



**Health
Information
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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. Anthony's Unit
Name of provider:	Health Service Executive
Address of centre:	Glennconnor Road, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 March 2021
Centre ID:	OSV-0007836
Fieldwork ID:	MON-0031563

About the designated centre

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

St. Anthony's unit is owned and operated by the HSE and is registered to provide care to 18 residents. It is located on the outskirts of the town of Clonmel on an elevated site with beautiful views of the mountains and local area. The centre is a single storey facility and bedroom accommodation is provided in four single rooms, a twin room and three four-bedded rooms. There is a very large communal room at one end of the building that provides lounge, dining room and activities facilities. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. St Anthony's unit provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care. Two designated palliative care beds are a recent addition to the care provided in the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Tuesday 30 March 2021	09:20hrs to 16:40hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from what residents and relatives told the inspector it was clear that the residents received a good standard of care in the centre. The overall feedback from residents was that the management and staff were kind and caring and that they were happy living in the centre. The inspector met all residents present on the day of the inspection and spoke in more depth to six residents. The inspector also spoke to a number of relatives who were in the centre visiting during the inspection.

The inspection was unannounced and on arrival to the centre the inspector was met by the person in charge who ensured that all necessary infection prevention and control measures including hand hygiene and temperature checking were implemented prior to accessing the centre. Following an opening meeting the inspector was guided on a tour of the centre by the person in charge. It was very evident from the walk around that the person in charge was well known to all residents. All of the residents who spoke to inspector were complimentary of the service provided and described the staff as kind, caring and obliging. A couple of residents said that the care they receive is excellent and feel very happy that they can ask any nurse or staff member for help at any time. They went on to say they felt safe at all times day and night. The inspector observed resident and staff interactions throughout the day and observed kind and caring interactions. It was obvious that staff knew the residents well and vice versa. Staff were observed assisting and speaking with residents in a friendly and respectful manner, and displayed good knowledge of the residents' needs, preferences and personalities. As this is a small centre with only 18 residents all staff were familiar with all the residents. Resident to staff ratios were high and there were four nurses and three care staff on duty to provide care to the 15 residents present on the morning of the inspection.

The inspector saw that the centre was set on an elevated site with beautiful views of the mountains. The location within the town of Clonmel was appreciated by the residents who said pre the COVID-19 Pandemic, they could access town easily for shops, the post office, bank etc. The centre is a single story building which was seen by the inspector to be bright and clean with wide corridors. The inspector saw that a large proportion of the resident's private accommodation was provided in three four bedded rooms and one twin room. Resident's privacy was maintained in so far as practicable in these multi-occupancy rooms with curtains around each bed. However, the inspector observed that residents did not have ample space to store their belongings. Single wardrobes were only provided and resident's excess clothing were seen in bags beside their beds or in boxes on a bed table. Many bedrooms were seen to be devoid of pictures. Personalisation of bed spaces proved difficult in the multi-occupancy rooms with limited wall, shelving and cupboard space to display photos and trinkets. The inspector observed it was also difficult for residents to fully undertake personal activities in private in these rooms. The centre has four single bedrooms and two of these have been allocated to palliative care. The inspector

noted that paint was peeling off the wall in a two of these bedrooms and a leak in the ceiling had caused a large stain. Two other bedroom ceilings that required redecoration. The inspector noted that due to the site in front of the centre being taken over to build a new replacement centre , there was no safe place for residents to use to enjoy the outdoors. The centre opened onto a road and car park from all sides and there was no outside seating or safe enclosed area available for residents use at the time of the inspection. Residents said they would like to be able to sit out when the weather was fine.

Lack of suitable storage was evident throughout the centre. Storage rooms were seen to be cluttered and bathrooms and corridors were inappropriately used to store linen trolleys and other equipment. A large room that could have been used as additional resident's communal space was full with unused equipment. A large quantity of oxygen cylinders were inappropriately stored in this area and other areas which was a risk, this is discussed further in the main report. The management team assured the inspector that this excess equipment was due to be cleared out the following day, but many of the items present had been there for a long period of time.

The inspector saw that dining tables were available in a bright day/ dining room where a number of residents had their meals socially distanced. The room was decorated with Easter decorations and was bright, very colourful and cheerful. The inspector saw that resident's dinners were served on trays at the dining table rather than the table being appropriately set for a relaxed dining experience. The inspector observed the lunch time dining and saw that there were plenty of staff available to assist residents as required. The food was appetising and specialist/modified diets were well presented. Residents were generally very complimentary about the food and said they are always asked what they would like for their meals. During a recent residents' committee meeting one resident asked if there could be more choices for those on restricted/modified diets. The inspector saw that action was taken in response to this request and encouragement and advice was given to staff to not to be afraid to use their innovative thoughts on enhancing modified Diets. Examples given were liquidising kiwi fruits or bananas or other fruits, and mixing through ice-cream or to compliment rice and custard type desserts for example and not just depending on the choices arriving from the main kitchen.

The inspector saw that some residents had detailed 'Getting to Know Me' books completed with information on their likes, dislikes hobbies and interests. There was a detailed activity schedule which included knitting, sewing, arts and crafts, flower arranging, music, chair exercises, board games etc. The activity coordinator works 24 hours a week, but was not on duty at the time of the inspection. The inspector saw that other staff members provided activities in her absence. Lively exercise sessions took place with music and games. The person in charge confirmed they had secured 12 additional activities hours to provide social stimulation over the seven days of the week. Residents meetings were held frequently and as previously outlined there was evidence that actions were taken from issues residents raised at these meetings. Advocacy services were made available as required. The centre had acquired a mobile computer on wheels to enable residents to watch spiritual services if a resident is unable to attend the day-room on a given day. Residents told the

inspector they enjoyed the activities and looked forward to the chat and a cup of tea afterwards. One of the care staff had taken on the role of hairdresser which was much appreciated by the residents.

The residents said that their biggest fear was not having family around and missing their chats and company has had a huge impact on them. They also said they understand that it was for the safety of everyone. They were delighted that indoor visiting had recommenced in line with the HPSC guidelines. The inspector saw that an area had been set up which enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The inspector met a number of visitors during the inspection who were delighted to be able to get into visit their family member again. They were very complimentary about the staff and care given to their family member in the centre. The centre also facilitated visiting for compassionate reasons and window visits. The inspector saw a resident in bed receiving a window visit from two members of her family and the delight to see each other was very evident. Residents also kept in touch with their families via telephone, video conferencing, mail and other technological means.

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

Capacity and capability

Improvements were required in the overall governance and management of the service to ensure effective oversight of this new centre. An immediate action plan was issued on the day of the inspection in relation to the inappropriate storage of a large number of oxygen cylinders and the lack of assurances around the evacuation of the centre in the case of fire. Following the inspection assurances were received that all excess oxygen cylinders have been removed from the centre and new oxygen safety signage has been installed. Assurances were also received that storage of external oxygen cylinders was to be reviewed by technical services and the required adjustments were to be made. Evacuation drill records were also submitted.

Other areas for improvement identified during the inspection included staff training, management and oversight of staff files, and general oversight of the service.

Previously St Anthony's unit was registered as part of a larger designated centre St. Patrick's Hospital (Cashel). In August 2020 St. Anthony's Unit was registered as a separate designated centre. The centre is operated by the Health Service Executive (HSE) who is the registered provider. The management team consists of a newly appointed person in charge, who worked in the centre for numerous years in a managerial capacity. She is supported in her role by the Director of Nursing (DON) from Cashel services who is a Person Participating in Management (PPIM) and the

General Manager. Regular management meetings had taken place and the PPIM visits the service weekly to provide support. On a daily basis the person in charge is supported by a team of experienced nursing, health care assistants, catering, cleaning and activity staff. However, it was not clear during the inspection as who would act up in the absence of the person in charge.

There were 15 residents living in the centre on the day of the inspection. The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Regular swab tests had confirmed all staff to be negative for COVID-19 and a number of the required precautions were in place to prevent infection. Residents and staff had received COVID-19 vaccinations. The centre had a preparedness plan for COVID-19 and a review of the service had been undertaken by the infection control specialist nurse from the HSE and the management team were implementing the numerous recommendations from this audit. There was a plentiful supply of PPE and staff had all received updated infection control training.

There was evidence of some quality improvement strategies and monitoring of the service. There was a system of audit in place, for example; audits were carried out in relation to care planning, documentation and restraint. Following completion of audits, there was evidence of recommendations. However, there were no action plans following on from the audits and issues were not allocated to responsible staff for action and completion. Some of these systems were newly implemented and required further monitoring and implementation. A comprehensive record of all accidents and incidents was maintained. However, there was no trending of accidents and incidents for patterns or trends, the person in charge said she would commence same. As the service was a new service an Annual Review had not been completed but residents' views were being elicited through regular residents' meetings.

Whist the provider assured the inspector that staff were all recruited in line with HSE guidelines, staff files were not kept on site and the person in charge and management team did not have access to review files and check references and vetting of staff. This lack of oversight could lead to clinical and other issues being missed in relation to staff recruited.

Regulation 14: Persons in charge

The person in charge is new to the role of person in charge but was a CNM2 in the service for a number of years. The person in charge is an experienced nurse and has the required managerial and nursing experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were four nurses, plus the person in charge and two care staff, a catering staff member, a cleaner and an additional staff member from the agency providing one to one support to a resident. These numbers reduced at night to one nurse and two care staff from 9.30 pm for the 15 residents present. These high staffing levels were found to be more than sufficient to provide care to the residents in the centre and discussion was underway to have a more balanced skill mix at all times in the centre. There are also ongoing discussions in relation to the division of the Multi-task role for caring and catering.

Judgment: Compliant

Regulation 16: Training and staff development

Training records seen on the day of the inspection did not provide evidence that all staff had received mandatory training. Gaps were evident in moving and handling and safeguarding training. Two staff's fire training was out of date and training to support people who had responsive behaviours also was not in place for a very large number of staff.

Judgment: Not compliant

Regulation 21: Records

Staff files were not kept on site and therefore they were not easily available to review. The person in charge and the management team confirmed that they did not have easy access to staff files.

Judgment: Not compliant

Regulation 23: Governance and management

A number of issues were identified with the governance and management systems that did not provide assurances that there was adequate oversight of the service. The governance arrangements did not ensure the effective delivery of a safe, appropriate and consistent service in the centre. Issues with the governance

arrangements included:

- It was not clear from the management structure who would act up in the absence of the person in charge as the PPIM was based in the services in Cashel and was not in the centre on a daily basis.
- This was evidenced by a lack of of effective systems to monitor fire safety staff training, and care planning.
- There was no trending of accidents and incidents and audits undertaken did not have action plans for corrective actions required.
- There was a lack of oversight of staff files therefore, robust recruitment could not be assured.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care and were seen to meet the requirements of legislation. They included the room to be occupied and set out the terms of residents' accommodation in the centre. They included charges for services and services not included in the fee.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with the requirements of regulations and timely and detailed recording and investigation of incidents was evidenced during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

A detailed complaints procedure was on display at the entrance to the centre. The complaints procedure identified the nominated complaints person and summarised the appeals process in place. The person in charge told the inspector that there had been no complaints so the inspector was unable to verify the logging of complaints. Residents who spoke with the inspectors confirmed that they had not had to make a complaint as they could discuss anything with the staff.

Judgment: Compliant

Quality and safety

Overall, residents had very good access to healthcare services and were supported and encouraged to have opportunities for social engagement and ongoing interactions with their family members. There was evidence of good consultation with residents through residents meetings and daily contact with staff. However, issues with some aspects of the premises including, personal storage and a lack of access to a safe outdoor space impinged on residents rights, dignity and choices. Improvements were also required with some aspects of care planning, restraint management and medication management.

Residents had very good access to medical care and allied health services were available such as dietitians and speech and language therapists who reviewed residents regularly and remotely during the outbreak. Access to geriatricians and palliative care advice was readily available and good relationships were developed with the acute services. The management team assured the inspector that access to physiotherapy would be provided on a regular basis in the near future, currently it is provided via the community services as required.

Residents' assessments were completed using validated tools and care plans were updated within the required time frames. Good end-of-life care plans were seen, with evidence of collaboration with residents and their families to ascertain the preferences of each resident. However, some care plans required review to ensure a person-centred approach to care delivery. There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. Risk assessments were seen to be completed and there was evidence that some less restrictive alternatives such as low-profiling beds and alarm mats were in use. However, the inspector saw that the use of bed rails required review as the numbers in use exceeded the number reported as restraint.

There had been a programme of ongoing decoration and renovation of the premises and three five bedded rooms had been reduced to four bedded rooms. A new shower room and toilet had been put in place and some en-suite facilities had been enhanced. The centre had wide corridors and bright bedroom and day facilities. However, there were a number of improvements required with the premises which are outlined under Regulation 17: Premises. The inspector saw that preparation works were well underway for the replacement of the current unit with a 50 bedded community nursing unit which is to be built in front of the current unit.

There was a detailed activity schedule which included knitting, sewing, arts and crafts, flower arranging, music, chair exercises, board games etc. The activity coordinator works 24 hours a week and the person in charge confirmed they had secured 12 hours additional activities hours to provide social stimulation over the

seven days. Residents' meetings were held frequently and there was evidence that actions were taken from issues residents raised at these meetings. Advocacy services were made available as required. However, the inspector found that some aspects of residents care was found to require review to ensure residents rights were upheld.

Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed in May 2020 however, not all staff had received this training and fire drills had been undertaken in the previous year. The person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels. An immediate action plan was issued and a drill was undertaken following the inspection further ongoing drills are required to ensure all staff are familiar with compartmental evacuations of the centre.

Regulation 11: Visits

Indoor visiting had recommenced in line with the HPSC guidelines. A visiting area had been set up which enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The inspector met a number of visitors who were delighted to be able to get into visit their family member again. The centre also facilitated visiting for compassionate reasons and window visits. Residents also kept in touch with their families via telephone video conferencing, mail and other technological means.

Judgment: Compliant

Regulation 17: Premises

There were some issues identified with the premises during the inspection that required review and action.

- Lack of suitable storage was evident throughout the centre. Storage rooms were cluttered and bathrooms and corridors were inappropriately used to store linen trolleys and other equipment. A large room that could have been used to provide additional communal space for residents was full with unused equipment.
- In a number of bedrooms the inspector saw that there were only single wardrobes which did not provide adequate storage space for residents

clothing. Extra clothing was seen in bags on the floor beside residents' beds and in boxes on a bed-table in shared rooms

- There was no safe place for residents to use to enjoy the outdoors. The centre opened onto a road and car park from all sides and there was no outside seating or safe enclosed area available for residents use.
- There was paint peeling off the wall in a small number of bedrooms, tiles required replacement in an en-suite bathroom, a leak in two bedrooms left the ceilings badly stained.

Judgment: Not compliant

Regulation 27: Infection control

A full assessment of the premises from an infection control perspective was undertaken by the infection control specialist for the HSE and a number of recommendations had been implemented following same. Infection control training was provided to all staff and good practice was observed in hand hygiene and mask wearing was seen by the inspector.

The centre was observed to be clean and cleaning staff spoken with were fully aware of the cleaning and deep cleaning procedures in place. These procedures were updated and the frequency increased for specific areas of the centre in line with COVID-19 guidelines. Training was ongoing and the centers housekeeping staff were seen to be competent in decontamination cleaning and general infection control measures.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff wore appropriate PPE and hand sanitisers were appropriately located along corridors.

Residents who returned from hospital and newly admitted residents were kept in isolation for 14 days. PPE stations were appropriately set out along the corridors in close proximity to residents' bedrooms and clinical waste was effectively managed.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. A number of fire safety issues were identified during the inspection that necessitated an immediate action plan.

- Numerous oxygen cylinders were seen in the centre which were not stored in

line with best practice guidelines. Oxygen cylinders were seen on corridors, in the person in charge's office, in a storage room full along with combustible materials including boxes of PPE and empty cardboard boxes. This posed a high risk of fire and required immediate review and action. There was also no cautionary signage available advising re the use of naked flames around the cylinders. There were a number of oxygen cylinders stored externally and the inspector requested a review of the requirement for them and their storage arrangements.

- There was a lack of fire drills undertaken in the centre. The inspector was not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations having been completed. Drill reports were submitted following the inspection and further drills were required to ensure the competency of all staff.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector identified that some medications were being administered in an altered format such as crushed to a small number of residents. The inspector noted that these medications had not been individually prescribed to be crushed by the general practitioner and therefore this practice could lead to administration errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on the review of a sample of resident's care plans and assessments, a number of issues were identified:

- Core care plans were in use and many of the care plans were not person-centred in nature, with many referring to "the patient" and "the client" as opposed to the resident's individual name.
- Care plans were not fully personalised with sufficient personal details to direct staff to provide individual care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. A dedicated medical officers visits the centre three times per week and at other times if required.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with reviews taking place online. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Eleven of the 15 residents in the centre were using full length bedrails. A number of these were documented as enablers and not as restraints even though residents could not independently release the bedrail if they wished to get out of bed. The inspector identified this was a particularly high percentage of bedrail usage and a full review of all restraints in use in the centre was required with an aim towards a restraint free environment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector observed some areas where improvements in residents rights were required during the inspection.

- Residents did not have access to outdoor space.
- Some of the residents residing in the centers four bedded rooms tended to spend large parts of the day in their bedroom and had their meals by their beds. The design and layout of the bedrooms potentially impacted on the provision of choice for residents living in these rooms. For example, the options for some residents to spend time alone, or watch television or listen to the radio station of their choice. It also proved difficult to fully maintain privacy in these rooms despite the best efforts of the staff using screening curtains.

Judgment: Substantially compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Anthony's Unit OSV-0007836

Inspection ID: MON-0031563

Date of inspection: 30/03/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Mandatory training including Manual Handling recommenced in February 2021, Four Staff were trained in April 2021, and we have three Staff scheduled for Manual Handling re-training in May and June 2021. This will complete our up to date Manual Handling Training for 2021 • For CPR Training: There are two dates currently booked for 10th & 17th May 2021 and Staff from St. Anthony's are being allocated training on these dates. We will continue with training over the next two months taking into consideration the Restrictions in numbers permitted at each training session. • For Fire training: All Staff are completing the On-Line Fire training for Hospitals currently with more than 15 Staff submitting their certs for 2021, remaining Staff are currently under-taking this On-line Training and will have it completed by 6th May. On site fire training is to recommence from June 2021. Three separate dates for compartmental fire drills completed in April 2021, two scheduled for May 2021 and monthly thereafter, these drills are to be completed with minimal staffing levels as per night duty. • Safe Guarding training remains on-line through HSE land and Staff at St. Anthony's are aware they are required to carry this training out on line for completion by June 25th 2021. On-Site Safe guarding training will be carried out at end of June 2021 at St. Anthony's. • Restrictive practice on site training will occur at St. Anthony's on Thursday, June 10th and other dates to be organized as required. • Responsive behaviors training to be facilitated by ANP in Dementia all staff to have completed by September 2021. 	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Copies of all staff have been acquired are now on site. There is a National HR system introduced and all HR files will be going electronic. Confirmation of a date for South Tipp to review and process is awaited from H.R. Dept.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • CNM2/PIC is on duty Monday to Friday 8.30-17.30hrs and is available to residents, families and staff on these days. • PPIM/D.O.N. is on-site weekly on Thursday's and is available as required on other days. • In the absence of both PIC, senior nurses will take responsibility for the governance of the unit with support from DON 23rd April 2021. • On a daily basis a senior nurse is designated in charge for daily clinical responsibilities supported by CNM2/PIC. • Out of hours Governance Schedule available for staff, this is updated weekly and reflects availability of senior management out of hours. • All accidents and incidents are reported & recorded. Trending of these is now commenced and CNM2/PIC is carrying out a retrospective trend analysis for 2021 in conjunction with HSE risk management (June 2021). • Incidents & accidents are reviewed at our monthly CNM meeting with DON and ADON's. This information is now part of our monthly staff meeting ensuring that the learning is filtered down to all staff-commencing May 2021. • Actions plans now formulated & in progress from our 2021 and will be completed by 2nd Week June 2021. Audit of Restrictive Practices completed 21.04.2021 awaiting feedback. • Responses to the lack of Oversight of Staff Files has been explained under Regulation 21. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Storage Rooms have been de-cluttered and we are currently in discussion with Technical Services regarding the Provision of extra Storage Space for Equipment. 	

Meeting scheduled for 27.04.2021 with Technical Services Manager, Manager of Older Person Services, and CNM2/PIC & DON/PPIM- plans to be progressed immediately.

- Regarding Safe Outdoor place for our Residents- same to be in place by the end of May 2021.
- The Small Sitting Room off the Day Room has been de-cluttered and is actively being re-purposed as an extra meeting Space for Residents and families. The equipment has been removed to storage off-Site-02.04.2021.
- Regarding minimal Personal Storage Facilities for our Resident personal belongings this is currently being planned through Technical Services Department to measure and fit out extra Wardrobes or Chest of Drawers to enable our Residents to have more Personal belongings stored in a Dignified and safe manner- Plan to be implemented by end of May 2021.
- Regarding Stained Ceilings and Painting Deficits: All of this painting, and ceiling stain, sealing and re-painting has been completed 22nd April for the Entire Unit which included Room 4,5,and 8. Staff Room and surrounding area, Cleaning and Treatment Room.

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

- All oxygen Cylinders in Storage Room, and office were removed immediately after inspection and Returned top Technical Services Dept 31.03.2021
- Signage was placed on two areas of the Corridor at Nurses Station to clearly de-note the presence of one oxygen Cylinder which is secured to our resuscitation trolley 31.03.2021
- The use/Storage of large oxygen Cylinders external to our Unit is currently under Review regarding positioning and Storage 27.04.2021.
- Three separate dates for compartmental fire drills completed in April 2021, two scheduled for May 2021 and monthly thereafter, these drills after to be completed with minimal staffing levels as per night duty.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The prescriptions of our Residents that require medication to be crushed was reviewed and re-prescribed with the correct instruction beside each individual medication applied. Carried out immediately after Inspection and is completed 31.03.2021.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The need for a Person Centered approach to our resident's care which is to be reflected in our nursing documentation is discussed and highlighted as part of our daily handover. Person Centered Care is now an agenda item on our monthly ward meeting from May 2021. • We are reviewing our documentation throughout the service and have chosen suitable Person Centered documentation from the Cork/Kerry HSE area. We are trialing this in on unit within our service in June 2021 & will have it rolled out throughout the service including St. Anthony's unit before the end of 2021. This being supported by senior management & practice development at a practical level. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Review of Restrictive Practice documentation and usage commenced 31.04.2021 and is reviewed daily. • Restrictive practice audit completed 21.04.2021 awaiting feedback to facilitate completion of action plan. • Restrictive practice on site training will occur at St. Anthony's on Thursday, June 10th and other dates to be organized as required. • Responsive behaviors training to be facilitated by ANP in Dementia all staff to have completed by September 2021. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Regarding Safe Outdoor place for our Residents- same to be in place by the end of May 2021. 	

- The Small Sitting Room has been de-cluttered which has provided an extra space for personal quiet time or more private visiting time 02.04.2021.
- Requests to technical Service to install the larger televisions in rooms and options such as headsets being considered - date of completion to be to be confirmed.
- Meaningful activity program now covering 6 days/week (32hrs/6days) on the other day staff on the unit participate in the program. One of the activities coordinator's is to attend training for level 1 activity therapy for dementia care on 19th May 2021 & 9th July 2021.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	12/04/2021
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	01/06/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/11/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Substantially Compliant	Yellow	23/04/2021

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	23/04/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2021
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	Substantially Compliant	Yellow	31/03/2021

	aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/03/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	03/06/2021

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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.	Substantially Compliant	Yellow	31/05/2021