



**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:	Donegal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Drumlonagher, Donegal Town, Donegal
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0000617
Fieldwork ID:	MON-0039524

About the designated centre

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

Donegal Community Hospital is a purpose built two storey building located in the town of Donegal, within walking distance of all local amenities. The residential part of the hospital is a 29 bed unit located on the ground floor, which provides palliative care, respite care, convalescence, rehabilitation and continuing care. Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple-occupancy bedrooms, each accommodating four residents. There are two sitting rooms, a dining room and an oratory for communal use. The designated centre includes a treatment room, staff facilities, a small laundry and a main kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Wednesday 29 March 2023	10:32hrs to 18:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that the nursing and health care provided to the residents was of good quality; however, improvements were required to improve the internal premises, infection control practices and fire precautions in this centre. Furthermore, actions were required to ensure that residents' rights were upheld. The feedback from the residents was generally positive; however, some residents who spoke with the inspector said that their lived experience in the centre could be improved.

The inspector spoke with a number of residents in the centre, who gave positive feedback such as, "the food is great here", "I like the puzzle games, they keep me occupied, "staff are great here". Whereas some other residents said that their lived experience could be improved, especially those residents who were accommodated in multi-occupancy bedrooms. For example, residents said, "I can't get a good night's sleep in these four-bedded rooms, they are noisy due to calls bells constantly ringing at night, "there is not enough privacy in these four-bedded rooms, "I need more space to keep my clothes, "there are not enough televisions in the four bedded rooms", "the shared toilets are not great there is no privacy in these toilets, I have no choice but have to use these toilets", "my room is very cold at night they do not let me close the doors at night, and I can't sleep very well here".

Donegal Community Hospital is located in the town of Donegal and is close to local amenities. This designated centre is in a single-storey building and is registered for 29 residential beds. The accommodation comprises seven single bedrooms, six of which had en suite facilities, one en suite twin-bedded room and five four-bedded rooms. Of the five four-bedded rooms, two of the four-bedded rooms have shared toilet facilities. There were communal bathrooms and toilets; however, there were not enough communal toilets in this centre for residents' use should the residents wish to use toilets other than the toilets in their en suite facilities. Previous inspections had found that the layout of the centre's premises did not support long-stay residents, and the provider has a restrictive condition in their registration certificate, which only permits the centre to accommodate short-term residents with a maximum duration stay of 60 days. The inspector reviewed the profile of residents in the centre and found that the residents were admitted for short-stays in this centre. However, many residents had not been facilitated to secure long-term care placements and home help support. As a result, several residents had been accommodated for more than 60 days in the centre, with two residents spending more than 200 days in the centre.

Residents' meetings were held regularly in the centre, and residents' questionnaires were regularly distributed to the residents. Some comments that were recorded in the residents' meetings records were, "when I have visitors, I feel I don't as I have to share a room with four people", "I like to have more privacy in four bedded rooms", "one television per four bed is really not enough, and if additional television

could be put in place it would be great".

There were no photographs or pictures displayed on the walls of the corridors and the sitting area of the centre, and in general, the atmosphere of the centre was dull and was not stimulating and relaxing. The centre's ceiling had visible dark stains in several areas of the centre, which appeared to be caused by dampness arising due to moisture build-up. In one location, the inspector noted that the dampness had extended to a wall. This was brought to the attention of the provider, and they informed the inspector that these marks were due to water damage from the centre's leaking roof.

Overall, several areas of the centre appeared to be visibly unclean. The floor in the equipment storage room had heavy dust across a number of areas, and the laundry room was visibly dirty. In addition, the flooring in the en suite toilets of multi-occupancy rooms was visibly unclean, and the clinical waste had not been disposed of appropriately.

Equipment such as unused clinical waste bins, wheelchairs and unused hoists were stored in some sections of the centre's corridors, posing a risk to residents who were mobilising in these areas. The equipment storage rooms of the centre were full and appeared cluttered and disorganised. In one unit, oxygen cylinders were stored on the corridor, which posed a fire safety risk. Furthermore, the en suite of one four-bedded room was cluttered with equipment such as a hoist and wheelchairs, which meant that residents could not safely access their en suite facilities.

The door leading to the oratory was locked at all times on the day of the inspection. This meant that the residents had to seek staff assistance to access the oratory if they wished to sit quietly to reflect or pray. Furthermore, there were not sufficient grab rails fitted in the corridor in this area to enable residents to move around this area independently.

The inspector reviewed residents' private accommodation. There were bedside cabinets and wardrobes available for all residents. However, the wardrobes in some four-bedded rooms were too small to facilitate residents to store all of their belongings. As a result, a number of residents had to store their clothes in plastic bags on the floor beneath their wardrobe space. The inspector's observations were validated by residents who told the inspector that they did not have enough space to store their clothes.

Residents were mostly dining in their own rooms even though a dining room was available in the centre. Nevertheless, the residents who spoke with the inspector were happy about their dining arrangements and food in the centre. There were menu choices available, and there were sufficient staff available to support the residents with their dietary needs.

The inspector observed the care practices and staff interaction with residents in the centre. The staff attended to the call bells in a timely manner, and staff interactions with residents were respectful. The staff practised safe manual handling techniques when assisting residents with their mobility and personal care needs.

An activity schedule was available in the centre, and activity staff coordinated the residents' social care programmes. The residents enjoyed a variety of activities such as group exercise, walks outside, newspaper reading, puzzles, card making and interactive sensory light games using a device.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the designated centre was not being managed to meet the needs of residents who were assessed for long-term residential care. Furthermore, the provider had failed to ensure that the premises was adequately maintained and refurbished to provide a safe and comfortable lived environment for the residents. The current management and oversight of the service was not effective and did not ensure that care and services were provided to a high standard and that fire safety and infection prevention, and control risks were managed to protect residents. The provider had also failed to ensure that the designated centre was operated within the conditions of its current registration.

The premises and model of care in the centre are not suitable for long-term care. At the centre's last registration in 2021, the Chief Inspector applied a restrictive condition to the provider's certificate of registration, which stated that no further long-term residents could be admitted to the centre. As such, the centre is currently registered for short-term placements up to a maximum of 60 days. There were 28 residents living in the designated centre on the day of the inspection, and there was one vacancy. The inspector found that nine residents accommodated in short-stay beds had been accommodated for more than 60 days. Two of these residents had been accommodated in the designated centre for more than 100 days, and one resident for more than 200 days. This is a repeated non-compliance from the last inspection in 2021.

The Health Service Executive (HSE) is the registered provider for the designated centre. The designated centre benefits from access to and support from centralised HSE departments, such as human resources, accounts and information technology. The provider had appointed a service manager to represent it, and this service manager was available on the inspection day and supported the centre's person in charge with the inspection.

The provider had a suite of policies, procedures and guidelines in place in line with the requirements of the regulations. The inspector observed that an external infection prevention and control audit had been arranged for this centre recently; however, this report was unavailable at the time of inspection. Accidents and incidents occurring in this centre were recorded and reviewed in this centre. Regular

management meetings and staff meetings were held in the centre, and records of those meeting minutes were available for the inspector to review.

This inspection found that the management systems were failing to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For instance, the provider's management systems did not ensure that the cleaning procedures in the centre were completed to recommended standards to protect residents from the risk of infection. In addition, the provider's quality system of fire checks in the centre was not effective as they did not identify the risks the inspector identified on this inspection. As a result, the fire safety issues had not been addressed.

Furthermore, the provider had failed to identify the risks in relation to the extensive water damage to the ceiling due to the leaking roof in several sections of the centre. The inspector was informed that the issue with the leaking roof was repaired permanently; however, the inspector found substantive damage on this inspection, which was impacting on the comfort and appearance of the lived environment for the residents. Furthermore, although regular care plan audits were completed, these audits failed to identify the issue the inspector identified on the day of inspection.

The centre was sufficiently staffed on the day of inspection. The person in charge and a clinical nurse manager provided oversight and support to a team of nursing, care and support staff.

The inspector reviewed the training records and found that a schedule of training was maintained in the centre. The records indicated that all staff in the centre had received up-to-date mandatory training, which included fire safety training, safe moving and handling and safeguarding training.

The inspector found that staff were supervised in their work; however, the staff supervision in relation to the practice of disposing of clinical waste in the centre did not ensure that the clinical waste was safely disposed of and that good standards of infection prevention and control in the disposal of bodily fluids were followed.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The oversight of staff practices in the management of clinical waste was not

effective and did not ensure that staff followed the required standards in their work. This was evidenced by;

- Clinical waste bags containing clinical waste were stored on a corridor floor, and had not been disposed of safely into a clinical waste bin.
- A disposable tray, which appeared to contain gastric secretions, had been placed on the window sill of a shared toilet of a four-bedded room and had not been disposed of safely.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements. Current registration with regulatory professional bodies was in place for nurses.

Judgment: Compliant

Regulation 23: Governance and management

The provider was not operating the designated centre in line with its current conditions of registration and statement of purpose.

The provider's governance and management systems had failed to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example:

- The management systems had failed to ensure that the centre's infection prevention and control practices were in line with the national standards and met the requirements of the regulation.
- The provider's governance and management systems had failed to ensure that the risks associated with water damage to several areas of the centre's internal premises were fully and timely managed.
- The management of fire safety risks did not ensure that residents were adequately protected in the event of a fire emergency.

Judgment: Not compliant

Quality and safety

This inspection found that the residents' health care and nursing needs were being met, and suitable arrangements were in place to ensure the residents have access to meaningful activities in line with their capacity and interests. However, further actions were required to ensure that the premises were brought up to a satisfactory standard so that residents lived environment was comfortable and promoted a good quality of life. In addition, more focus and effort was now required to ensure that fire safety risks and improvements in infection prevention and control processes were addressed.

There were not sufficient communal toilets outside of the resident's en suite facilities. In addition, the inspector was told that residents could not use the toilets with privacy and dignity due to the lack of door locks on the toilet doors. The inspector observed that the door locks on some toilet doors were not in working order and that the doors could not be locked, and as such, residents could not be assured that they would not be disturbed by someone else entering the toilet when they were using it. Furthermore, there were six en suite toilets and no additional communal toilets in the centre for 28 residents. This meant that even those residents who were not accommodated in bedrooms with en suite facilities were forced to use the en suite toilets in other resident's bedrooms. This arrangement did not promote the rights and dignity of the residents and posed significant infection prevention and control risks. These risks were further exacerbated by the state of the toilets, which were visibly unclean and the clutter in some toilets where resident's equipment was being stored.

In addition, the current infection prevention and control practices and procedures in the centre pose a significant cross-contamination risk to the residents. The provider had carried out an infection prevention and control audit in this centre in November 2022. However, the report of this audit was only made available to the person in charge in April 2023. This audit report had identified a number of non-compliances with the national standards, which were validated by the findings of this inspection.

The inspector reviewed a sample of residents' care records and found that some care plans were insufficiently detailed and did not have enough information to direct staff to provide safe and appropriate care for the residents.

Residents have access to a range of activities such as puzzle games, group exercises, social chats and interactive games. A staff member was assigned to provide activities for the residents. The inspector observed that the residents were engaging well and enjoying activities in the centre.

Staff were familiar with the reporting structures in place. There were appropriate measures in place to ensure that residents were protected from abuse. These measures included facilitating all staff to attend safeguarding training.

Regulation 12: Personal possessions

A number of residents in four-bedded rooms had insufficient storage places for personal items such as clothes.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of the centre did not conform to the matters set out in Schedule 6 of the regulation. For example:

- There were insufficient number of communal toilets in the designated centre to meet the needs of all residents.
- Hand rails were not available in a corridor leading to the centre's oratory. These arrangements did not support residents to independently and safely move around this area.
- There was not enough suitable storage available to safely store residents' equipment in the centre. For example, moving and handling equipment such as hoists were stored in en suite toilets and in corridors.
- The premises were in a poor state of decoration and repair and required significant repainting and refurbishment. This was evidenced by extensive visible damage to the internal ceilings in a number of areas due to water damage from the leaking roof. Furthermore, the walls of some areas of the centre were found to be damaged and pipe works of the centre were exposed in these areas, which was unsightly.

Judgment: Not compliant

Regulation 27: Infection control

The centre's infection prevention and control processes required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- The flooring of the shared toilets in most of the four-bedded rooms were visibly unclean on the day of inspection.
- The laundry room was visibly dirty and had not been included in the cleaning schedule.
- There were no functional separation of the clean and dirty phases of the laundering process, which posed a risk of cross contamination.
- Residents' clothes were being dried on the heating rails of the shared toilets

and on the corridor outside the laundry room.

- Shared moving and handling equipment, such as hoists, were stored in en suite toilets. There was no clear process for identifying when this equipment was cleaned after use and before it was used for another resident..
- The inspector observed that the staff did not always practice hand hygiene after assisting residents with their care needs.
- A soap bar was stored on the surface of a wash hand sink in a shared bathroom facility. This arrangement posed a potential risk of this soap bar being shared between residents resulting in significant cross-infection between residents.
- Equipment such as transport wheelchairs stored in the centre's corridors was visibly unclean.
- There were not enough clinical hand washbasins outside of the resident's bedrooms for staff to use.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider's fire safety precautions did not ensure that residents were adequately protected in the event of a fire in the centre. For example:

- Several fire doors in the centre did not have automatic closing devices fitted to ensure that these fire doors close automatically in the event of a fire emergency.
- The fire doors in the laundry were not closing properly. This had not been identified on the weekly fire safety checks carried out in the centre.
- The fire drill records kept in the centre were not sufficiently detailed to support a review of fire precautions, and the fire drill records did not specify the fire scenario simulated.
- Personal emergency evacuation plans of residents were not kept up-to-date.. As a result, accurate evacuation plans were unavailable for staff to ensure the safe evacuation of residents in the event of a fire emergency.
- The inspector observed that oxygen cylinders were being stored in corridors which were part of the evacuation route in a fire emergency.
- The inspector observed poor fire precautions in the laundry area. There was no system to take out the lint from the tumble dryer, and the inspector found a significant build up of lint in the tumble dryer, which posed a fire hazard. In addition, there were significant amounts of unused clothes from discharged residents being stored in this room.
- In addition, the inspector observed that the staff practices in the centre did not support effective fire precautions in this centre. For example, the inspector saw a pedal-operated bin being used to keep the laundry door open, and this was removed at the time of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

End-of-life care plans for two residents had not been reviewed following changes in the residents' care needs. As a result, the care plans did not contain up to date information for staff to provide the most appropriate care for the residents.

Four residents who had been assessed as at risk of developing pressure ulcers did not have a care plan in place to direct staff to provide the most appropriate care for the residents to mitigate their risk of developing pressure sores.

In addition, care plans reviewed by the inspector were not developed in consultation with the residents and, where appropriate the resident's representative.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. Residents were supported to attend outpatient and other appointments in line with public health guidance. The inspector noticed on the day of inspection that the residents have access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure residents could carry out personal activities in private. For example:

- The privacy locks of two shared bathrooms, which are being shared between two four-bedded rooms, were broken. As a result, the residents in these bedrooms could not lock the toilets when they wished to use them. One resident reported to the inspector that they found the current toilet arrangements embarrassing.
- In addition, the shared toilets in the centre were cubicle-style and did not have floor-to-ceiling walls dividing each toilet. As a result, they did not give adequate privacy from odours and noise and as such did not uphold the

dignity of residents using these facilities.

The provider had not ensured that the residents could exercise their choice in independently accessing the oratory. The access door to the oratory was locked, and the arrangements in the centre meant that the residents could only access the oratory with the assistance of staff.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Donegal Community Hospital OSV-0000617

Inspection ID: MON-0039524

Date of inspection: 29/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>An online training module for all staff has been sourced with the input of IPC on the management of healthcare waste. Staff are currently completing this module. All staff have completed AMRIC HSE Land modules and certificates are on file.</p> <p>A coded lockable box has been installed near the clinical waste bins to facilitate correct and timely disposal of clinical waste.</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>An online training module for all staff has been sourced with input from IPC on the management of healthcare waste</p> <p>Hand hygiene training has been completed by the Infection Control Link Nurse</p> <p>Laundry services have been outsourced.</p> <p>The leaks in the flat roof have been repaired and ceiling tiles replaced. HSE Estates have a plan in place to renew the roof of the building as part of the refurbishment works</p> <p>Automatic door closures are currently being fitted on the ward doors.</p> <p>Fire drills have been revised to include scenarios</p> <p>Two members of staff have attended a Health and Safety Representative Course</p> <p>HSE Estates have completed a survey of the unit and have identified areas for the installation of additional clinical sinks and communal toilets.</p> <p>The exposed piping throughout the unit will be addressed on a phased basis as</p>	

refurbishment works progress.
 Equipment not in use has been removed from corridors.
 Equipment in regular use is cleaned and tagged after use

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 As part of the redesign process additional space will be provided in order for residents to store personal belongings.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 HSE Estates have undertaken a review of the building and plans have been developed to address the premises issues under immediate works ,minor works and major works
 The unit will be redesigned to facilitate additional communal toilets and showers and refurbishment of existing toilets and shower rooms.
 Areas will be identified for the installation of clinical handwashing sinks
 Handrails have been installed on the corridor leading to the oratory to support residents to independently and safely move around this area.
 A room for equipment storage has been identified and will be refurbished to facilitate the storage of equipment
 Exposed pipework will be incorporated into phased works
 As works are completed the areas will be redecorated
 HSE Estates have undertaken a review of the building and plans have been developed to address the premises issues under immediate works ,minor works and major works
 The unit will be redesigned to facilitate additional communal toilets and showers and refurbishment of existing toilets and shower rooms.
 Areas will be identified for the installation of clinical handwashing sinks
 Handrails have been installed on the corridor leading to the oratory to support residents to independently and safely move around this area.
 A room for equipment storage has been identified and will be refurbished to facilitate the storage of equipment
 Exposed pipework will be incorporated into phased works
 As works are completed the areas will be redecorated

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A deep clean of the unit has taken place</p> <p>Training on healthcare waste disposal is in process via HSE land.</p> <p>The laundry has been outsourced and the laundry room has been decommissioned</p> <p>New storage area for equipment not in use is being renovated</p> <p>Current storage room has been deep cleaned</p> <p>Hand hygiene training update has been provided to all staff by infection control link nurse</p> <p>Equipment has been deep cleaned and will be cleaned and tagged after each use</p> <p>HSE Estates to identify areas for installation of clinical handwashing sinks</p> <p>All staff are in the process of completing an online training module in waste management supported by IPC.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Automatic door closures are currently being fitted to all doors by Masterfire</p> <p>The Fire door on the laundry room has been repaired</p> <p>Fire drill records now include a written scenario</p> <p>Personal emergency evacuation plans have been reviewed and updated of residents.</p> <p>The Oxygen cylinder has been removed from corridors and is now stored in a key coded room with signage erected.</p> <p>The Laundry has been decommissioned</p> <p>Two members of staff are currently undertaking a Safety Representative Course</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:</p> <p>Nursing staff have received further training in the development of care plans from the Practice Development Officer in relation to End of Life Care and Wound Care. Clinical Nurse Managers will monitor care plans weekly and will undertake monthly audits until</p>	

the required standard is achieved. Care notes training to update nursing staff on using the IT system will take place on 7/6/2023. Residents and their families are consulted and involved in the development of care plans

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Locks have been replaced on toilet doors and toilet areas are in the process of being redesigned and refurbished.

The Oratory is now freely accessible for all residents to access independently.

The PIC will develop a Quality Improvement Plan regarding maintaining residents' rights within the facility.

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 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.	Substantially Compliant	Yellow	31/12/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
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	Not Compliant	Orange	31/12/2023

	centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/12/2023
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.	Not Compliant	Orange	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	30/06/2023

	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.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	30/06/2023

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	31/12/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2023