Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Patrick's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Summerhill, Carrick on Shannon, Leitrim
Type of inspection:	Unannounced
Date of inspection:	19 October 2021
Centre ID:	OSV-0000661
Fieldwork ID:	MON-0033930

About the designated centre

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

The designated centre provides 24- hour care to 46 residents, male and female primarily requiring nursing and/or palliative care. Some have a diagnosis of dementia and others are young chronic sick persons under 65 years of age. The centre is made up of three units located on the ground floor of a two storey building which was formerly a hospital. Two of the units accommodating 14 residents in each are mainly for long term care and a specialist dementia unit (SDU) accommodates 18 residents. Three beds in the SDU are for residents requiring respite or assessment on a short-term basis and one designated bedroom is for residents receiving end of life care The aim of the centre 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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Tuesday 19 October 2021	09:15hrs to 17:30hrs	Helen Lindsey	Lead
Tuesday 19 October 2021	09:15hrs to 17:30hrs	Claire McGinley	Support

What residents told us and what inspectors observed

Inspectors spent time in each of the three units, and spoke to residents and staff as part of the inspection.

Inspectors spoke to some residents while walking around the centre, and they reported satisfaction with the service they were receiving. One resident said 'the food was very good and it was a nice place to live', another said the staff were helpful. Others spoken with in groups said they were enjoying the activities. Residents who were in the communal areas seemed to be engaging positively with the staff, and other residents around them. However, some residents were also observed to remain in bed while, others were sitting by their bed.

During the course of the inspection many examples of quality care being delivered by staff were seen by inspectors. The communication approach of staff was engaging and encouraged a positive atmosphere. Residents reported their satisfaction with the service, to the provider in a survey which was carried out in 2021 and displayed in the centre.

Inspectors observed that the centre was divided into three separate units; the Monsignor Young Unit, Dr McGarry Unit, and the Sheemore Unit.

The Monsignor Young unit was a dementia specific unit, and had been specifically designed to support people with dementia. It was built in the 1990s. Dr McGarry Unit and Sheemore Unit were located in an older building divided by long corridors. The distances separating them were such that residents would be unable to independently move between each unit and residents from one unit were not observed availing of amenities in another unit.

Through the centre painting and decoration had been used to support residents in identifying key areas. There was colour coding (toilet doors red) and individual bedroom door colours to support residents with orientation and way finding. Toilet seats and grab rails were bright colours so they could be easily seen when needed. Vinyl wall art had also been used to good effect through the Monsignor Young unit especially. Also in the Monsignor Young unit there was a room decorated as 'St Patrick's Bar', and the dinning room had images such as a dresser and old style cooker, creating a homely environment along with other touches such as crockery and pots displayed around the walls. However, this was the only unit with a specific space for dining.

The Monsignor Young Unit also offered a circuit for people who were walking with purpose, and contained items of interest such as art work and furniture for reference points, and tactile items for residents to engage with. There was also seating at different stages around the corridor, which also had items of interest, or provided an activity for residents to engage with. For example one seating area had an old fashioned post box and telephone and other reminiscence items. Another

area had a table and chairs, and a TV playing country music. There was an area providing information about local farmers marts and pictures of cattle and sheep, and inspectors noted farming as an interest of a number of residents when reviewing their care plans. Inspectors observed residents moving around independently, and also with support from the staff.

Unfortunately the physical infrastructure in both the Dr McGarry and Sheemore Units was much older and did not afford the residents access to the same quality living space. Instead of bedrooms residents lived in bays, sectioned areas in what were traditional nightingale wards, with a communal corridor running the length of the unit and providing access to each bay.

It was of concern to inspectors that while walking down the two main corridors in these units, that so much was visible of residents personal space and of residents spending time in their own space. Residents were seen to be taking breakfast, sleeping, watching mass, reading the paper, all while staff, residents and visitors were able to walk past their bed space and see what they were doing. While there were curtains and screens, only one was seen to be in use. While there should be an expectation of privacy in their own bed space, their only option for privacy was to pull their curtains around their bed.

The occupancy of a four bedded room in Dr McGarry unit had been reduced by one down to three, however the curtains separating bed spaces had not been moved, which meant residents were not facilitated to avail of the additional space created by this reduction in capacity, this was also seen in other bedrooms. Another resident in that room had a bed space with no window, which meant if they pulled their curtains for privacy they had no access to natural light.

Also in the Dr McGarry unit, there was only one communal room that was seen to be used for multiple purposes, such as sitting quietly, watching TV, organised activities, and dining. It was the only space for 11 residents other than their bedrooms or bed spaces.

Likewise in Sheemore unit the available communal/ dining space was one room at the entrance of the unit, and another room at the far end. Access to the room at the end of the unit was through the bed space of a resident in the last bay of the unit. Neither of the rooms available afforded sufficient space for all those living on this unit. As a consequence residents in this unit were observed to be spending time in bed or sitting by their bed space.

In the Sheemore Unit, inspectors arrived at 4.20pm. The food trolley was just inside the door, on the corridor, as were two other trolleys, with drinks and one for used crockery, this was causing an obstruction in a fire exit route, but staff confirmed this was the practice every day. Meals were being served to residents, two of whom were in the main communal room in the centre. All other residents were either sitting by their bed, or were in bed. Inspectors walked down the length of the unit. It was noted that from the far end of the unit you would hear the interactions by the food trolley. Conversations being held by staff, some of whom were supporting residents to eat and drink, could be heard in the bay, but also while in the adjacent

bay. The nurses office was noted to be off one of the bays, and there was a staff changing room at the end of the unit, which meant there was traffic up and down the corridor through the day. It was noted in the second bay from the entrance one residents bed was only set back about 2 inches from the corridor, and when the curtain was drawn it would have been directly at the edge of the bed.

Inspectors visited a number of residents bedrooms, with a particular focus on multi-occupancy rooms. Each resident had a wardrobe and locker, which included a lockable door or drawer. While many residents did have a wardrobe that were a two-door width, in some rooms, there were single-door width wardrobes and a locker only, limiting the available storage space for those residents. It was noted that a number of bedrooms did not have a chair for residents to sit in.

While some residents rooms or bed space were personalised with picture, photographs, ornaments and plants, other examples were seen where there was only a photograph or two on the wall or wardrobe. A number of residents were seen in very plain rooms, and the small number of personal items were not in their eye line when they were in bed.

Inspectors saw two of the three gardens. They provided very pleasant spaces, and had a bright display of flowers in raised flower beds, tables with chairs, and other objects of interests such as life size model cows and sheep. There was also a sensory garden outside of the Sheemore unit.

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre affect the quality and safety of the service.

Capacity and capability

The provider was delivering an organised service with many areas of good practice observed, however the layout of the premises continue to impact on the privacy and dignity of residents.

This was an unannounced inspection of the centre. The provider has made some improvements since the last inspection, however issues relating to regulation 12, personal possessions remained outstanding. There was a condition attached to the registration of the centre that required the provider to take action to come in to compliance with statutory instrument 293 when it is enacted on 1st January 2021, and limits the maximum occupancy of a bedroom to four people. The provider had reduced the occupancy of a number of the multi-occupancy rooms, and was aware of the requirements to be met by 1st January.

The HSE is the registered provider of St Patrick's Nursing Home. Inspectors found there to be clear management structure in place, and staff who spoke with

inspectors were clear of their roles and responsibilities. The person in charge was supported by assistant director of nursing, and clinical nurse managers. There was also a management structure in the community healthcare organisation area (CHO) who provided support and oversight in relation to the performance of the centre. There was a comprehensive audit program in place, and the person in charge fed key data for monitoring to the CHO team on a regular basis. There was a risk register in place that was seen to reflect the current risks presenting in the centre.

There were senior staff on duty in each unit who oversaw the delivery of care on a day-to-day basis, and the person in charge described a daily walk around the centre to link in with each of the three units, and engage with the residents.

There were sufficient staff seen to be available in each of the units, and residents were seen to be receiving support in a timely way, for example supported to eat when the meals were served, and responding to requests for support. Staff were supported by an effective training approach in the centre, and those spoken with confirmed they had been completing training regularly, and had recently done training on infection control practices such as hand hygiene and putting on and taking off personal protective equipment (PPE). All staff were seen to be putting the training in to practice effectively.

The governance and management system that was in place in the centre underpinned the really good practices that resulted in a good quality of life for residents in the Monsignor Young Unit while simultaneously failing to recognise and address the impact the poor physical infrastructure was having on residents living in the other two units. Specifically residents on these two units did not have their rights to privacy and dignity, and access to possessions upheld.

While the occupancy in some areas had reduced, the bed curtains had not been moved, and so residents were not able to make best use of the space that was available. There were other issues with the premises that had not been addressed, as set out under regulations. In addition, in the interim of plans to build a new unit the HSE had failed to maintain the fabric of parts of the building to enhance the living environment of residents.

Regulation 15: Staffing

There were sufficient staff in each of the three units to provide appropriate care and support to residents. The staff team included the senior management team, nurses, healthcare assistants and household staff including cleaners, laundry and kitchen assistants.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed fire safety training, and safeguarding training. Staff also reported they completed refresher courses on a regular basis. A range of other courses were attended by staff and included manual handling, infection prevention and control training, CPR, and professional management of aggression. Staff spoken with were knowledgeable about how to carry out their role, and were seen to be putting their learning in to practice.

A range of relevant guidance and information was available in the centre including the regulations and standards.

Judgment: Compliant

Regulation 21: Records

Four staff records were reviewed and found to include all of the information required including, for example two references and garda vetting disclosures.

Judgment: Compliant

Regulation 23: Governance and management

The HSE had failed to progress their own plans to replace this centre by 31 December 2021 and there is still no date whereby the new centre will be delivered. In addition in the interim of a new build the HSE had failed to attend to the upkeep of parts of the centre.

The governance and management systems in place locally in the centre, including oversight of arrangements, detailed audit schedules and a skilled and knowledgeable management team ensured that residents living on one unit experienced a good quality of life in a nice homely environment with plentiful access to communal space and meaningful activities. However the same systems did not identity or address the shortcomings found in the other two units, including lack of privacy and lack of communal space.

Judgment: Not compliant

Regulation 34: Complaints procedure

The Health Service Executive concerns, complaints and compliments policy was in place in the centre, and was being followed when any concerns or complaints were raised. The steps to take were displayed in the units for residents and visitors to access.

The small number of issues that had been raised were dealt with in line with the policy, and records showed the steps taken to address the concern and the outcome.

Compliments that had been received were recorded, and focused on the personal approach to care and support provided by the staff.

Judgment: Compliant

Quality and safety

Overall residents were seen to be receiving a good standard of care, however, in two unit's resident's privacy was significantly impacted by the design and layout of the centre.

Care planning and healthcare:

Records showed there was regular contact from the general practitioner, and a range of allied healthcare professionals. Where resident's needs indicated the need, referrals were made for an assessment to be carried out, for example to dietician or speech and language therapist. Daily notes reflected how residents were and the care that had been provided to them. Where issues were noted in these notes, inspectors observed that action was taken to address any risks identified. For example, if a resident fell, there was a post fall review.

Inspectors reviewed a selection of care records for residents with a range of healthcare needs. All records were seen to be of a good standard and clearly reflected resident's skills, abilities and personal preferences. Following an initial assessment a set of care plans were developed to describe the care needs of the residents and how they were to be delivered, these were seen to be person centred and were updated either four monthly or as required if changes had occurred.

Premises:

The centre was in a larger building, and was provided in three separate units. Overall the building was of sound construction. Decoration had been used in different parts of the centre to good effect, however some areas required attention.

Through all three units wear and tear was seen on walls and surfaces, reducing the ability to clean them effectively. There was a range of equipment available through the centre, and all items were seen to be clean and in working order, for example a selection of hoists. The majority of bathrooms had been updated and provided a pleasant environment in a bright modern bathroom with level access showers and easy clean surfaces. Three toilets had not been updated in the Monsignor Young unit. The floor and wall surfaces in these areas were damaged impacting on effective cleaning, items were stored in each of the rooms and there was a strong smell of urine.

While there was a range of space available in the centre as a whole, this was different in each unit, and due to the distance between units, residents would not be able to access the other units independently to use spaces. There were five communal areas for residents to use in the Monsignor Young Unit and residents were seen to be using them either independently or with support from staff. The other two units did not offer the same opportunities. Dr McGarry unit had one communal room that was used for sitting, recreation and dining space. Sheemore unit had two rooms, one by the entrance, and the other was accessed by passing all the bed areas in the unit, and entering by passing one of the resident's bed. 2 residents were in one room, and none in the other. There was no separate visiting room in either unit.

Residents personal items were being sent to the laundry on-site, and larger items such as sheets were sent off-site. The Laundry was made up of three rooms. The initial room for dirty laundry had a badly damaged door, and walls showed damage, down to the plaster in some parts. The area did not have a hand wash sink, and the one wall in the third area where clean items were stored was peeling paint across much of the surface. A cleaning room in Dr McGarry unit was also seen to have damage to surfaces, and lack of appropriate storage of cleaning equipment.

Inspectors noted in a number of bedrooms there was little personalisation, and limited storage space. For example, a number of bed spaces only offered a small locker and a half wardrobe. This had been increased in some other bed spaces, especially where the occupancy of an area had reduced, residents had access to the additional wardrobe space.

Infection control practices:

There were clear procedures in place for people arriving at the centre. They included checking staff/ visitors no symptoms of infection, and taking temperatures. There were also posters through the centre reminding people of good IPC practices. Copies of current guidance issued by the HPSC was available in the centre, and there was a detailed contingency plan in place that set out roles and responsibilities were there to be a COVID-19 outbreak in the centre. Staff all confirmed they had completed infection control training, and were seen to be carrying out hand hygiene effectively. Personal protective equipment (PPE) was available throughout the centre. There were clear records setting out the process for cleaning in the centre, including enhanced cleaning in the case of an outbreak. Cleaning staff were familiar with the cleaning products they were using, and were able to describe the process

they were following for cleaning, and deep cleaning. Records showed that there was effective oversight of cleaning in the centre, and the whole centre was seen to be visibly clean throughout the inspection. There was access to vaccines for residents, and the booster COVID-19 vaccination had recently been delivered to residents who chose to take it.

Resident's rights:

There were a range of activities taking place in the Monsignor Young unit, and there were also plans in place for the activities to be provided in the other two units. There were pleasant garden spaces for residents to access from two of the units. Resident's records included information on their life achievements and interests, and activities were seen to reflect their interests, especially in Monsignor Young unit. Records also showed some residents were being supported to access the local community, and bus trips out to places of interest were also taking place.

There were regular residents meetings, called 'just friends'. Records showed that feedback was sought on a number of areas, and action was taken to implement resident's wishes, for example requesting more live music. The provider had also undertaken a resident survey, and had received positive feedback around the delivery of care, support and activities. Information was available about local advocacy services.

In two units, where residents were accommodated in rooms that had previously been larger wards, rooms and bays were open to the corridor that ran the length of all the rooms. This corridor was a thoroughfare for staff and other resident. Residents only opportunity for privacy in these areas was to pull a curtain around their bed. Residents accommodated in these areas could not control who accessed the room/ bay they were accommodated in, and also could not control the noise or light- due to the other people accommodated, and the general business of the unit that was taking place around them. A decision to watch TV or listen to the radio would impact on other residents in the area who would also be able to hear. It would also be difficult to hold a private conversation in their bed space, in person or on the phone.

Regulation 11: Visits

There was a process in place for families and friends to visit the centre. Checks were completed when the visitor arrived, such as temperature, in line with national guidance.

It was noted however, that there was no visitors room in the Sheemor or Dr McGarry room. While spaces were available in the wider hospital, residents would need to leave the unit to meet in private.

Judgment: Substantially compliant

Regulation 12: Personal possessions

In a selection of bed rooms and bed spaces reviewed residents were seen to only have access to a half wardrobe, and a locker by their bed. This would not be sufficient to store all of a persons possessions.

In turn, the lack of surface space/ shelving available to residents impacted on residents ability to personalise their personal area with their own possessions.

This is a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 17: Premises

While there were positive aspects to the premises, the following areas were not in line with the regulations:

- Decor (paint and woodwork) was damaged in areas through the centre, such as corridors and high traffic areas. This meant surfaces were not easily cleanable. This included the front door, and a number of walls in the laundry.
- Not all bedrooms, or bed spaces had a chair. For some residents with larger beds, there would have been limited space for a chair in their bed space, especially when their curtains were drawn.
- Examples were seen of equipment being stored in bathrooms, than then limited access for residents to that space.
- Parts of the centre were not laid out to meet the needs of residents
- Three toilets had not been upgraded, and the environment was not well maintained, and used for storage

Judgment: Not compliant

Regulation 27: Infection control

There were effective infection control procedures in place that included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures, training for staff, and oversight of the IPC arrangements in the centre to ensure they were being followed consistently. The cleaning room and laundry did not meet expected standards, and this is set out under regulation 12,

premises.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety issues identified in the centre, and require action by the provider are as follows:

- two single bedrooms in the Sheemor Unit are sleeping accommodation off other sleeping accommodation, known as inner rooms that present a high risk for evacuation in the case of a fire
- some fire doors were not fully closing, or had damage on smoke seals

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care plans were in place for identified needs. They set out, using a person centred approach, what residents skills and abilities were as well as what care and support was required.

Records showed there were reviews of residents needs at least every four months, or more frequently as required. Where there were regular changes, records were seen to be updated regularly, for example in relation to residents who had dementia.

Judgment: Compliant

Regulation 6: Health care

The selection of records were reviewed showed that residents had access to medical care in the centre, and referrals were made as required to other allied health professionals. Notes were available of professionals reviews and the actions to be taken. For example, changing in consistency of food to reduce the risk of choking.

A range of nursing tools were used by the nursing staff, and records showed that where risks were identified, or known risks increased, action was taken to review the care being delivered, and implement any recommendations made by allied health are professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who were accommodated in multi-occupany rooms in Sheemore, and the multi-occupancy rooms at the far end of Dr McGarry unit did not have privacy to undertake personal activities in private. Due to the layout of the premises these residents could not hold private conversations or make choices about who was in their environment.

While residents were sharing a room/ bay with one other resident, the open nature and corridor through their space meant residents, staff and visiotrs to the centre could see them and their bed space, unless they closed their curtains, or pulled across a screen.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not 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 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Patrick's Community Hospital OSV-0000661

Inspection ID: MON-0033930

Date of inspection: 19/10/2021

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure Compliance with Regulation 23(a) Governance and Management 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:

1. The Registered provider has a planned schedule in place in relation to the new 90 bedded Carrick on Shannon Community Nursing unit. The schedule is as follows,
- Stage 2C underway at present.
- Stage 2C Report to be completed 8th April 2022.
- Approval to proceed to Tender to be completed 20th May 2022.
- Tender to be returned to HSE by 14th July 2022.
- Construction stage to commence 26th November 2022.
- Handover to HSE 23rd October 2024.
- Operational as off Q1 2025.

2. Additional to the above the Register provider has met with the estates department and a review of the bedroom environment in the Sheemore and Dr Mc Garry has taken place. An upgrade of the bedroom area has been approved for both units and funding has been approved.
The unit upgrade works will include a main corridor throughout the unit. From this corridor bedroom areas will be accessed by individual doors entering resident's bedroom areas. This will ensure that resident's privacy and dignity is maintained.
The upgrade works will result in the bedroom area being separate to that of the corridors this will ensure residents privacy and dignity while also allowing residents control over who enters and exits there bedroom area. This will also allow for residents to have private conversations at their bedsides if they so wish. Works to be completed by 31/07/2022.

3. The person in charge has met with the maintenance manager and has arranged an

ongoing annual maintenance programme for the upkeep of the premises. Funding for maintenance of the Hospital will be secured through minor capital funding stream. This stream of work has commenced on the 21/11/2021 and will continue on a cyclical basis until all works are completed by end Q2 2022.
4. Four beds have been reduced on the Sheemore Unit on the 25/11/2021 and one bed on the Dr Mc Garry Unit.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
To ensure Compliance with Regulation 11 (2)(b) Visits: 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 room, is available to a resident to receive a visitor if required.

Compliance has been achieved by :

1. The Designated Centre is situated on the ground floor of St Patrick's Community Hospital. All residents have access within the designated center to suitable communal and private facilities to receive a visitor.

2. Bed capacity on Sheemore unit has been reduced by 4 beds; this unit now accommodates 10 residents. The reduction in beds has enabled the reconfiguration of 2 bedrooms into sitting rooms these areas will provide residents on the Sheemore unit with 2 additional private areas to receive visitors or relax in a private space. This was completed 25/11/2021.Additional funding has been made available to provide furnishings for the two newly appointed sitting room areas.

3. Bed capacity on the Dr Mc Garry unit has been reduced from 14 residents to 13 resident's, this has improved privacy and dignity on the Dr Mc Garry unit. A room is available on the ground floor to accommodate residents to have a private area to meet with family, friends as required.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
To ensure Compliance with Regulation 12(c): Personal Possessions: 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 completed a review of all resident personal storage space and bedroom areas to identify areas for improvement. This was completed 22/10/2021.
2. Additional funding was made available and additional storage options have been ordered for those residents who did not have sufficient storage. This was completed and additional bedroom storage is in place from 30/11/2021.
Following consultation with the residents regarding their own personal space, each resident's personal space has been enhanced to include more of their own additional personal affects as determined by each resident. This was completed 26/11/2021

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with Regulation 17(1): Premises: The Rregistered 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): Premises: 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. Additional funding has been approved to ensure upgrade works can be completed. The Person in Charge has met with the maintenance manager and has arranged a maintenance plan for the upkeep of the premises. This includes, painting of internal walls and skirting and replacement of flooring in Bathrooms in Monsignor Young unit. Funding has been approved for a painting programme of the center to commence in 2022.
2. The Flooring in the bathrooms in Monsignor Young unit have been replaced on 27/11/2021.
3. External works on plastering has been completed on 25/10/2021 this will enable painting works on the internal wall of the link corridor to be completed by 31/01/2022
4. A review of the laundry facility has been completed by the person in charge. The door to the laundry was replaced on 21/11/2021. The Infection prevention and control team reviewed the laundry facility on 17/11/2021 and made recommendations following which a planned schedule of maintenance works has been commissioned for the laundry and this will be completed by 31/03/2022.

5. A review of all Residents seating has been completed and all residents have a chair at their bedside either an arm chair or their own therapeutic chair. This was completed 08/11/2021
6. A review of storage within the designated center has been completed by the person in charge and all equipment is now appropriately and safely stored. This was completed 21/10/2021.
7. The additional bedroom curtain rails will be removed by 31/12/2021
8. The Register provider has met with the estates department and a review of the bedroom environment in the Sheemore and Dr Mc Garry has taken place. An upgrade of the bedroom area has been approved for both units and funding has been approved. The unit upgrade works will include a main corridor throughout the unit. From this corridor bedroom areas will be accessed by individual doors entering resident's bedroom areas.
The upgrade works will result in the bedroom areas being separate to that of the corridors this will ensure residents privacy and dignity while also allowing residents control over whom enters and exits their bedroom area. This will also allow for residents to have private conversations at their bedsides if they wish. It is planned that works will be completed by the 31/07/2022.

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(1)(a): Fire Precautions The Rregistered 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.

Compliance will be met by the following :
1. The registered Provider has commissioned a Fire safety consultant to carry out a full review of the fire safety management systems. This will be completed by 31/01/2022.
2. An internal review of fire safety has taken place in the designated center. The 2 inner bedrooms on the Sheemore Unit have been decommissioned and are no longer used as bedrooms. This was completed on 25/11/2021
3. A review of the Fire compartment on the Monsignor Young unit has been completed and the largest compartment in the unit now accommodates 11 residents rather than 13 this reduction has been achieved through reconfiguring bedrooms on the unit. This was completed on 24/11/2021
4. A review of work practices has been completed in relation to the position of the food serving trolley. Following consultation with residents the Food service trolley is now located in the residents dining room during meal service this was completed and in place from 21/10/2021.
5. The local Fire Authority carried out a safety walk and inspection of the building on the 6/10/ 2021.
6. A review of Fire doors was completed by HSE estates on 29/11/2021 and works will

be completed on the 2 Fire doors by 31/01/2022
7. 7 Simulated night time fire evacuation drills have been carried out in the designated center of the largest fire compartments of each of the units in 2021. These evacuation drills have provided excellent learning for staff and evacuation times have demonstrated safe and efficient evacuation time.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance with Regulation 9(3)(a) : Residents rights The 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

To ensure compliance with Regulation 9(3)(b): Residents Rights The Rregistered Provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private

Compliance will be met by :

1. The 3 bedded units on both Sheemore unit and Dr Mc Garry unit have been reduced to 2 bedded units to afford the residents more privacy and dignity. This was completed 31/09/2021.
2. The additional reduction and reconfiguration of the single rooms on Sheemore unit has provided an additional 2 sitting rooms on the Sheemore unit to support residents to exercise their choice and undertake personal activities in private. This was completed and rooms available 26/11/2021
3. The Register provider has met with the estates department and a review of the bedroom environment in the Sheemore and Dr Mc Garry has taken place. An upgrade of the bedroom area has been approved for both units and funding has been secured. The unit upgrade works will include a main corridor throughout the unit. From this corridor bedroom areas will be accessed by individual doors entering resident's bedroom areas.
The upgrade works will result in the bedroom areas being separate to that of the corridors this will ensure residents privacy and dignity while also allowing residents control over whom enters and exits their bedroom area. This will also allow for residents to have private conversations at their bedsides if they wish. It is planned that works will be completed by the 31/07/2022.

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)(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 room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	25/11/2021
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	Not Compliant	Orange	30/11/2021

	particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
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	31/07/2022
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	31/07/2022
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	31/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	31/01/2022

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2022
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	31/07/2022