



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Conlon's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Church Road, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000666
Fieldwork ID:	MON-0039676

About the designated centre

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

St. Conlon's Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Nenagh in north Tipperary. The centre is single storey and is designed around an enclosed central garden area. The centre can accommodate up to 25 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and five twin bedrooms. Two of the single bedrooms and the twin rooms have en suite shower facilities. There are two assisted showers, a specialised bath and six toilets for residents occupying 13 single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and quiet room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Wednesday 22 March 2023	09:20hrs to 17:50hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector chatted to a number of residents and spoke in more detail to five residents to gain an insight into their lives in St Conlon's Community Nursing Unit. Overall residents were positive about how they spent their days in the centre with one resident stating that "it is not like home but as close as you can get". Residents reported feeling safe in the centre and were complimentary about the food and the staff.

An inspector arrived in the morning to conduct an unannounced inspection to monitor compliance with the regulations and standards. The inspector was greeted at the entrance by the person in charge and following a brief interview was guided on a tour of the premises. The nursing home had a homely feel with an air of calmness throughout the day of inspection.

St Conlon's is a single storey nursing home, containing 15 single rooms, two of which were en-suite and five twin, en-suite rooms. Single rooms were small and contained a wash hand basin. Shared showering and toilet facilities were available for residents with no en-suites. Residents did not have access to a bedside locker beside their bed due to the size of the rooms which has been highlighted in a number of previous inspection reports. In addition, there was a relaxation room, dining room, a small lounge, sitting room and hairdressing room. The relaxation room and small lounge were in use for another purpose on the inspection in May 2022 and had reverted back to their intended use in line with the statement of purpose and floor plans. The centre had an enclosed garden and spring flowers were blooming in it. The garden was well maintained and residents were observed mobilising in the garden during the day. In addition, three exits were available into the enclosed garden and these were all unlocked and easily accessible.

The registered provider did not have a person dedicated to activities but a multi-task attendant was assigned to activities daily. Residents were observed taking part in a word search, bingo and reading the newspaper. Resident meeting minutes reviewed indicated that residents wanted more variety in the activities provided. Furthermore, the WIFI in the centre was provided during the COVID-19 lockdown period and had since been disconnected. Residents expressed dissatisfaction with this to the inspector and meeting minutes confirmed that residents were missing music from a streaming service they had accessed over WIFI. This is discussed later in the report. Dog therapy had resumed in the centre since the last inspection. Mass was celebrated onsite weekly.

The lunchtime experience was observed by the inspector. Residents were offered a choice and were complimentary about the food. Staff were available for residents that required assistance and this was provided in an unhurried manner. A small number of residents had meals in their room by choice. It was evident that staff were familiar with residents likes and dislikes at mealtimes.

Residents views were sought through resident meetings and an annual satisfaction survey. The inspector was informed that meetings were held monthly, however, no meeting minutes were available between July 2022 and March 2023, however, the inspector was informed that meetings did take place. It was evident from meeting minutes that residents had requested more variety in activities available; for example live music and more bingo. In addition, residents requested a different variety of fish.

The inspector was informed that St Conlon's is moving to a new purpose built premises in quarter 2 2023. A small number of residents spoke to the inspector about the move and expressed their apprehension. Management were aware of this and were endeavouring to reassure residents. Furthermore, the inspector was informed that a family engagement meeting about the planned move had taken place on the day prior to inspection with a number of family representatives in attendance and representatives from the project management office and the person in charge. Meeting minutes of this meeting had not been completed at the time of inspection.

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

Capacity and capability

This was a risk based unannounced inspection to monitor compliance with regulations and standards. Additionally the inspector assessed the overall governance of the centre to establish if actions outlined in the inspection in May 2022 had been implemented and sustained. Overall, the inspector found that some actions had been implemented and sustained for example; audits were available for review on the day via a new online auditing system that had been implemented. In addition, the statement of purpose and function had been updated following actions outlined in the last inspection. However, staff personnel records continued to have gaps in their employment history. A non compliance was identified in this regulation. Additional areas for action were identified in regulations: 16: Training and staff development, 23: Governance and management, 4: Written policies and procedures, 17: Premises, 27: Infection control, 28: Fire precautions, 6: Healthcare and 9: Residents' Rights.

The Health Service Executive (HSE) is the registered provider for St Conlon's Community Nursing Unit. Reporting relationships were outlined to the inspector. The person in charge worked full-time and reported to the general manager for older person services who reported to the head of social care and upwards to the chief officer. The person in charge was supported in the role by staff nurses, multi-task attendants, catering, administration and maintenance staff. The clinical nurse manager post was vacant and was advertised at the time of inspection and a chef

post was vacant. The inspector was informed that this was being advertised the day following inspection. The deficit was covered with agency staff. Due to a reduction in resident dependencies, staffing at night had been reduced by one multi-task attendant. Staff spoken to assured the inspector that there were enough staff on nights to meet the needs of the current residents.

Staff were knowledgeable of each resident's individual needs. There was a programme of training available for staff in the centre and uptake of training was monitored by the management. A training matrix was available for the inspector to review. Staff had access to mandatory training for example; safeguarding and managing behaviours that challenge. Good compliance was observed in fire training. However, gaps were identified which will be discussed under Regulation 16: Training and staff development.

The inspector identified a number of gaps in staff personnel records. This was highlighted on the inspection in May 2022. The provider provided assurances to the office of the chief inspector that a review of all personnel records would be completed by September 2022 but these gaps remained. In addition, not all files were kept in the centre in line with the regulations.

The inspector was informed that the annual review of quality of safety of care was completed. However, the inspector requested this on two occasions on the day of inspection and at the feedback meeting and it was not received.

Communication systems were in place between the director of nursing and senior management in CHO3 along with other directors' of nursing from community nursing units. The inspector was informed that staff meetings were informal. Updates were provided at handover at 0820hrs every morning which was attended by the person in charge. In addition, a daily safety pause was held. No meeting minutes were taken at these informal meetings.

There was evidence that monitoring of the service was taking place through audit. The registered provider had introduced a new system of audits. The audit schedule was determined by another department in the HSE. Audits of, for example; care plans were carried out monthly, medication management; twice yearly and a falls audit was completed once yearly. A different infection prevention and control audit was completed monthly for example; an environmental audit was completed in January, cleaning equipment was completed in March. The environmental audit identified areas for action and these areas for action were notified to the person in charge however, the next audit was not until January 2024 so it is unclear if the areas identified had been actioned and that these actions were sustained. Similarly, a patient equipment audit, was required to be completed yearly and identified no issues, however, this was not the finding on inspection. This will be discussed under the domain of quality and safety.

Incidents were reported with the majority being falls. No tracking and trending of the incidents was completed. This was a missed opportunity for learning. All incidents requiring notification to the office of the chief inspector were notified within the required timelines.

The majority of policies and procedures were available for review on the day of inspection and were up-to-date. Three were submitted on the day following inspection. Two of these required review to ensure that staff have the correct procedures to guide them if required.

Regulation 15: Staffing

The centre had sufficient staffing taking into account the assessed needs of the residents and the size and layout of the designated centre. For example; on the day of inspection the person in charge was on duty working from 8am to 5pm. There were five registered nurses in the morning, three in the evening, one from 5pm to 11pm and one at night (8pm to 8am). In addition, five multi-task attendants were on duty, two for resident care (8am-8pm) and one each for cleaning, laundry and activities. Two multi-task attendants were rostered on at night.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps were identified in training and staff development:

- Nine staff safeguarding training was either not completed or out of date.
- Nine staff had not completed training in managing behaviours that challenge.
- Two staff had up to date basic life support training. This was highlighted on the inspection in May 2022.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff personal records and identified that gaps remained in the prescribed information set out in schedule 2 of the regulations:

- Gaps were identified in the employment history of two staff.
- One file did not contain a photograph.
- Evidence of qualifications and accredited training courses completed were not available in three files reviewed for example: nursing qualification.
- One file had no written references.
- The file of the person in charge did not contain all information required under the regulation.

Judgment: Not compliant

Regulation 23: Governance and management

While the registered provider had assurances in place to be assured of the quality and safety of care, these required further strengthening. For example:

- Tracking and trending of incidents were not completed.
- While audits were completed and areas for action identified, no re-audit was completed in some cases for a year for example; environmental audit so the registered provider could not be assured that areas were addressed and improvements made.
- The registered provider did not have an up-to-date policy on visiting access within the centre in line with national guidance.
- The annual review of the quality and safety of care was requested and not received.

In addition actions outlined in the compliance plan from the inspection in May 2022 remained. For example:

- Personnel records of staff continued to have gaps.
- The inspector found multiple instances where privacy curtains were not in place or enclosing the residents' beds.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose and function was reviewed since the last inspection to address areas such as visiting and infection control as highlighted in the last inspection. This was submitted to HIQA following the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the Office of the Chief Inspector within the required timeframe and in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies outlined below require review:

- The health and safety policy did not include food safety for residents and visitors.
- A policy was available on major emergencies, however, it was not sufficiently comprehensive enough to provide staff with clarity on how to respond to an emergency in the designated centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents had access to a high level of medical and nursing care. Residents retained their own general practitioner who attended onsite when required. In addition, residents had timely access to the majority of health and social care providers. However, residents in the centre had no access to a dietitian. Improvements were required in Regulations 17: Premises, 27: Infection control, 28: Fire Precautions, 6: Healthcare and 9: Residents' Rights.

The inspector was informed that visiting had resumed with no restrictions in place in the centre. Visitors were not required to book in advance. A COVID-19 questionnaire was completed by visitors. The inspector did not see or meet any visitors in the centre on the day to confirm this. However, residents confirmed that their relatives/friends could visit with no restrictions in place.

The infrastructure of St Conlon's community nursing unit was dated and not in line with modern specifications for example; single rooms were small and the layout did not facilitate residents to have a bedside locker. As discussed earlier in the report the registered provider was building another centre at the time of inspection with an expected completion date of quarter 2 2023. Furthermore, residents in single rooms (other than two palliative rooms) had to share toilet and bathroom facilities. Notwithstanding this, the registered provider had a maintenance person onsite five days a week and the centre was generally well maintained and bright. Corridors had assistive handrails throughout and were clutter free. The centre was clean on the day of inspection with few exceptions. An infection control manual for staff was available online and up-to-date. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. All hand hygiene sinks observed were

compliant with the required specifications. The registered provider had identified a link nurse practitioner who had completed a post graduate qualification in infection control. Protected hours for this role were not formalised however, the inspector was informed that when required, hours were available to complete for example; staff training and audits. Notwithstanding the good practices observed in the centre, areas for improvements were identified which are discussed under Regulation 27: Infection control.

The registered provider had an up-to-date risk management policy in place in line with regulations.

Systems were in place for monitoring fire safety. Signage to guide staff on the evacuation routes was clear and on display in a number of locations throughout the centre. The fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. However, the inspector was informed that the servicing of the fire extinguishers was overdue. Daily and weekly checks of, for example; escape routes and fire alarm checks were generally carried out as required with few exceptions. While fire drills were taking place with two completed in March, records reviewed indicated that the previous drills were in October 2022. Gaps in fire drills were identified which will be discussed under the regulations. Staff were knowledgeable on the evacuation procedures and were able to describe to the inspector the compartments and horizontal evacuation.

Care plans were reviewed and were observed to be person-centred and updated at four monthly intervals in line with regulations. Care plans were generally completed for residents with specific medical needs. However, a gap in a care plan was identified. This was brought to management's attention on the day. Validated risk assessment tools were in place and were completed at four monthly intervals.

Residents' in St Conlon's were positive in their views on the centre to the inspector. The dates of resident meetings were in each residents' room so they were aware when the next meeting was due to take place. Issues were raised through the residents' meetings and satisfaction survey, however, some issues raised had not been addressed. Residents did not have access to WIFI and this was highlighted by residents on the day to the inspector. Some residents were taking part in activities on the day and informed the inspector about how they looked forward to the bingo. Residents were observed to be freely mobilising around the centre and chatting to other residents and staff. Areas for action were identified which are discussed under the regulation.

Regulation 11: Visits

Open visiting was taking place in the centre. A symptom check was completed at the entrance but visitors did not have to make a booking. Residents confirmed this.

Judgment: Compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with schedule 6 of the regulations. For example:

- A storage room contained stock such as dressings but was also an office for a staff member and multiple tools were stored in the room.
- Chipped doors and skirting were noted throughout the centre. This does not aid effective cleaning.
- As identified in previous inspections, residents' bedside lockers were not accessible to residents while they were in bed due to the size and layout of the rooms.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date risk management policy in place. The policy identified the measures and actions for the five specified risks outlined in the regulations. In addition, the policy also outlined the procedure for managing serious incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure that procedures are consistent with the national standards for infection prevention control in community services. For example;

- The temporary closure mechanism on sharps boxes was not engaged in any of the sharps boxes observed.
- The inspector was informed that equipment was cleaned after use however, red staining was observed on a tray and items were observed in a second tray which would suggest that the tray had not been cleaned following use.
- Linen skips were stored in the housekeeping room. This posed a risk of cross contamination.
- Multi-task attendants had not completed training in the principles and

- practices of cleaning.
- 26 staff had not completed infection control training within the last two years and seven staff had not completed hand hygiene training within the last year.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure residents were adequately protected from the risk of fire. For example:

- Evidence of servicing of the fire extinguishers were not available for review on the day of inspection. The inspector was informed that the servicing was overdue since February 2023.
- A small number of staff who worked nights only had not completed a fire drill. Furthermore, a fire drill with night-time staffing levels of the largest compartment had not been completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and assessments tools. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. These were updated four monthly in line with the requirements under the regulations.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition.

Judgment: Compliant

Regulation 6: Health care

The inspector was informed that residents did not have access to a dietitian. This was also a finding on the inspection in May 2022. Furthermore, the inspector observed that a resident had lost a significant amount of weight and another resident with a specific medical condition requiring specialist input had not been referred to a dietitian.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Actions were required by the registered provider to ensure residents' rights were respected:

- The WIFI in the centre was disconnected since the last inspection. Residents informed the inspector that they were unable to carry out for example; banking online now. Furthermore, a resident stated and meeting minutes confirmed that residents had access to a streaming service online and that was no longer available due to the lack of WIFI.
- Recurring items were identified in residents meetings. For example: residents had requested more activities. No action plan accompanied the meeting minutes. Management stated that they were reviewing the action plan at the time of inspection with a view to actioning residents' concerns.
- A number of issues were identified with privacy curtains in twin rooms:
 - Two beds observed had no privacy curtains on one side of the bed.
 - In two beds the privacy curtains were too short and did not fully enclose the whole bed.
 - In line with the findings from 2022, in some instances the curtains rails were not in place to ensure the privacy of residents. Management stated that they had explored this with maintenance and due to the placement of ceiling hoists this issue could not be addressed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Conlon's Community Nursing Unit OSV-0000666

Inspection ID: MON-0039676

Date of inspection: 22/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Actions completed :</p> <ul style="list-style-type: none"> • Staff have been instructed to complete online safeguarding training on or before May 2nd 2023 and to submit their training certificate to the Director of Nursing Office. <p>Actions to be completed :</p> <ul style="list-style-type: none"> • "Managing behaviours that challenge" training is scheduled for May 4th and May 16th 2023. This will result in all staff completing the required training. • Basic life support training is scheduled for May 2nd, 2023. A number of staff will attend this training. Further dates for training will be arranged for the remaining 	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Actions completed :</p> <ul style="list-style-type: none"> • Staff files with gaps in their employment history have been rectified. • All files now contain a photograph of staff member. • Certificates of qualifications and accredited training courses have been obtained and are now on file. • Written references that were not contained within the staff file obtained and are now on file. • A file for the Person in Charge is being developed and will be available on site by 	

Wednesday, May 10th, 2023.

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions completed :</p> <ul style="list-style-type: none">• A system has been put in place to track and trend incidents.• The environmental audit will now be completed every quarter.• The visiting policy has been updated in line with national guidance.• The annual review is available.• Privacy curtains have been replaced. The new curtains fully enclose the residents' bed space. This is being monitored bi weekly.	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Actions completed :</p> <ul style="list-style-type: none">• The policy for Food Safety for residents and visitors is currently being updated by the Catering Manager and will be available by May 31st• Along with the major emergency policy, there is also a site specific major emergency plan which all staff are aware of, this is also discussed at the weekly fire alarm check.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Actions completed :</p> <ul style="list-style-type: none">• Multiple tools were stored on a table in the store room, a toolbox has been purchased and all tools are now stored in same. <p>Actions to be completed :</p>	

- Painting works will commence on May 15th 2023

A new facility to replace the existing Centre is currently under construction. The completed 50 bedded project will meet with the National Quality Standards for Residential Care Settings for Older people. The new build is due for completion Quarter 2 , 2023.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

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Actions completed :

- All staff have been informed that the temporary closure mechanism on the sharps boxes must be engaged. This is reviewed daily by the Person in Charge / Senior Staff Nurse.
- All staff have been informed that all equipment must be cleaned after use and an “I am clean” sticker to be in place.
- Following consultation with the Infection Prevention and Control Clinical Nurse Specialist, it was agreed that emptied linen skips can be kept in the clean side of the sluice as long as not blocking bins or the hand hygiene facilities.
- Infection Control training and Hand hygiene training took place on site April 28th 2023. Further dates are planned for May and June 2023. There is also a Staff Nurse who is the Infection Prevention and Control Link nurse for the unit who provides support and advice.

Actions to be completed :

- Multi-task attendants will attend training in the principles and practices of cleaning. Dates for training are being scheduled.

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

Actions completed :

- Fire drill has been completed with night time staffing levels of the largest compartment
- Fire extinguishers were serviced on April 28th 2023.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Actions completed :</p> <p>Residents requiring dietician assessment and input can access a dietetic service.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Actions completed :</p> <p>Action Plans for resident's meetings have been completed and a meeting held with staff regarding same.</p> <p>The issues regarding the privacy curtains has been resolved and is being monitored.</p> <p>Actions to be completed :</p> <p>Works to install Wi Fi in the building will commence on May 8th 2023.</p>	

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	31/05/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
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	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	16/06/2023

	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	25/04/2023
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	25/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/06/2023

	published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	02/05/2023
Regulation 28(1)(d)	The registered 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.	Substantially Compliant	Yellow	31/05/2023
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/05/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Substantially Compliant	Yellow	15/05/2023

	available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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	31/05/2023
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	25/04/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	25/04/2023