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:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	12 October 2022
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0037809

About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

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
Wednesday 12 October 2022	11:30hrs to 17:30hrs	John Greaney	Lead
Thursday 13 October 2022	08:45hrs to 14:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Abbeygale House is a nice place to live and they were happy with the care provided by staff. The inspector arrived at the centre unannounced. The person in charge and clinical nurse manager (CNM) were both absent at the beginning of the inspection, although the CNM arrived shortly afterwards and the person in charge arrived later in the day. The nursing staff were busy administering medications to residents.

The inspector observed that there was a sign outside the door that limited visiting to two two-hour periods for visitors that were not the nominated person. The person in charge said that this was an oversight and there was no restrictions on visiting. The sign was amended later to reflect open visiting.

Abbeygale House is a designated centre for older people that provides care for both male and female adults with a range of dependencies and needs. The centre is on the first floor of a two storey building located on the outskirts of Wexford town, not far from Wexford General Hospital. The ground floor is part of mental health services.

The centre is part of a modern, purpose-built premises. There are a number of rooms, immediately outside the main part of the centre, accessible from the first floor landing. These include staff changing facilities, a staff break room, a meeting room, a hairdressing room and an activities room. The activities room and meeting room are shared with mental health services.

Within the centre, bedroom accommodation comprises twenty four single bedrooms and two triple bedrooms. Residents' bedrooms were personalised to varying degrees based on each resident's preferences. Bedrooms were spacious and there was adequate space in all rooms for a comfortable chair at each bedside. All residents had a bedside locker and there was adequate wardrobe space for residents' clothing. Privacy screens between the beds in the three bedded rooms were provided by disposable curtains that were hung on retractable telescopic curtain poles. These do not contribute to a homely environment and did not provide adequate screening between beds to support residents privacy and dignity. Additionally, there were not privacy screens for all beds.

There is a map on the wall displaying the layout of the centre to identify fire compartments, to identify places of relative safety as a component of horizontal evacuation. The orientation of the map made it difficult to identify which direction to take and would benefit from being displayed in a manner that mirrored the layout of the centre from the viewers perspective.

Communal space comprised two sitting rooms, two dining rooms and a visitors' room. These were furnished appropriately with couches and armchairs. As found on the last inspection, communal spaces were rarely used by residents. On the first day

of the inspection only one resident was seen in one of the sitting rooms. This resident was independently mobile. On the second day of the inspection four residents were seen in one of the sitting rooms, partaking in a group activity. Additionally, only a small number of residents had their meals in the dining rooms on both days of the inspection. These were predominantly residents with high care needs and required assistance with their meals. At various times over the course of the two days of the inspection the inspector observed that most residents were in their rooms either in bed or sitting in a chair at their bedsides.

There was a secure garden that was landscaped to a high standard with a number of plant beds, garden furniture and a paved footpath. The door leading to the garden was open and the outdoor area was readily accessible to residents.

Activities were facilitated by staff from a community employment scheme, supported by volunteers. The inspector was informed that there were previously two staff working in the centre from this employment scheme but now there was only one. On the first day of the inspection there was no one from the community employment scheme or volunteers in the centre and the inspector observed that there were no activities facilitated for residents. Most residents were in their bedrooms with minimal stimulation other than television, radio or self directed activation such as knitting.

The inspector spoke with a number of residents over the course of the two days of the inspection. All residents were complimentary of staff and their responsiveness to requests for assistance. Residents reported that they enjoyed living in the centre and that the staff were always kind and attentive. One resident told the inspector that they were in the centre approximately six months and that "the care here is brilliant" and the "food is good". The Inspector observed staff communicating respectfully with residents. Staff appeared to know the residents well and residents appeared relaxed and comfortable in the company of staff.

Visits were unrestricted and were facilitated in line with currently public health guidelines. The inspector spoke with two visitors who praised the staff and the care their family member received.

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

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The provider had an established management structure with a number of systems in place to monitor the quality and

safety of the care provided. However, the systems were not always effective in ensuring the quality of the service or compliance with the regulations.

The registered provider of Abbeygale House is the Health Service Executive. The management structure within the centre is clear, with identified lines of authority and accountability. The provider engaged in regular meetings with the management team of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care. The person in charge reported to a director of nursing and was supported by two clinical nurse managers, in addition to a team of nursing, healthcare, catering, and housekeeping personnel. The registered provider representative was in regular contact with the centre and governance meetings were held with the other HSE centres in the area on a regular basis. Records of staff and management meetings provided to inspector demonstrated that issues were discussed and corrective actions were implemented when required.

There were management systems in place to oversee the service and the quality of care through a programme of audits. The inspector viewed a schedule of clinical and environmental audits. Audits had been completed in a number of key areas including, environmental hygiene, medication management, hand hygiene, nutritional assessments and restrictive practice. Each audit had an action plan which detailed the improvements to be carried out. Monthly audits of clinical care indicators were also completed to monitor areas such as antibiotic use, use of psychotropic medication and wound development.

While there was a clearly defined management structure, on the day of the inspection the management system in place did not reflect that set out in the Statement of Purpose. Additionally, improvements were required in management systems to ensure that issues identified on previous inspections were satisfactorily addressed. An annual review of the quality and safety of care was completed for 2021. More detail was required in the review to demonstrate that the findings were underpinned by an assessment of quality and safety against relevant standards set by the Authority, as required by the regulations. These are discussed in more detail under regulation 23, Governance and Management.

There was evidence of a comprehensive daily handover and the inspector viewed records for regular meetings which took place with staff and management in relation to the operation of the centre. Records detailed the attendees, the agenda items discussed and the actions that were agreed.

On the day of the inspection, there were 30 residents being accommodated in the centre. The inspector observed that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies. A review of the rosters found that there was a good skill mix of staff nurses and care staff on duty. It was evident that there was clear communication between the management team and the out-sourced personnel. While staff were knowledgeable and had access to education and training appropriate to their role, inspectors found that some staff had not attended mandatory refresher training sessions. This is discussed further under Regulation 16: Training and staff

development.

Residents views on the quality of the service provided was assessed through satisfaction surveys and residents' meetings. It was evident from the meeting records that issues raised by residents were addressed by management.

There was a complaints policy and the procedure for making complaints was on display in the centre. There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated. There was a need to review the complaints policy and the notice on display to ensure the independent appeals process was made known to residents and visitors. Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre.

Personnel records were not available in the centre on the days of the inspection. These had been removed from the centre so that they could be scanned as these records were to be stored electronically into the future.

Regulation 14: Persons in charge

The person in charge was an experienced nurse and manager. The person in charge had the required experience and qualifications required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Through the observations of the inspector and a review of the staffing rosters, the inspector was satisfied that that there was an appropriate number and skill mix of staff on duty at all times to meet the health care needs of the residents. The centre was reliant on agency staff in order to have a full staff complement but these staff worked in the centre on a regular basis and were familiar with the residents.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that some staff were overdue refresher training in manadatory areas such as fire safety, safeguarding and manual handling.

Judgment: Substantially compliant

Regulation 21: Records

Personnel records had been taken off site to be scanned and stored electronically and were not available to the inspector on the days of the inspection.

The person in charge was not included on the staff roster and therefore it was not possible to ascertain from the roster when she would be present in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Action was required in relation to the governance and management arrangements in the centre. For example:

- the person in charge was working in another designated centre to cover the annual leave for the person in charge of that centre. This is not in accordance with the arrangements for the management of the centre cited in the Statement of Purpose. The person responsible for managing the centre during the absence had an unplanned absence which further impacted on the governance and management arrangements
- issues identified in the most recent inspection conducted in November 2021 in relation to residents' rights, fire safety and care planning had not been satisfactorily addressed
- more detail was required in the Annual Review of Quality and Safety to demonstrate that the findings were underpinned by an assessment of quality and safety against relevant standards set by the Authority, as required by the regulations. There was also a need to ensure that it reflected the feedback of residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose was updated and contained all of the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The Inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy or the notice on display did not identify for residents or visitors the appeals procedure, should they be unhappy with the outcome of the investigation into a complaint

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were available as set out in Schedule 5, these were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents in the centre were in receipt of good quality healthcare from a team of staff that knew residents well and were responsive to their needs. Residents stated that they felt safe and well-supported in the designated centre. Significant action was required to ensure that the social care needs of residents were met. Improvements were also required in the areas of fire safety and care planning.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. While care plans were developed for residents, these were pre-printed and lacked

personalisation. This is discussed in more detail under regulation 5 of this report.

Residents had very good access to medical care and records indicated that residents were reviewed on a regular basis. Residents also had good access to allied and specialist services, such as speech and language therapy, dietetics, physiotherapy and occupational therapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

The inspector reviewed fire safety records. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection and alarm system and emergency lighting. Residents all had personal emergency evacuation plans (PEEP's) in place and these were updated regularly. Annual fire training was completed by most staff and regular fire drills were undertaken. There was a need to ensure that fire drills adequately prepared staff for the evacuation of a full compartment when the staffing was at it's lowest. Additionally, not all staff were familiar with compartment boundaries. While these were displayed on a map and the largest compartment contained nine beds, there were additional cross corridor fire doors to those that were aligned with compartment boundaries. Staff were not aware that the placement of residents beyond these doors in the event of an emergency did not constitute a place of relative safety.

Significant action was required in relation to the socialisation of residents. Based on the observations of the inspector, activities were provided by designated staff, such as members of a community employment scheme and volunteers. Neither of these staff were present on the first day of the inspection and there were no activities provided for residents. As found on the last inspection, a significant number of residents did not leave their bedrooms. Because residents spend so much time in their bedrooms, residents had limited variation in their daily routine, such as going to the dining room for their meals and there was limited opportunity for socialisation.

Since the last inspection a review had taken place of the use of restraint. On this inspection the restraint register identified that six residents had bedrails in place and movement alarms were in place for a further two. This was a reduction from the previous inspection and indicated a proactive approach towards achieving a restraint free environment. The inspector did however find that one resident had full bedrails in place, which did not reflect the information in the resident's care plan or in the restraint register.

The premises was bright,clean and in a good state of repair on the day of the inspection. Residents had access to communal space, which was comfortably furnished and tastefully decorated. There was good access to a secure outdoor space that was landscaped to a high standard, containing garden furniture.

The inspector observed good hand hygiene practices by staff with alcohol based hand sanitiser readily available throughout the centre. There were also clinical wash hand basins located throughout the centre. Staff demonstrated good practice in relation to personal protective equipment (PPE). There was evidence of good oversight of cleaning within the centre. There were two staff on duty each day with

responsibility for cleaning. Staff completed cleaning schedules which were monitored by the person in charge. This ensured that every area of the centre was cleaned to the appropriate standard. The inspector reviewed cleaning records and found that staff maintained adequate records of routine cleaning and there was also a schedule of deep cleaning.

The were systems in place to safeguard the residents from abuse. Residents told the inspector that they felt safe in the centre and that they could talk to any staff member if they were worried about anything.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection and it was evident that there were no restrictions on visiting. Residents that spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their rooms for personal possessions. Residents' clothing was labelled and laundry was done regularly and returned to the residents' rooms.

Judgment: Compliant

Regulation 17: Premises

The premises was bright,clean and in a good state of repair on the day of the inspection. Residents had access to communal space, which was comfortably furnished and tastefully decorated. There was good access to a secure outdoor space that was landscaped to a high standard, containing garden furniture.

Judgment: Compliant

Regulation 18: Food and nutrition

Judgment: Compliant

Regulation 26: Risk management

The risk management policy did not contain the risks, and controls to mitigate those risks, as required by 26(1)(c) of Regulation 26. For example, the risk of self-harm was not referenced in the policy or on the risk register.

Judgment: Substantially compliant

Regulation 27: Infection control

Equipment, such as commodes, were stored in the sluice room and not all were identified as having been cleaned.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety. For example:

- on the first day of the inspection equipment such as large speciality chairs, a step ladder and a wheelchair were stored on a landing that was marked as a refuge point. This area could not be used as a place of refuge in the event of a fire and the pathway to the exit was obstructed. The area was cleared of the obstruction on the day of the inspection.
- staff were not aware of compartment boundaries where residents could be evacuated to as a place of relative safety in the event of a fire. This was due to cross corridor fire doors that did not have smoke brushes or heat seals and were located in areas other than a compartment boundary. The record of one fire drill indicated that residents would be evacuated to an area beyond one of these doors but was still within the boundary of the compartment in which the fire was simulated
- there were gaps in some cross corridor fire doors that would impact on their ability to contain smoke in the event of a fire
- there was a need to enhance fire drills to incorporate the simulated evacuation of a full compartment and to also simulate night time staffing numbers
- the orientation of the evacuation map on display made it difficult to identify

the route of evacuation in relation to your location in the centre

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were not person centred and lack the detail to effectively guide care. For example:

- care plans were pre-printed and not adapted to reflect the individual needs of residents. Personalisation was predominantly reflected by the insertion of the resident's name at various locations and ticking a box most closely associated with that person's needs
- in addition to the pre-printed sheet there was a "Variance Care Planning" sheet that contained narrative nurses' notes that sometimes extended to seven pages but did not provide a summary of the care needs of the resident.

Judgment: Not compliant

Regulation 6: Health care

Residents were in receipt of a high standard of medical and nursing care. A medical officer was available in the centre and visited regularly to review residents. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was evidence of a reduction in the use of bed rails, one residents had bed rails in place contrary to what was identified in the resident's care plan. This was also not referenced in the restraint register.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and would have no problem approaching any member of staff, should they have any concerns.

The provider was pension agent for two residents and these finances were managed in accordance with HSE procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Significant action was required in relation to residents' rights. For example:

- there were no activities facilitated for residents on the first day of the inspection. The inspector found that there was an over reliance on staff from a community employment scheme and volunteers to support the socialisation of residents
- a large number of residents spent a considerable amount of time in their bedrooms with minimal stimulation, other than television and radio. The inspector noted that at various times in the morning and afternoon of both days of the inspection most residents were in their rooms, either in bed, laying on top of the bed clothes in bed or seated beside the bed in a chair.
- most residents had their meals either in bed or on a tray table at their bedside on the first day of the inspection. A higher number of residents were observed to have their meals in the dining room or on the corridor beside the dining room on the second day of the inspection. The inspector noted that these were the more dependant residents that required assistance with their meals
- there were disposable privacy curtains in the three-bedded rooms. The curtains did not extend all the way around the beds and one bed did not have privacy curtains. This did not support the privacy and dignity of residents in multi-occupancy bedrooms
- a number of residents did not have call bells in their rooms. While some of these residents may not have the ability to use call bells, all options were not

explored to determine if alternative call bells requiring less dexterity could be used.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0037809

Date of inspection: 13/10/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Safeguarding and fire training now completed by 100% of staff. Action complete 04/11/2022 • Plan in place for any outstanding training to be complete by 28/02/2023	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • At the time of inspection all staff files had been removed from the facility to be uploaded on the Therefore system an introduction of paperless system to reduce storage improve security and allow a more environmental friendly system. All files be available on unit to view on the therefore system from the 08/12/2022. • Person in charge now included on staff roster. Action complete 13/10/2022	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

• Management arrangements review undertaken on 17/10/2022. In the absence of PIC, CNM2 and CNM1 and rotated to senior staff nurses if required Action complete 21/10/2022 • Annual review was presented to residents on 09/11/22 at residents meeting, Assessing performance against the national standards for residential services for older people in Ireland Annual review report template will be utilized for Annual review 2022 and will involve residents and be presented to residents. Action completion timeframe 31/01/2023

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • Complaint policy reviewed and now includes stages and details of Independent review process, poster also containing this information displayed on unit for Residents and families. Action complete 01/11/2022 • Advocacy service information displayed on unit re support services available to assist in making a complaint. Action complete 01/11/2022	

Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: • Risk register review meeting took place on 08/11/2022 lead by clinical risk advisor, in attendance were PIC, staff and registered provider. Update will be available on unit 18/11/2022. Action completion date – 18/11/2022 • Risk management policy currently under review. Action completion date 30 November 2022.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Daily Check system introduced re Refuge areas kept clear of all equipment. Action complete 21/10/2022	

• Education given on fire compartments to all staff and fire drills now carried out on full compartments as per map of compartment commenced 20/10/2022. Fire drills carried out with night time staffing levels simulated. • Fire officer reviewed all maps onsite on 08/11/2022. New maps available on unit. Action complete 09/11/2022.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • New care plans being introduced to reflect a more person centered approach to care. • Training programme for staff commencing week of the 14/11/2022 • Action completion date agreed 24/02/2023

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: • Training on restrictive practice continues, 100% compliance reached 01/11/2022 trained. Audits taken place. • Restrictive practice committee meetings 3 monthly with the aim to reduce restrictive practice and review audit results and to identify any further supports and resources that promote a restraint free environment as part of these meetings the self- assessment questionnaire on thematic programme will be completed.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • New weekly time table of activities developed and displayed for residents in conjunction with residents wishes. Action complete 21/10/2022 • Additional staff member now available to unit from 14/11/2022. • Activities committee meeting 3 monthly and residents included in these meetings to

give feedback on activities and ideas on new activities that are of interest to the residents.
• Planned activities available daily with movies music available at weekends.
• Presently identifying training needs and all staff will be facilitated in training in person centered care by 28/02/23
• All staff to complete online training on Applying a human rights-based approach in health and social care to be completed by 31/01/23
• Promotion of meal times away from resident's bedrooms to dining area has been discussed with each resident this will be measured by observation and discussion at resident's forum.
• Quote for new curtains and privacy screens submitted.
• Call bells available for all residents 01/11/2022. Some residents who are unable to use call bells due to cognitive ability are given appropriate unit location, any resident who due to dexterity have difficulty with call bells advice sought from O.T re sourcing a more appropriate system for that individual resident. Action complete 01/11/2022

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2023
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.	Not Compliant	Orange	08/12/2022
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	21/10/2022
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	21/10/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2023
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	30/11/2022
Regulation	The registered	Substantially	Yellow	09/11/2022

28(1)(d)	provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Compliant		
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	21/10/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	09/11/2022

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	01/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	24/02/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	01/11/2022

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	21/10/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	14/11/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	21/10/2022
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	31/12/2022