available for residents. There was currently 58 m² of communal space, which consisted of a dining room and a sun room. The recommendations of the regulations is that there is 4m² of communal space per resident, therefore, if the centre was to accommodate 22 residents there was a 24m² deficit.
- inadequate storage space, which resulted in equipment being stored inappropriately on corridors and in bathrooms.
- inadequate personal storage space in bedrooms
- the provider was requested to review the ventilation system. While measures were taken to protect residents from the risk of acquiring Aspergillus infection as a consequence of renovation, construction and demolition work, systems were not in place to maintain a comfortable ambient room temperature and appropriate ventilation while the windows were sealed.
- some bedrooms required painting as there were chips of paint missing from walls
- access to the outdoor area required review, as the internal secure garden had been demolished. Current outdoor space did not have furniture or seating for residents and was not secure.

Judgment: Not compliant

Regulation 27: Infection control

The provider had a COVID-19 contingency plan in place. Regular infection control audits had been completed. The centre was visibly very clean on the day of inspection. The centre had remained COVID-19 free since the start of the pandemic. There was adequate levels of cleaning staff. Staff spoken with demonstrated an awareness of the cleaning protocols in the centre, and confirmed that cleaning and infection control training had been received.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. However, the following required to be addressed:

- Although personal evacuation plans were in place for each resident, some required to be updated, to reflect the current mobility status of residents.
- There was evidence that fire evacuation drills had taken place and were well attended. However, the provider had not carried out a full compartment fire drill, to assure that residents could be safely evacuated from the largest compartment, with night time staffing levels, in the event of a fire emergency at night. The director of nursing agreed to undertake this following the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in relation to individual assessment and care

planning, as it was found on review of four care plans:

- Two care plans were not updated four monthly as per requirements of the regulations
- One care plan was not updated as the needs of the residents changed.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of the residents were reviewed, and it was evident that they had access to a range of healthcare services. There was access to a general practitioner (GP) seven days per week and an out of hours service if required at night. There was evidence of regular review by the GP and review of medications by the pharmacy. There was access to physiotherapy services, palliative care, psychiatry of old age and a geriatrician.

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed:

- systems for consultation with residents. The inspectors evidenced minutes of residents' meetings, which depicted how residents were consulted on the running of the centre. The format for collecting data did not always give residents opportunities to make suggestions or give feedback.
- as found on the previous inspection residents did not have access to activities until after lunch. The activity schedule on display in the centre was not reflective of the current programme.
- access to televisions required review in multi- occupancy bedrooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0033655

Date of inspection: 08/07/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge is currently undertaking a post-registration management qualification in health. The person in charge will have completed same and received the qualification by October 30th 2021.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge has reviewed the mandatory training matrix.</p> <p>A 'managing behaviors that are challenging' training schedule has been developed and all team members will have undertaken same by 17th September 2021.</p> <p>'Manual Handling' training has been sought for all eight team members due training and all eight team members will have undertaken same by the 26th October 2021.</p> <p>All seven team members due training in 'safeguarding vulnerable adults' will have completed same by 1st September 2021.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The person in charge has reviewed all team member files against the requirements for personnel files as per Schedule 2 of the regulations. The person in charge can confirm that all team member files have a curriculum vitae in place and all team member files have a reference from the team members' most recent employer. [Date of completion: 17th August 2021].</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge has reviewed the risk register to ensure risks associated with the on-going building works are included. [Date of completion: 16th July 2021].</p> <p>The person in charge has reviewed the mandatory training matrix to ensure all team members have access to mandatory training. [Date of completion 10th August 2021].</p> <p>The person in charge has reviewed the system of audit to ensure all areas of non-compliance have been actioned on the automated audit system. [Date of completion: 23rd July 2021].</p> <p>The person in charge is currently undertaking a post-registration management qualification in health. The person in charge will have completed same and received the qualification by October 30th 2021.</p> <p>The person in charge has reviewed the statement of purpose and included the necessary amendments as required in Schedule 1 of the regulations. [Date of completion: 9th August 2021].</p> <p>The person in charge has reviewed the activity schedule to incorporate access to activities prior to lunch. [Date of completion: 23rd August 2021]. The activity schedule on display in the centre has been revised to reflect the current programme of activities. [Date of completion: 23rd August 2021].</p> <p>The new extension currently being undertaken in Millstreet Community Hospital will allow for bed spaces to be reconfigured. This reconfiguration will allow for additional space and storage for all residents. This will allow for additional wardrobes, combined lockers, lockable drawers and easier access storage areas. [Expected date of completion: September 2022].</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in charge has reviewed the statement of purpose and included the necessary amendments as required in Schedule 1 of the regulations.</p> <ul style="list-style-type: none"> • The organizational structure of the designated centre has been updated. • The description of the rooms in the centre, including size and primary function have been updated. • The management structure and staffing have been updated. <p>[Date of completion: 9th August 2021]</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The person in charge has reviewed visiting to the centre to ensure evening visits are facilitated if requested. [Date of completion: 19th July 2021].</p> <p>The person in charge has also reviewed the availability of suitable communal facilities available for residents to have a visitor. A new visiting area is being created to provide additional facilities having regard to the number of residents and space available. [Expected date of completion: 29th October 2021].</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The new extension currently being undertaken in Millstreet Community Hospital will allow for bed spaces to be reconfigured. This reconfiguration will allow for additional space and storage for all residents. This will allow for additional wardrobes, combined lockers, lockable drawers and easier access storage areas. [Expected date of completion: September 2022].</p>	

The person in charge is actively working with furniture suppliers on the HSE Framework to source a suitable storage solution to address this non-compliance while awaiting completion of new extension.

Regulation 17: Premises

Not Compliant

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

- A three bedded room has been fully converted into another social space for residents in Millstreet Community Hospital, thereby meeting the social space requirements for residents who reside in this residential care unit.
- The person in charge has reviewed the inappropriate storage of equipment and has devised a system to ensure all equipment is stored in an appropriate area. [Expected date of completion: 30th November 2021].
- The new extension currently being undertaken in Millstreet Community Hospital will allow for additional space and storage for all residents. This will allow for additional wardrobes, combined lockers, lockable drawers and easier access storage areas. [Expected date of completion: September 2022].
- The person in charge has reviewed the ventilation system to ensure a comfortable ambient room temperature and appropriate ventilation is maintained. In accordance with Aspergillus infection preventative measures, the windows at the back of the hospital remain shut during construction activity. The windows are approved to be opened (as required) at all times outside of construction activity. The windows are not sealed. Two mobile A/C units have been purchased to lower room temperature (if required) during construction activity. All rooms have a digital thermometer to monitor room temperature. The maintenance department has also installed a thermometer and humidity meter at either end of the hospital which is linked to the hospital heating system, further regulating and maintaining an ambient temperature throughout the hospital. All windows to the side and front of the building are not affected. [Expected date of completion: 13th August 2021].
- The person in charge has arranged with the general foreman HSE maintenance department for the repainting of rooms where chips of paint are missing from the wall [Expected date of completion: 15th November 2021].
- The person in charge has reviewed the access to the outdoor area and seating / outdoor furniture is now in place for residents to access. [Date of completion: 14th July 2021].

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The person in charge has ensured all personal emergency evacuation plans have been updated to reflect the current mobility status of residents. [Date of completion: 15th August 2021].</p> <p>The person in charge has undertaken a full compartment fire drill of the largest compartment, with night time staffing levels. [Date of completion: 19th August 2021].</p>	
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: The person in charge has reviewed the individual assessment and care plan process. The following changes have been made to ensure compliance with Regulation 5</p> <ul style="list-style-type: none"> • All care plans have been reviewed and updated as per requirements of the regulations. • A care plan review schedule has been implemented to ensure all care plans are updated as per requirements of the regulations going forward. • Awareness was raised with all nursing team members on the requirement to update care plans in accordance with changes to resident care needs. <p>[Date of completion: 10th August 2021].</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person in charge has addressed the following to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The format for collecting data on the running of the centre during residents meetings has been reviewed to ensure residents are afforded greater opportunities to make suggestions or give feedback. The new format ensures open ended questions will be utilized at all times. [Date of completion: 16th August 2021]. 	

- The activity schedule has been revised to incorporate access to activities prior to lunch. [Date of completion: 23rd August 2021].
- The activity schedule on display in the centre has been revised to reflect the current programme of activities. [Date of completion: 23rd August 2021].
- New televisions have been purchased to provide additional choice in multi-occupancy bedrooms. [Date of completion: awaiting budget approval Oliver submitted request 18/08/2021].

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	19/07/2021
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's	Substantially Compliant	Yellow	29/10/2021

	room, is available to a resident to receive a visitor if required.			
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Yellow	30/09/2022
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Yellow	30/09/2022
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration	Substantially Compliant	Yellow	30/10/2021

	management qualification in health or a related field.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	26/10/2021
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	14/03/2022
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.	Not Compliant	Orange	30/11/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/08/2021
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	30/10/2021

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	19/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/08/2021
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	Substantially Compliant	Yellow	10/08/2021

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	23/08/2021
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	18/08/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	16/08/2021