



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

Issued by the Chief Inspector

Name of designated centre:	St. John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0000660
Fieldwork ID:	MON-0039306

About the designated centre

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

The aim of St.John's Community Hospital is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. The objectives of St. John's Community Hospital include providing a high standard of care in accordance with evidence based practice, providing individualised care to residents and their families respecting the choices, values, dignity and beliefs and ensuring that the residents live in a comfortable, clean and safe environment. St. John's provides a multi-disciplinary approach to the care of residents. The services provided include on-going care of dependant older people, palliative care, dementia care, and physical and mental health care. The centre comprises of five units, Tir na nÓg, Rosses, Cairde, Curam and the Hazelwood unit. St. John's accommodates male and female residents over the age of 18.

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 22 June 2023	18:30hrs to 21:35hrs	Michael Dunne	Lead
Friday 23 June 2023	09:00hrs to 16:45hrs	Michael Dunne	Lead
Thursday 22 June 2023	18:00hrs to 21:35hrs	Nikhil Sureshkumar	Support
Friday 23 June 2023	09:00hrs to 16:45hrs	Nikhil Sureshkumar	Support
Thursday 22 June 2023	18:00hrs to 21:35hrs	Helen Lindsey	Support
Friday 23 June 2023	09:00hrs to 16:45hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Overall, the inspector's found that staff promoted a person-centred approach to care, and actively engaged with residents to promote individualised care which supported residents' independence and autonomy. Inspectors met with many residents during the inspection and spoke with fifteen residents in more detail.

Communication between residents and staff was of a high standard, with residents commenting that the staff team 'were a great bunch'. Throughout the inspection, it was noted that the staff were very familiar with residents' needs and preferences. While staff were often busy, the engagement with residents was positive and supportive at all times. This contributed to a pleasant atmosphere in the centre, and residents feeling comfortable and safe in their surroundings.

Accommodation is provided across five units in a mixture of single and shared rooms, with three of the five units, Hazlewood, Tir na Nog and Cairde units fully occupied on the days of the inspection. While the other two units, Rosses and Curam units, were currently unoccupied having undergone a refurbishment upgrade. Overall, the centre was well-maintained and tastefully decorated, however, some areas of the Hazelwood unit required repair and upgrade as described under Regulation 17.

In general, resident rooms were tastefully decorated and in most cases, residents had sufficient space to store their personal belongings. Inspectors found one example where the layout of a resident's personal space required action to ensure that they had easy access to their personal items. The provision of additional shelving to allow residents to store their mementoes had not been completed at the time of this inspection.

Residents had access to a range of external grounds which were well-maintained and suitable for the needs of the residents. Residents were observed to be able to move about the centre and access all areas of their units. There were, however, examples of resident mobility equipment stored in bathrooms and communal rooms, which had the potential to restrict residents' access to these facilities in their home.

Residents who spoke with inspectors in the Hazlewood unit said that there was not enough staff working there. Staff break times were noted by residents as a time when there were examples of delays. Residents described being in bed longer than they wanted to and often had to wait for support with their care. Residents said they felt that this was a result of current staffing levels. Inspectors observed that 26 of 29 residents had retired to bed at 6.10pm on the first day of the inspection in this unit.

The following day, residents were continuing to be supported with personal care at 11.45am. Staff were busy providing personal care and support throughout the day. A member of staff from another unit was in attendance to support social care

engagement. Inspectors observed that residents living in the Cairde unit were able to go about their daily routines without having to wait for additional staff support. On the first evening of the inspection, several residents living in this unit were up and about and were either engaging in activities or using tablets and phones to communicate with their friends and family.

The third occupied unit Tir na Nog unit provides accommodation primarily for residents with a formal or informal diagnosis of dementia or cognitive impairment. Inspectors found that there were sufficient care staff available to provide nursing and personal care support for these residents. The provider had made several improvements on this unit since the last inspection in December 2022 and the inspectors found that residents' social care needs were now well-supported. In addition, some residents who displayed responsive behaviours received an enhanced care package to maintain their and other residents' safety.

There was a range of varied activities provided for residents, in accordance with their capacities and capabilities. Some residents who were living in the Cairde unit received personal assistant hours had arrangements in place to visit the local community. Other residents were supported to go swimming or attend exercise classes at the local therapy centre. A music session organised in the garden room was attended by over 30 residents. Residents from all of the units in the centre were in attendance with many residents contributing to the session by playing musical instruments. Where residents did not want to join in the organised activities, there was access to the gardens, a library, and a range of games for residents to use. Televisions were provided in all bedrooms.

Resident meetings were held every quarter and residents from all of the units came together to attend. Minutes of these meetings were made available for the inspectors to review and confirmed that residents' views were accessed on all aspects of the service provided such as activities, food, staffing, access to gym equipment and the current position regarding the building upgrades.

In general, feedback about the quality and quantity of the food provided was positive. Some comments were received about the vegetables being overcooked. Food was served in each of the units from a hot trolley. Staff were seen to ask residents what they wanted from the options available. Residents who wanted a different meal option outside of the set menu were also catered for.

Residents reported that they were free to meet with their visitors as suited them, and this was important to them. Visitors were seen to be attending throughout the day and into the evening. Some were meeting in the garden, coffee dock, or garden room. Others were meeting in the units either in bedrooms or in the lounge areas.

The next two sections of the report present the findings of this inspection about 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 carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspection was carried out over an evening on the first day, with inspectors completing the inspection the following day. Inspectors also followed up on the compliance plan received from the provider following the previous inspection held in December 2022, setting out how required improvements were going to be made.

Overall, the centre was found to be well managed and focused on delivering a person-centred service to residents. Significant improvements were noted from the previous inspection in relation to governance and management, managing restrictive practices, and care planning.

Nevertheless, the inspectors found that the provider had failed to ensure that there were sufficient staff resources available for the effective delivery of care in accordance with the statement of purpose. For example:

A review of residents' assessed needs found that 27 of 29 residents living Hazlewood unit were assessed as having maximum dependencies. In the Cairde unit, the dependency levels of residents were significantly lower, however, the number of rostered staff remained the same as in the Hazlewood unit.

The inspectors found that while there were management systems in place to monitor and review the quality of the service provided, they did not provide adequate assurances that the service provided is safe, appropriate, consistent and effectively monitored as described under Regulation 23, Governance and Management.

The registered provider had addressed several issues that had been identified during the last inspection. This included the development of a clear pathway to manage incidents where staff and senior managers were aware of what to do when such incidents were discovered in the centre.

Accidents and incidents occurring in the centre were reported to senior managers using the national incident management system. There was a significant reduction in the number of unexplained injuries occurring in the Tir na nÓg unit, and significant improvements were observed in the analysis of these reported incidents in the centre. Incidents were notified to the Chief Inspector, as appropriate.

The Health Service Executive (HSE) is the registered provider for this designated centre. There was a clearly defined management structure in place that was accountable for the delivery of safe and effective health and social care support to residents. The management team consists of a regional manager, who supports the person in charge of the day-to-day running of the centre. The clinical team also consists of a director of nursing, an assistant director of nursing, and clinical nurse

managers. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre.

Records were generally well maintained in the centre, however, there were some areas where record management required improvement. While there were records detailing and describing incidents of responsive behaviours, these records did not capture near-miss incidents of responsive behaviours. The recording of near miss incidents would allow for a more comprehensive analysis of resident behaviours and risk. For example, while a contemporaneous recording of the fifteen-minute checks was available for a resident, inspectors observed several incidents of near misses of incidents while a resident received one-to-one care. Although these incidents were well managed due to the availability of one-to-one assistance, near-miss incidents were not recorded in the fifteen-minute record checks or residents' progress notes. As a result, examples of incidents of near misses were not available for the care team to consult when reviewing the effectiveness of residents' care plan interventions.

Furthermore, the handover records available for staff did not always contain the most up-to-date information about the residents. For example, residents living in all of the units did not always have their dependencies accurately referenced on the allocation sheet used to update staff at resident handovers. Nevertheless, the inspectors observed that the clinical handovers were comprehensive and detailed, and staff updated these records when they were informed of this issue.

In general, apart from one unit, there were sufficient numbers of care staff available in the centre, and additional care staff were allocated to support residents by providing one-to-one supervision for two residents during the day and one resident at night. There was a minimum of two nurses working in the Tir na nÓg unit at all times.

Although there were sufficient care staff available to provide nursing care for the residents in two of the three units inspected, there were also insufficient numbers of cleaning staff available in two of the three units to carry out cleaning duties in accordance with the size and layout of the centre. The inspectors also found that on the inspection day, the provider had not filled a vacancy for housekeeping staff in the centre, and this impacted existing staffing resources in the Tir na nÓg unit.

Following the inspection held in December 2022 the provider committed to ensure that staff had access to a range of training to equip them to carry out their roles effectively. Staff were provided with training for residents with acquired brain injury and on safe interventions for residents displaying responsive behaviours. Discussions with staff confirmed that they found this training useful in their day-to-day interactions with residents. Overall, staff were sufficiently supervised day and night in the designated centre. Clinical nurse managers were also available 24hrs a day to provide management support for all residents and staff.

Regulation 14: Persons in charge

There was a person in charge of the centre, who had the skills and qualifications required to undertake the role.

Judgment: Compliant

Regulation 15: Staffing

While the number and skill mix of nursing and care staff in two units was appropriate to meet the needs of residents, in one unit, residents and staff reported that there were times when there were insufficient staff to meet residents' needs. This resulted in delays in personal care being delivered. Inspectors observed that the majority of residents in one unit were in bed by 6.15 pm on the first day of inspection, and while many had high dependency needs and could not tolerate long periods out of bed, some residents expressed they would rather not be in bed at that time. There were five staff on duty to support 27 residents with maximum dependency, and two residents with moderate needs between the hours of 5.30-9.00 pm. Another unit in the centre had similar staffing levels however the dependency levels of residents on this unit were significantly lower.

On the second day of the inspection, there were insufficient cleaning staff available in two units to ensure the premises were clean.

Judgment: Not compliant

Regulation 21: Records

Overall, the records were properly maintained and accurately updated. However, there were some areas that required attention to comply with Regulation 21. For example:

The worked rosters maintained on each unit for household staff were not accessible for inspectors to review.

Records used in the handover of information from day to night staff were not consistently updated to reflect the current care status of the residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure sufficient staffing resources were available on two units of the designated centre. This was evidenced by:

- Residents having to wait to receive personal care support from staff.
- Some residents who wished to start their daily routines in the morning had to wait until staff were available to provide the required level of support.
- There were insufficient numbers of household staff on duty on the day of the inspection to ensure that two units were appropriately cleaned.

Although management systems were in place to monitor the service, they did not always ensure that the service provided was safe, appropriate, effective and consistent, for example:

- The recording of near misses to inform risk management strategies for residents on enhanced care plans were not completed.
- Infection prevention and control audits did not identify cleaning deficits in high-risk areas of the centre such as toilets and sluices or identify surfaces that could not be effectively cleaned.
- Records used for handover purposes across all units were not accurate.
- Rosters did not clearly identify all staff and their respective roles working in their units.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector's reviewed a number of resident contracts for the provision of services and found that all resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

One contract however, was found not to have the appropriate signatures in place until seven months had elapsed from their time of admission. The provider stated that there were communication difficulties in accessing the required signature due the person living overseas.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had implemented all of the policies and procedures on the matters set out in Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of consultation with residents regarding the upgrade of the centre and follow-up on areas discussed in resident meetings. Inspectors found that the registered provider had carried out several actions to improve the quality of life for residents living in the centre and incorporated better social care opportunities for the residents. In addition, the availability of additional resources through enhanced care planning improved the safety of residents living in the centre. However, additional actions were required to ensure improvements in fire safety precautions, and the availability of storage in the centre to include general and personal storage space for residents in the centre.

The inspectors observed that there were several visitors visiting residents during the evening hours of the day, and the residents were happy about the current visiting arrangements in the centre. Residents were able to meet with their visitors in private.

There was an activity schedule available in the centre, and the residents were found to be well supported with a mix of one-to-one social activities programmes and group activities in the centre. The provider kept a record of all activities that were provided to the residents. Although not observed, the inspectors found that the residents were facilitated to take part in a range of social outings, such as boat trips and visits to nearby waterfalls. Many residents and visitors who spoke with the inspectors had validated this, and they informed inspectors that the residents enjoyed these events. The inspectors observed that residents were facilitated to attend and participate in a music session held in the garden room.

Residents have access to an internal garden in the centre. The garden area of the centre was well managed and had seating arrangements and flower beds. Some residents were found to be watering the plants during the evening hours of the first day of inspection, and several residents informed the inspectors that they liked their garden in Tir na nÓg unit.

The centre also had an internal courtyard with transparent roof coverings to facilitate all-weather access for residents. In addition to this, inspectors observed that the provider had arranged for an external artist to decorate this internal courtyard with a streetscape mural of Sligo town with images depicting shop fronts and a post office. Some visitors told the inspector that the residents enjoyed the

murals, which created a sense of familiarity with the streets of Sligo town when they were in this unit.

Residents were accommodated in a mix of single and multi-occupancy rooms. There were sufficient storage spaces to store residents' clothes in their bedrooms. However, many residents required additional storage space to store their other personal belongings. Although the provider had committed to installing shelving in several resident rooms by the end of April 2023, these works had not been completed at the time of this inspection.

The inspectors reviewed a sample of residents' care files in all three units and noted that each resident had a comprehensive assessment and appropriate care plans based on their assessed needs. In addition, the provider's arrangements to ensure that the residents' care plans were reviewed at appropriate intervals were satisfactory. Inspectors found improvements in the provision of activities and social engagement for residents under the age of 65. Links had been re-established with community services and there were many examples of residents accessing the local community with support.

The provider ensured that all staff were facilitated to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Staff who spoke with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents with responsive behaviours were provided with close supervision, and fifteen-minute checks were available for residents who presented with responsive behaviours.

In general, the provider had taken measures to protect residents from the risk of fire. The provider was aware of improvements required to a number of fire doors and had carried out a fire door risk assessment in the centre to establish the extent of these improvements. These improvements would ensure that fire doors were effective in the prevention of the spread of smoke and fire from one fire compartment to another. Confirmation was received from the provider that works to improve fire safety would commence later this year.

While there were evacuation plans in place to assist in the safe evacuation of residents in the event of a fire emergency, two resident evacuation plans were not up to date. There was a risk therefore that a potential evacuation may not be effective.

Regulation 11: Visits

Visitors to the centre were made welcome, there were a range of places for

residents to meet their friends and relatives outside of their own room environment. Inspector's observed that the provider had made provision for the visits of children to the centre by providing a range of toys for their amusement. Residents who expressed a view to inspectors said that they were happy with the current arrangements for visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents who were accommodated in some multi occupancy rooms required additional storage space to store their personal belongings. There was a lack of shelving available for residents to store their personal items and mementos.

Judgment: Substantially compliant

Regulation 17: Premises

There was insufficient storage in the designated centre. Inspectors saw examples of items stored on floors in store rooms, which meant these areas could not be cleaned effectively. Items of equipment such as hoists and large comfort chairs were stored in several communal facilities such as day rooms and resident bathrooms. In general, the centre was well maintained however a number of doors and walls in one unit were damaged due to being struck by mobility equipment.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

During the inspection, inspectors found that the provider did not consistently follow infection prevention and control procedures, as outlined in National Standards.

Additionally, certain areas of the designated centre's environment were not managed in a way that minimized the risk of transmitting healthcare-associated infections. For example:

- The sluice facility was unclean on one unit, and a used bedpan was on open display in the bedpan washer.
- Several toilets were dirty, and there was no toilet paper or hand towels available for residents using these facilities.
- The centre did not have enough household staff to maintain cleanliness on the day of the inspection.
- Mobility chairs for residents were stored in communal bathrooms.
- On one unit, walls and door frames had scuff damage that prevented effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre's arrangements to review the fire safety risks and precautions were not sufficient. For example:

- Several fire doors were found not to close properly and a number of fire doors were visibly damaged. As a result, they may not be effective in containing smoke or fire in the event of a fire emergency.
- While the provider had an up-to-date personal evacuation plan available for all residents, the personal emergency evacuation plans (PEEPs) for two residents did not reflect their current care needs. As a result, these PEEPs were insufficient to guide staff to evacuate residents in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a selection of care plans and found they generally reflected residents current needs. Where residents had specific health care needs, these were set out clearly stating the goal of the plan, and also how the care and support was to be delivered.

The sample of care plans reviewed were seen to be person-centred, and reflected

residents personal preferences, and also their ability to undertake tasks independently or with support where possible.

Where residents decided not to follow advice of allied healthcare workers, it was clearly recorded, and the risks were explained to the residents. This showed residents were able to make choices about how they lived their lives.

Care plans were reviewed at least every four months, or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

The residents were provided with regular access to an on-site medical officer. In addition, a variety of healthcare services such as physiotherapy, dietitian, tissue viability nursing, speech and language therapy, and occupational therapy were available. The facility also had arrangements in place to access services such as palliative care and psychiatry of later life.

The multi-disciplinary team conducted regular reviews of residents' clinical care needs, and referrals for additional clinical support were made in a timely m

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence found that residents who presented with responsive behaviours were cared for in a dignified manner. In circumstances where restrictive practices were in place there was clear rationale recorded for their introduction and use.

In instances where residents required additional support to maintain their and other residents safety, the provider accessed additional support through an enhanced care package which meant that there was additional staff available to provide support.

Judgment: Compliant

Regulation 8: Protection

The registered provider was found to have taken all reasonable measures to protect residents from abuse. This included:

- Ensuring staff were facilitated to attend safeguarding training.
- In instances where concerns were identified, the provider carried out timely investigations and identified measures to safeguard residents from abuse.
- Amendments to internal risk management strategies allowed for a more robust response when concerns were identified.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, residents were observed to make choices regarding their lifestyle in the centre. This included deciding when and where to have their meals. They were also given the necessary support to participate in activities based on their abilities. During the inspection, a variety of activities such as music sessions, card games, arts, crafts, and conversations with staff on interesting topics were observed. Many residents had arrangements and identified support to access the local community.

Care plans were tailored to reflect the preferences and views of the residents. However, it was noted that in one unit, residents reported difficulty in getting up at times that suited them and impacted on their ability to exercise choice when they wished to get up and commence their daily routines, this is described in more detail under Regulation 15: staffing.

Most residents had their own mobile phones and tablets to stay connected with their loved ones. There were televisions, radios, and CD players in each bedroom and communal areas, and some residents read the daily newspaper. There was information available and advertised in the centre for residents who may require the assistance of advocacy services.

Judgment: 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	Compliant
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John's Community Hospital OSV-0000660

Inspection ID: MON-0039306

Date of inspection: 23/06/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance 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.</p> <p>Compliance will be met by the following:</p> <ol style="list-style-type: none"> 1. The designated centre is a pilot site for Department of Health’s safe Staffing Phase 3 Pilot Programme. As part of the Pilot the designated centre continues to work with the review team as to determine what an appropriate staffing requirement is for residents in residential settings. The review team has been piloting a RUG/IV instrument which focuses on a key number of different areas in relation to resident care needs and acuity. As part of the initial pilot 3 additional WTEs for nursing and 4 WTEs for HCAs have been assigned to the designated centre. These positions are currently with HR for recruitment. The Person in Charge and the wider team within the designated centre continue to engage with the review team as requested. 2. On the 09/08/2023 the Person in Charge completed a staffing review of all units. This review ensured appropriate staffing allocations. The Person in Charge will continue to review staffing on a daily basis to ensure the delivery of safe and effective care 3. The Person in charge completed a review of all residents’ dependency levels on the 28/06/2023. An outcome of this review has resulted in a distribution of residents based on dependencies within the designated centre. This review was completed by the Person in Charge in consultation with staff and residents. The registration of the Rosses unit will allow residents under the age of 65 to relocate to a specific unit, and this in turn will aid further in the equity of dependency levels within the centre. 4. Since the date of the inspection a number of new admissions has taken place within the centre. As part of the pre-assessment process the Person in Charge and the management team have ensured prior to admission that the dependency of the resident can be met within the allocated unit. This has resulted in a change of resident’s 	

dependency profile in the Hazelwood unit since the last inspection.

5. A review of the household staff allocation was completed by the Person in Charge on the 08/08/2023. This review has resulted in a change to the household roster allocation. Additional supports have been provided to facilitate increased cleaning of high risk areas such as bathrooms and toileting area.

Vacant housekeeping posts have been submitted to senior management for approval. Following the approval process recruitment will commence.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 To ensure compliance with 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.

Compliance will be met by the following:

1. A review of the household roster took place on the 26/06/2023 by the Person in Charge and household staff rosters are now accessible on each unit
2. The Person in Charge reviewed all unit rosters on the 26/06/2023 and modified same to clearly identify if staff are HSE or agency staff
3. A review of all handover documentation took place on the 26/06/2023 with all units ensuring updated handover records relating to the current care status of residents are maintained. This will remain ongoing

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure compliance with 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.

To ensure compliance with 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.

Compliance will be met by the following:

1. The designated centre is still participating in the Department of Health Safe Staffing

Phase 3 Pilot programme in relation to residential care settings. A review of all units and allocation of staff was completed by the Person in Charge on the 09/08/2023 and all units are now compliant with the recommended Department of Health findings.

2. A review of the household staff was completed by the Person in Charge on the 08/08/2023 and modifications made to the cleaning schedules. Vacant housekeeping posts have been submitted to senior management for approval. Following the approval process recruitment will commence

3. A review of the household roster took place on the 26/06/2023 by the Person in Charge and household staff member's rosters are now available on all units.

4. The Person in Charge has reviewed residents who are receiving enhanced care packages and discussions with staff have taken place on the importance of recording near misses to inform risk management strategies.

The Person in Charge will continue to review all incidents and near misses within the centre as to ensure safety measures implemented are assuring resident's safety. Such incidents will be discussed at the weekly Clinical Nurse Managers meeting.

The Person in Charge will continue to discuss and seek advice as appropriate from the Quality and Risk division in line with the HSE Incident Management Framework

5. The Person in Charge will continue to be supported by the IPC team and domestic supervisor in the review of environmental audits and completion of quality improvement plans.

A repeat IPC environmental audit of all units within the centre has been completed as of 15/08/2023 and quality improvement plans have been developed with time bound time frames

6. A review of all handover documentation took place on the 26/06/2023 with all units ensuring updated handover records relating to the current care status of residents are maintained.

7. The Person in Charge reviewed all unit rosters on the 26/06/2023 and modified same to clearly identify staff and their respective roles working within each unit

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

To ensure compliance 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.

Compliance will be met by the following:

1. The Person in Charge has ordered shelving and is liaising with maintenance to have shelving installed at each resident's bed space promptly. The shelving is expected to be completed by the 08/09/2023.

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure compliance with 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.
 To ensure compliance with Regulation 17(2)
 The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.

Compliance will be met by the following:

1. The Person in Charge has reviewed storage within the designated centre and has sourced additional storage which will be available from the 08/09/2023. A large external storage unit parallel to the Rosses unit has been allocated for the designated centre.
2. The Person in Charge is overseeing the repair work to doors and walls in the unit. This will be completed by the 30/09/2023.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 To ensure compliance with Regulation 27
 The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.
 Compliance will be met by the following:

1. The Person in Charge and the IPC team met with household staff on the 15/08/2023 to provide an education session on the importance of adherence to standard precautions.
2. A review of the household staff was completed by the Person in Charge on the 08/08/2023 and modifications have been made to cleaning schedules. Vacant housekeeping posts have been submitted to senior management for approval. Following the approval process recruitment will commence
3. External hygiene training has been sourced for all household staff. Staff training has commenced and all staff will have completed training by the 13/10/2023.
4. The Person in Charge is overseeing the repair work to doors and walls in the unit. This

will be completed by the 30/09/2023.

5. The Person in Charge has sourced additional storage which will be available from the 08/09/2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

To ensure compliance with Regulation 28(2)(i)

The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.

To ensure compliance with Regulation 28(2)(iv)

The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.

Compliance will be met by the following:

1. A remedial schedule of fire safety works for all fire doors is currently underway in the centre which is being completed by an external fire company. Works are scheduled for completion by the 30/09/2023.

2. The Person in Charge conducted a review of all personal emergency evacuation plans (PEEPs) within the centre on the 26/06/2023 to ensure the PEEPs reflect residents current care needs.

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	08/09/2023
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.	Not Compliant	Orange	09/08/2023

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 centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	08/09/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/09/2023
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	26/06/2023
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.	Substantially Compliant	Yellow	15/08/2023

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.	Substantially Compliant	Yellow	15/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/08/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2023