Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Falcarragh Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Ballyconnell, Falcarragh, Donegal</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 December 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000619</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0028348</td>
</tr>
</tbody>
</table>
About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh a short walk from the shops and business premises. It is registered to provide care to 35 male and female residents over the age of 18 and accommodates residents from the local area that includes Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish.

The centre is a purpose built single storey building. It also includes a day hospital. There are 10 places allocated to long term care and the remaining places accommodate residents who require respite, convalescent, palliative or rehabilitation services. The philosophy of care as described in the Statement of Purpose is to "embrace positive aging and place the older person at the centre of all decisions in relation to the provision of the service"

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 28 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 13 December 2019</td>
<td>08:30hrs to 14:00hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

All residents who spoke with the inspector on the day confirmed that they were satisfied with the care and services they were receiving in the designated centre. They all mentioned how kind and respectful staff were and that they valued the trusted relationships established with staff. A number of short-stay respite and convalescence residents reported on how they were looking forward to returning to the centre in the future as they had very much enjoyed their stay.

The inspector also reviewed 12 questionnaires completed on the day by residents, their relatives or their representative. They were unanimous in their views that the food and the activities available to them were of high quality, their rights were respected and that if they had any complaints staff would respond quickly and appropriately.

Residents stated that they felt safe living in the centre and were informed of the proposed refurbishment works in the upcoming months to enhance the premises.

Capacity and capability

This was an announced inspection carried out for the purpose of registering the centre for an increased number of residents, in order to facilitate the refurbishment works in a nearby centre.

The inspector found that most of the non-compliances from the previous inspection carried out in July 2019 had been acted on, while the action plan in relation to the refurbishment of the centre was still ongoing and due to be completed by December 2020.

Overall, this centre provided a good and valued service for the residents. There had been no changes in the governance and management structure since the previous inspection. This inspection found that while there were good governance and management structures in place, further improvements were required in relation to policies and procedures, premises, the oversight of fire safety arrangements and the medicines processes in place.

The registered provider for the designated centre was the Health Service Executive (HSE) and its representative attended the feedback meeting at the end of the inspection. The registered provider representative supported the person in charge and visited the centre on a regular basis. The governance systems were found to be of a good standard and provided good oversight and assurance to the provider that the service was being delivered effectively. Regular governance meetings occurred
where various strategic and operational issues were discussed with the relevant heads of departments.

The management team used a number of methods to monitor the quality of the service provided. This included seeking feedback from residents, relatives and staff. A system of regular audits was in place where various nursing metrics were measured such as: medicine management, pressure sores, care planning, nutrition, infections, falls and the use of restraints. Where areas of improvement were identified their progress was tracked during regular management meetings and action plans were formulated to address the findings.

Risks identified were entered in the risk register and escalated to the register provider representative where required.

The person in charge worked full-time in the centre and had the required qualifications and experience to manage the designated centre. The person in charge was involved in the governance and management processes in the centre and provided regular updates to the management team, following reviews of audits, clinical data, staff supervision and resident feedback.

There were three nursing vacancies in the centre at the time of inspection. The inspector was satisfied that adequate contingency plans had been put in place to maintain appropriate staffing levels. The person in charge maintained daily oversight of the staff ratio to the number of residents and their dependency level. When required, staff worked overtime and regular agency staff that were familiar with the centre were also used as a last resort.

Additional resources had been considered and incorporated into the roster to ensure that there were sufficient staffing levels with the appropriate skill-mix to meet the needs of the increased number of residents. The person in charge was supported by two clinical nurse managers (CNM2) and a CNM1.

There were good systems in place to ensure the information was effectively communicated to all staff. The inspector saw minutes of the formal regular meetings with staff from various departments where relevant operational information was communicated to staff.

Staff had good access to mandatory and other relevant training and they were sufficiently knowledgeable regarding operational policies and residents’ care plans.

Documents such as the statement of purpose, certificate of insurance, contracts of care and notifications records were all in place and overall met the regulatory requirements.

**Regulation 15: Staffing**

There were appropriate numbers of staff with the right knowledge and skills to meet
the assessed needs of the residents, taking into account the size and layout of the designated centre. Adequate contingency measures had been put in place to address staffing vacancies. There were no volunteers working in the designated centre.

There was at least one registered nurse on duty at all times as confirmed by the person in charge, the statement of purpose and the staff roster. All staff had been vetted by An Garda Síochána (police), and the nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

### Regulation 16: Training and staff development

There were clear processes in place to support and supervise staff in their work. Nursing staff worked alongside care staff to ensure that care was delivered appropriately. Nursing staff received supervision from the clinical nurse managers and the person in charge. Ancillary staff reported to the person in charge.

All staff had their mandatory training up to date. Staff also had access to a range of other relevant training courses to enable them to deliver person-centred care.

Judgment: Compliant

### Regulation 22: Insurance

There was an insurance policy in place for the centre. It included public liability insurance and insurance against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The centre was appropriately resourced to ensure the effective delivery of care.

There was a clear management structure setting out the roles of people involved in running the centre. Staff spoken with during the inspection were clear of who they reported to and those who were responsible for the running of the centre.

The inspector was satisfied that there was good oversight and good systems in place to ensure the service was effective, safe, consistent and appropriately
monitored for the benefit of the residents accommodated in the centre.

The inspector saw evidence of the 2018 qualitative report in the form of annual review. The annual review for 2019 was in progress. The data required to inform the annual review had already been collected and submitted to the registered provider representative for analysis. A new system of peer review had been introduced, whereby external auditors appraised and evaluated the service in order to provide an objective overview. There was evidence to show that consultation with the residents and relatives occurred and informed the service.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

All residents had a contract of care in place, which was signed on admission and included the terms and condition of residence in the centre and detailed the fees and services to be provided. The room number and the number of occupants was also documented.

Judgment: Compliant

**Regulation 3: Statement of purpose**

There was a statement of purpose in place clearly setting out the service being provided, the admissions procedure including maximum length of stay for the short-term residents, age range and sex of residents, and the therapeutic supports available. It also gave clear information about arrangements for visitors, availability of religious services and fire precautions in the centre. The description of the service in the statement of purpose was found to reflect the service provided in the centre.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector in a timely manner. All quarterly and six monthly notifications had been timely submitted as per regulatory requirements. There had been no serious reportable incident in respect to any resident accommodated in the centre since the last inspection.
Judgment: Compliant

Regulation 32: Notification of absence

The provider and person in charge were aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.

Judgment: Compliant

Regulation 4: Written policies and procedures

Most policies required by Schedule 5 were in place, and had been locally adapted for the individual needs of the centre. However, not all of the policies had been reviewed in the past three years as required, to ensure they included the most up-to-date evidence available to guide practice. For example, the end-of-life policy had not been updated since 2015.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

Judgment: Compliant

Quality and safety

The findings of the inspection confirm that there were day-to-day systems in place to monitor the quality and safety of care with some further improvement required in the areas of fire safety, medicine management and premises. These will be addressed under their respective regulations. However, overall, the inspector was assured that a good quality service was being provided for the benefit of the residents living in the centre and those residing there on a short-term basis.

Overall, the design and layout of the centre was not suitable for its designated
purpose. This is addressed under Regulation 17. However, the inspector was satisfied that progress had been made to enhance the physical infrastructure of the centre since the last inspection. The inspector found that realistic plans were in place to modernise the centre and to address the areas of non-compliance.

The centre was suitably decorated. Efforts had been made to enrich the environment and to create a homely atmosphere for residents. Appropriate use of colour and dementia-friendly signage had been incorporated into the design of the premises. Residents’ bedrooms were personalised. The premises was clean and tidy and the centre was bright, warm and homely with secure outdoor space that was well-maintained. There was plenty of access to communal rooms for residents.

There was no immediate risk observed throughout the inspection and from the records reviewed, the inspector was satisfied that risk was managed well overall. Where hazards and risks were identified appropriate contingency measures were in place to mitigate the risks. The risk register was kept under regular review and was up to date.

Infection control practices observed were good and in line with best practice.

Policies and procedures that ensured the residents were protected from abuse were implemented. All staff had attended training in safeguarding vulnerable adults and displayed good knowledge on how to report concerns in relation to the safety of the residents living in the centre. This was an action plan from the last inspection.

As a follow up from the last inspection, a new electronic medicine management system had been recently introduced, which was based on best available evidence in the area. While the new system promoted safe medicine practices, the inspector found that it did not extend to the residents accommodated on a short-term basis. A number of the old medication prescriptions were still in use on the day of inspection. From the sample reviewed, the inspector found a number of incomplete prescriptions that had not been addressed in a timely manner and followed up by the person in charge.

While there were regular pharmacy and nursing audits audits on medicine management systems, this inspection identified the need for further improvement to ensure safe medicine practices for all the residents in the centre and compliance with the regulation.

Some improvement was also required in relation to fire precautions. While there was evidence of regular daily, weekly and quarterly checks carried out on fire equipment and evacuation processes, the inspector found a number of gaps in recording the weekly checks when the fire safety officer was not available. Improved processes and systems were required so that safety checks were carried out and recorded in the absence of the fire safety officer.

Staff had received fire safety training and knew the procedure to follow in the event of a fire. Records showed that night-time and day-time fire drills had been carried out with good evacuation times; however, the information was limited and did not provide the evidence to demonstrate learning outcomes. A comprehensive fire drill
Regulation 12: Personal possessions

Residents had access to lockable storage in their rooms. A discreet labelling system was in place to ensure personal laundry items did not go missing and none of the residents spoken with on the day expressed any concerns in relation to their possessions.

Judgment: Compliant

Regulation 17: Premises

The designated centre was a single storey building containing two units.

A new unit had been added to the centre, which could accommodate up to 13 residents on a short-term basis. It comprised of three four-bedded rooms and a single bedroom with its own en-suite facilities, which could be used for isolation purposes should the need arise. All rooms were bright and spacious, furnished to a high standard and their layout and design promoted residents' rights for privacy and dignity.

A communal day room and visitor's room was available for the residents in this unit. However residents accommodated in the new unit could also use the facilities available in the older part of the building if they wished to do so.

Appropriate sluicing arrangements and storage facilities had been included in the design of the new wing. There were sufficient toilets, a shower and an assisted bath available for the residents.

The original designated centre was also inspected. The inspector found this unit was clean and suitably decorated, however it required upgrading and refurbishing. In this unit, the accommodation consisted of six three-bedded rooms, a palliative room with en-suite facilities and 16 single bedrooms. This unit did not meet regulatory requirements and a number of improvements were required to ensure compliance. These included:

- Several areas throughout the unit were identified as in need of painting such as: residents’ bedrooms, the corridors, the ceilings where old leak marks were evident and some of the doors.
- The flooring was chipped in one area of the corridor.
- Storage required review to ensure a distinct area of storage for the cleaners’ equipment was created apart from the areas where residents’ equipment for daily used was stored. This was an outstanding action from the previous
• Privacy locks to be fitted on both doors in the shared bathrooms
• The sluice facility had a window that opened into the clean storage area; this did not promote safe infection control practices
• The layout and design of the multi-occupancy rooms in the old wing did not meet residents’ needs.
• In the multi-occupancy rooms, residents’ small lockable presses were not located within the confines of the curtains in the individual bed spaces.
• The dining room was used as a corridor to access residents’ bedrooms located in the left side of the unit. This was an outstanding action from the previous inspection.

The inspector was informed of how the future refurbishment plans of the unit could address these areas of non-compliance, as per plans submitted to the Chief Inspector.

The communal rooms such as the activity room and the sitting rooms were nicely decorated in a homely and comfortable fashion. A hairdresser facility and a small quiet room were also available. Appropriate handrails were available in bathrooms and along the corridors.

The centre had an internal courtyard accessible from the main corridor. The garden was well-maintained and it included a vegetable patch, raised flower beds and a number of benches and garden furniture which enabled the residents to enjoy the outdoor space. The garden had safe pathways to promote residents’ independence while maintaining their safety.

There was a wide range of suitable equipment available to meet residents’ assessed needs.

Judgment: Not compliant

**Regulation 26: Risk management**

There was good oversight of risks in the centre. Multidisciplinary quality and safety meetings took place on a regular basis, where incidents and accidents were discussed and reviewed in line with the centre’s risk management policies and procedures.

The person in charge received daily quality and risk reports from the CNMs and maintained good oversight of the centre. The risk register was kept under monthly review by the management team.

All risk assessments relating to individual residents were comprehensive and guided care. The centre was free from hazards.

The systems in place ensured that the health and safety of residents, staff and
visitors was promoted and protected. Service records showed that equipment had been regularly serviced. The centre had an up-to-date safety statement in place.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were safe. The inspector observed good infection control practices and hygiene standards implemented by staff during the course of inspection. The designated centre was very clean, hygienic, free of odours and there were sufficient sanitary facilities for the number of residents. Alcohol gel was available throughout the centre and staff were observed using it.

There was a comprehensive policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections. A designated link nurse in infection prevention and control took the lead in ensuring hand hygiene practices were monitored and flu vaccination clinics took place for staff and residents.

The storage arrangements in the older wing of the designated centre required review to ensure safe infection control procedures. This is addressed under regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. However, records showed a number of gaps in the weekly checks when the fire safety officer was away on planned absence.

The fire procedures and evacuation plans were prominently displayed throughout the centre. However, they required updating to include the new unit in the designated centre.

Staff spoken with were knowledgeable and confident in what to do in the event of fire. All staff had the mandatory fire safety training up to date.

The inspector saw evidence of monthly fire drills carried out; however, the records only showed the number of participants and the evacuation time. There was no detail provided on the area evacuated, the number of residents evacuated, and the learning outcomes that would inform future training sessions for staff. A comprehensive fire drill report was received following inspection which demonstrated that staff could safely and timely evacuate all residents from one
compartment to another.

Personal evacuation plans were maintained and updated for each resident.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

While appropriate action had been taken in relation to the previous inspection findings, the recent introduction of new systems of medicine administrations records had not been consistently implemented. As a result, the inspector found that the systems in place for the short-stay residents were not always conducive to safe administration practices. The main issues related to:

- There was no differentiation between the medicine to be administered on a regular basis and those only to be administered where required.
- The route and right time of administration was not consistently documented for each individual medication.
- The poor legibility of some of the handwritten prescriptions could also pose a risk to the residents.
- Prescriptions written in blue ink which did not align with best practice guidelines.

Controlled drugs were stored safely and checked at least twice daily as per local policy.

There was good pharmacy oversight with regular input available from community pharmacy.

The inspector observed good practices in how medicines were administered to the residents. The nurse took time in ensuring the resident understood what they were taking and waited patiently until the resident finished taking their medicine before leaving the room. Medicine was only signed for after the administration in line with best practice guidance.

Judgment: Substantially compliant

### Regulation 8: Protection

Records indicated that regular training on safeguarding vulnerable adults was provided. Staff members understood how to recognise instances of abusive situations and were aware of the appropriate reporting systems in place, as per policy. Staff spoken with were very clear of the types of abuse residents may be at risk of and also the steps to take if they suspected, witnessed or had abuse reported
Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The provider did not act as a pension-agent for any of the residents and at the time of inspection was not handling any money for the residents. The provider confirmed that clear processes were in place to keep residents’ personal monies safe and to enable residents to access their money outside office hours, if required.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0028348

Date of inspection: 13/12/2019

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</td>
<td></td>
</tr>
<tr>
<td>PIC is currently reviewing and updating all schedule 5 policies to ensure they reflect the most up to date evidence based practices. Local adaption of the policies will ensure the delivery of person centred, safe and effective care for all residents in the DCOP.</td>
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<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>PIC in conjunction with maintenance dept. have devised a QIP to address areas of the premises requiring painting, repair of flooring and the creation of distinct area of storage for the cleaners’ equipment. Furthermore one of the internal windows in the sluice room will be removed to create the entrance to the cleaners’ storage area and the latch system on the second internal window in the sluice room has been deactivated in line with safe infection control practices. Privacy locks have been installed on both doors of shared bathrooms to protect the privacy &amp; dignity of residents. As a matter of privacy &amp; dignity all bedside lockers are situated within the confines of the curtains around individual bed spaces. The DCOP is scheduled to undergo a program of refurbishment and upgrade works between August 2020 and December 2021 to ensure regulatory compliance.</td>
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</table>
The layout of the DCOP and multi occupancy rooms will be addressed during the building works. This will ensure the design and layout of the DCOP is suitable for its stated purpose safeguarding the privacy, dignity & wellbeing of each resident and ensuring the delivery of a person centred, safe and effective service.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has reviewed the standard operating procedure regarding the completion of the weekly fire checks for the DCOP to include assurance that in the event of planned or unplanned absences of the designated fire officer, a deputy has been identified to complete and record the checks. Fire evacuation procedures and evacuation plans for public display are currently being updated by estates dept. This will ensure regulatory compliance in the delivery of a safe &amp; governed service and the use of information to do so.</td>
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<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
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</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC has consulted with ward managers, nursing staff, community pharmacist and GPs regarding the lack of consistency in implementing the new medication administration records system. A QIP is in place to address the issues identified during the inspection process to ensure regulatory compliance. This will ensure residents are safeguarded from risk of harm resulting from medication errors. Moreover protection is afforded through safe and effective medication administration practices, in line with HSE, and DCOP local policies.</td>
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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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2021</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/12/2019</td>
</tr>
<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/02/2020</td>
</tr>
</tbody>
</table>
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.

| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 31/01/2020 |