



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Ita's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gortboy, Newcastlewest, Limerick
Type of inspection:	Unannounced
Date of inspection:	31 July & 01 August 2018
Centre ID:	OSV-0000664
Fieldwork ID:	MON-0024424

About the designated centre

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

The following information has been submitted by the registered provider and reflects a description of the service as set out in the statement of purpose. The service at St Ita's Community Hospital is provided by the Health and Safety Executive (HSE) and the centre is located in Newcastle-West, Co. Limerick. The centre is registered for an operational capacity of 78 residents, providing respite and palliative care as well as continuing care for long-stay residents. At the time of inspection there were 70 residents registered in the designated centre. Nursing care is provided mainly for older people over 65 years of age with needs in relation to age related and degenerative neurological diseases. Care is provided across three residential units for residents with dependency levels ranging from low to maximum. Dementia-specific care is provided in a separate unit that accommodates up to 12 independently mobile residents. Two other units provide accommodation for 24 and 37 residents respectively. Care plans are developed in accordance with assessments and residents are provided with access to a range of allied healthcare services. Private accommodation is provided where possible within the constraints of the existing building which is over 100 years old in some parts. Residents are provided with opportunities for activation and social interaction including engagement with local community activity groups.

The following information outlines some additional data on this centre.

Current registration end date:	19/06/2018
Number of residents on the date of inspection:	70

How we inspect

To prepare for this inspection the inspector or 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
31 July 2018	10:30hrs to 17:45hrs	Mairead Harrington	Lead
01 August 2018	09:00hrs to 16:30hrs	Mairead Harrington	Lead
31 July 2018	10:30hrs to 17:45hrs	John Greaney	Support
01 August 2018	09:00hrs to 16:30hrs	John Greaney	Support

Views of people who use the service

The inspectors met and spoke with residents throughout the inspection in various locations of the centre, including on the wards and in communal areas. In general residents said that they felt well cared for in the centre and that staff were helpful and kind. Several commented on how they enjoyed the activities that were provided, such as art and crafts, and that they enjoyed having visitors and going out with family members on occasion. Others said they enjoyed socialising in the communal Parlour area where they said there had recently been a birthday celebration. Visitors spoken with also commented positively on care provided at the centre though some said they would prefer if rooms could be more private as they felt they were intruding when visiting a relative while another resident might be resting or unwell in an adjacent bed.

Capacity and capability

The findings of this inspection are that the service provider is failing to achieve compliance with the regulations in providing a safe and effective service for all residents living at St Ita's Community Hospital. Insufficient action had been taken by management to improve circumstances around accommodation and quality of life for residents, particularly those accommodated in multi-occupancy rooms. A number of actions to achieve compliance following the last inspection had not progressed, for example, no fire-drills had taken place outside of regular fire-safety training and such training had not taken place which resulted in a number of staff now being overdue in respect of this mandatory training. A heated food trolley to facilitate the use of the servery as a dining area for residents had not been procured and therefore residents on Camellia unit did not have an appropriate designated dining area for their use. While the findings of this inspection indicated that a very good standard of care was provided for residents in some areas of the centre, such as the dementia specific unit, overall the registered provider was not effectively ensuring that an appropriate and safe service was being consistently provided for all the residents living in St Ita's Community Hospital.

Governance arrangements described an organisational framework as set out in the statement of purpose, though as identified on previous inspection also, these did not reflect the actual management arrangements at the time of inspection. Interim governance and management arrangements in place did not empower local managers with the necessary authority to effect the substantive changes required in the centre. Specifically the provider had yet to recruit and formally appoint a director of nursing, the senior nursing position in the designated centre. In the absence of such an appointment that position had been filled in an acting capacity for almost

a year. Additionally, one of two assistant director of nursing roles also remained vacant.

Proposed action in response to the previous inspection was incomplete with regard to the segregation of staff roles and related training. Issues around documentation remained and all personnel records did not contain An Garda Síochána (police) vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Additionally, the centre's registration had been subject to a condition that a reconfiguration of the physical environment be completed by December 2018. This was based on a commitment given by the provider to the Chief Inspector at the time of the previous registration renewal. This condition had not been met. The provider subsequently proposed a revised timeline of December 2019 though specific detailed project plans in this respect have not been provided to the Chief Inspector.

An annual quality review was in place though it did not reflect the requirements of the regulations and contained limited information on the necessary management systems in place to monitor the service and ensure it was safe and effective. Additionally it did not reference consultation processes with residents and their families in keeping with the requirements of the regulation.

An inspector reviewed staff rotas across all shifts and discussed staffing arrangements with management who confirmed that actual staffing levels did not always reflect the planned staffing arrangements and there was a continued reliance on agency resources to supplement staffing levels and cover absenteeism. At times during the inspection such absences had not been supplemented with agency resources and, while staffing levels were in keeping with the layout and occupancy of the centre, actual staffing levels did not reflect those allocated on the roster. Staffing arrangements were not effectively managed, in relation to segregated duties and effective infection control measures, for example.

Measures were in place to monitor the quality of service management though these were not consistently effective in ensuring that related actions were implemented to address issues identified. While the provider had been proactive in appointing a service improvement team to review the areas to be addressed the resulting report had yet to be produced and substantive actions in response to this initiative were limited. An infectious outbreak was occurring in the centre at the time of inspection and training gaps for staff in relation to infection control, multi-task staff roles and multi-occupancy rooms were considered factors that compromised the effective management of infection control in these circumstances.

Some actions to improve had been taken since the last inspection and personal storage for some residents had been enhanced with the provision of larger wardrobes and drawer units on Bluebell unit. Measures such as audits and review were in place to monitor the quality of service and records were maintained and available for reference. Quality management systems included regular meetings to review issues in relation to health and safety or clinical governance. Regional

meetings also took place across the organisation to ensure shared learning. These systems required further development to ensure that learning and areas for improvement identified were proactively addressed to effect an improvement in the quality of life for residents.

Residents were provided with a guide that included information on the facilities and services as well as how to raise a complaint or concern and the contact details of independent advocacy services. Opportunities for consultation took place, such as regular resident meetings, and records of these were available for reference.

In conclusion the findings of this inspection were that significant action was required on the part of the registered provider to ensure improved regulatory compliance and the provision of a safe and effective service for residents, particularly in terms of the arrangements for personal accommodation, communal facilities, training and access to meaningful recreation and activities for all residents.

Regulation 15: Staffing

Staffing levels were appropriate to occupancy levels and the layout of the centre. Supervision arrangements were in place that included the presence of a registered nurse at all times as required.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector reviewed the training matrix with a member of management and confirmed that a significant number of staff were overdue training in relation to infection prevention and control. Not all cleaning staff had completed safe pass training.

Judgment: Not compliant

Regulation 21: Records

An Garda Síochána (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were not available in the designated centre for each member of staff, as required under Schedule 2 of the regulations.

Inspectors identified some gaps in documentation on care plans, as required under

Schedule 3, in relation to transfer correspondence between services and an occupational therapy assessment record.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems in place were not in keeping with the statement of purpose and could not consistently and effectively ensure that the service provided was safe and appropriate. Interim appointments remained in place for management positions - specifically the provider had yet to recruit and formally appoint a director of nursing, and one of two assistant director of nursing roles also remained vacant. Actual staffing levels did not reflect those allocated on the roster. Internal review processes did not result in effective action to address findings where identified. The annual quality review remained incomplete and did not reflect the requirements of the regulations. The provider failed to provide a specific, detailed project plan to the Chief Inspector that detailed how the revised time line of December 2019 for completion of extension and renovation of the premises.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care had been revised but were still in draft format and the contracts on file for residents had not yet been amended to specify the circumstances of accommodation provided for residents as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose in place did not accurately reflect the circumstances and arrangements specific to the designated centre in relation to layout and occupancy, staffing and governance.

Judgment: Substantially compliant

Quality and safety

Issues remained in relation to the layout of premises and its impact on the quality of life for residents. Many long-term residents continued to be accommodated in multi-occupancy rooms for up to five people, a situation which adversely impacted on the daily quality of life, privacy and dignity of many residents. These circumstances were acknowledged by both staff and management.

In relation to quality of care, inspectors found that staff generally demonstrated a good knowledge and understanding of the needs of residents. Overall residents received a good standard of healthcare and were provided with access to medical resources and the services of allied healthcare professionals as required. While the dementia specific unit was a well designed space that supported the autonomy and independence of residents there, it accommodated only 12 of the 70 residents at the time of inspection. The remaining accommodation of the centre was generally institutional in appearance with up to 40 residents living in wards with occupancy levels of between three and five people. Accommodation in such multi-occupancy rooms detracted from efforts to create a homely and personalised environment. These multi-bedded rooms afforded limited personal space, privacy or storage for personal belongings. Arrangements in place, such as the use of privacy screens, could not effectively protect personal privacy in these circumstances. Management and staff acknowledged the impact of premises issues and related circumstances on the quality of life for residents.

Residents in multi-occupancy rooms were limited in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without sometimes disturbing others. While in some instances management had provided headphones to support residents in these choices these measures did not fully address the circumstances for all residents and the extent of their effectiveness was also dependent on the ability of residents to utilise such facilities. Personal storage facilities were limited and belongings in some areas were seen stored variously on chairs, bed-frames or on the floor under beds.

Given the proportion of residents living in multi-occupancy wards, the available visiting, dining and communal recreational space for residents was not adequate, particularly for residents on Camellia unit. Residents in multi-occupancy rooms were seen to undertake personal activities and receive visitors by their beds.

Access to outdoor space for residents, other than those on Orchid unit, remained limited. On the days of inspection no residents or visitors were seen to avail of the outside spaces that the provider had indicated were available for use. There was evidence that an outside area adjacent to the chapel was sometimes used for recreation, though consistent arrangements were not in place to ensure this access was facilitated for residents on Camellia or Bluebell units on a regular basis.

Areas of the centre were not suited to its stated purpose and facilities on Camellia in particular, where 35 of 37 residents were accommodated in multi-occupancy rooms for up to five people, were not suitable for residents living long-term in the centre. The prevailing circumstances and culture of care on this unit was also more

reflective of a hospital than a home. Daily routines of residents were usually dependent on task-oriented practice around daily care, meals and cleaning. Some residents were able to partake in the programme of activities on offer, including outings and mass attendances at the chapel on-site. However, for residents in multi-occupancy wards, particularly with mobility issues, there was little opportunity for autonomy or meaningful choice as to how they spent their time and many were seen to spend significant parts of the day on the ward, taking meals and receiving care in or by their bed.

The centre was generally bright and clean throughout though there was evidence of inadequate infection control procedures. While hand-hygiene audits were taking place regularly, a substantial number of staff had not received current training in infection prevention and control. At the time of inspection one unit had implemented access control protocols due to an outbreak of a healthcare-related infection. Circumstances that could contribute to compromised infection control arrangements included the continued practice of multi-task attendants undertaking duties in relation to both cleaning and personal care in the course of a shift. Management accepted that these circumstances, combined with multi-occupancy accommodation for significant numbers of residents, created an increased risk in relation to the occurrence and effective management of healthcare-related infections.

Overall the quality and safety of care in St Ita's Community Hospital required significant review to achieve compliance with the regulations for designated centres for Older People. Institutional features in relation to practice and premises continue to impact adversely on the quality of life for residents living there.

Regulation 11: Visits

Having regard to the number of residents accommodated in communal rooms, particularly on Camellia unit where 35 of 37 residents were in multi-occupancy rooms, the provision of private visiting facilities available for use by these residents and their visitors was not adequate to the requirements of the service.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Personal storage facilities were not adequate for many residents in multi-occupancy rooms, particularly on Camellia unit where wardrobes were narrow and personal belongings were seen stored variously on crowded bed-side lockers, chairs and bed-heads.

Judgment: Not compliant

Regulation 17: Premises

The premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the statement of purpose.

- Storage facilities were inadequate, on Camellia unit for example, supplies and bedding items were seen stored in a bathroom area.
- Communal dining and seating facilities on Camellia unit were located in an open area off a corridor that was not suitable for such use.
- Access to outside recreational space for residents, other than those in Orchid unit, was inadequate.

Additionally, the statement of purpose referenced a condition of registration that required the reconfiguration of the physical environment. This was based on a commitment given by the provider to the Chief Inspector. However, at the time of inspection a specific and detailed plan of works to achieve this outcome were not available.

Judgment: Not compliant

Regulation 27: Infection control

Some members of staff operated in multi-task roles alternating duties in relation to household and cleaning with responsibility for providing personal care to residents in the course of a shift - a work routine which was not in keeping with effective infection control practice and for which appropriate training was not being provided. Effective isolation facilities could not be provided and an infectious outbreak progressed from one to all residents in one multi-occupancy room in the course of the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

Current fire-safety training had lapsed for a significant number of staff since the

previous inspection. Management confirmed that fire-drills were not taking place outside of a training context. A fire exit adjacent to Orchid unit was obstructed by the storage of equipment on one day of inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine prescription records were well maintained and clearly labelled with photographic identification of each resident. Nursing staff understood their responsibilities in keeping with professional guidance issued by An Bórd Áltranais. Residents' medicine prescriptions were reviewed at least every three months by a medical practitioner. Medication audits were completed regularly and arrangements for the storage and administration of medicine were in keeping with requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were in place for all residents and included relevant information on health assessments, related plans of care and reviews that reflected a very good standard of evidence based care. Records indicated regular consultation and communication with residents and their families. Inspectors identified a small number of omissions in related documentation and these findings are set against regulation 21 on records.

Judgment: Compliant

Regulation 6: Health care

Regular access to healthcare services was provided including routine review and assessment by a medical officer. Pharmacy facilities were available on-site. Residents were provided with access on referral to the services of allied healthcare professionals, such as physiotherapy and occupational therapy. At the time of inspection management confirmed that the services of a dietitian were not accessible.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The necessary arrangements to adequately meet the needs of residents in relation to their privacy, dignity and ability to exercise personal choice on a daily basis were not in place.

The use of multi-occupancy rooms for up to five residents did not support the receipt of personal care or communication in a manner that protected privacy and dignity. Privacy screens provided a degree of visual protection but did not adequately protect the privacy of residents in the conduct of personal activities or communication. Such screens could provide little or no protection from the noise and odours that a resident might experience in multi-occupancy accommodation.

The close proximity of bed spaces limited residents in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without adversely impacting on other residents.

These circumstances confined residents and limited the extent to which they could be facilitated to exercise choice with regard to how and where they ate their meals, where they spent their day and how or with whom they interacted.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 Ita's Community Hospital OSV-0000664

Inspection ID: MON-0024424

Date of inspection: 31/07/2018 and 01/08/2018

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"> • Infection prevention & control training has been scheduled for 9th October 2018 . This training will be provided by the Infection Prevention Officer. • Water Borne Management training will be provided on 14th November 2018. • Staff who have completed infection prevention and control training at Level 9 module provide training at Unit level on an ongoing basis . 	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff involved in direct care of the resident in the designated centre has written evidence of Garda Vetting on file.</p> <p><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></p> <p>The HSE is in the process of compiling Garda Siochana Disclosures from the Garda Vetting Liaison Office for all staff in the designated centre . This process is underway for all staff. Disclosures will be available in the designated centre as required under Schedule 2 of the regulations.</p> <p>Audit of documentation of care is carried out by nurse management every two months .</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>	

Recruitment of the Director of Nursing for the designated centre is a priority for the designated centre. As part of a further campaign to recruit , the Director of Nursing post was re advertised on the 23rd August 2018 .The Director of Nursing interviews were held on the 10th September 2018 and an expression of interest will be issued to the panel by 21st September 2018 . The outcome of the expression of interest process should be available by 28th September 2018.

In addition , the Assistant Director of Nursing post was re advertised on the 23rd August 2018 .The interviews were held on the 17th September 2018. Expressions of interest have been issued to the panel. The outcome of the expression of interest process should be available by 28th September 2018.

Furthermore, the Clinical Nurse Manager posts were advertised on the 23rd August 2018 and interviews will be held on the 20th September 2018.

The HSE Service Improvement Team carried out a review in the designated centre on 25th and 26th July 2018. The Service Improvement team issued their report at the end of August and a project team was established to action the recommendations. The project group met on the 6th September 2018 and the next project team meeting will be held on the 20th September 2018.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of service

The Contract of Care document has been reviewed. The Contract of Care is being updated for each resident to specify the circumstances of accommodation provided for residents as specified by the regulations. The revised contract is being circulated to each resident. The residents and families are being asked to review and sign the updated Contract of Care for inclusion on the resident's file. In order to allow time for families and residents to review and agree, it is predicted that this will take until December 2018 for this process to be completed . As new residents arrive, this new Contract of Care will be provided.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been amended to reflect the circumstances and arrangements specific to the designated centre in relation to layout and occupancy, staffing and governance

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:

Visiting spaces are available in the Parlour , adjacent to Camellia Unit, the sitting room at the entrance to Camellia Unit, the sitting room and/or dining room in Bluebell and the

<p>Servery dining room. This space is available to residents including bed bound residents. Bed bound residents are assisted by staff to avail of the private areas if they wish .</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A schedule of maintenance has been completed. Each resident has a locked drawer in which to secure private possessions.</p> <p>Two additional wardrobes and a chest of drawers was purchased for Bluebell Unit and two additional chest of drawers were purchased for Camellia Unit.</p> <p>Each unit will continue to review and assess for the enhancement of available space capacity for personal possessions. </p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Storage facilities : Storage will be confined to the allocated storage space</p> <p>The Servery dining room is now open for resident's mealtimes in addition to the Parlour. This provides choice for the resident for their dining room experience.</p> <p>There is signage on all units and communal areas signposting access to secure outside gardens for residents. Residents are facilitated to go to these gardens by staff members / visitors on request. Residents are provided with a guide that includes information on the outside areas available to them.</p> <p>The HSE propose to engage with an interior design specialist with view to enhancing the ambience and décor of the environment for the residents . Engagement will commence immediately with view to consultation and advice .</p> <p>New Build –</p> <p>The updated latest programme for the new Capital Development programme for a 20 bedded replacement facility to meet the standards as set out in Regulation 17 (2) schedule 6 shows a completion/ handover date towards the end of first quarter 2021. Delay in progression has been attributed partly to additional accommodation being included i.e increased bedroom accommodation, additional kitchen and dining, sluicing facility and subsequently , this has become a larger project . Approval has been given to progress the project to the next stage. Timeline for completion has been extended. Delays have been experienced due to the delay in the procurement of a design team and due to design team staffing issues for the project . The design team lead consultant and other design team members have given a clear commitment that the project will progress as per the revised programme. The revised programme and floor plan are available to view. </p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

A review of rosters is required to segregate roles and to facilitate effective infection control practices. In order to do this, a consultation and engagement process has commenced with the trade unions and recent meetings took place on :

- 28th May 2018
- 31st June 2018
- 14th August 2018
- 17th September 2018

The next meeting is scheduled for the 1st October 2018.

A working group has been set up to review rosters which will support the specific role of all grades including Nursing, Healthcare Assistants , Housekeeping and Catering . This working group now includes INMO, SIPTU and nurse management in order to progress this work .

On completion of segregation of roles, a bespoke training programme will be developed to address the learning needs of staff relevant to their role and to ensure competence in the relevant areas. |

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire Evacuation Drill took place on 14.09.18 .
 Further Fire Evacuation Drill scheduled for 28.09.18.
 Fire safety training is ongoing with training dates to be scheduled for October/ November 2018.

All fire exit doors have signage stating "Keep Closed" The importance of this reiterated to staff. |

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

Dietetic service: This service was interrupted by maternity leave and the post holder has now resigned before returning from maternity leave. Agency options to provide a service were pursued but there has been no dietician available through agency. The vacant dietetic post has been processed and is currently with the NRS to fill through a national panel. |

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Spaces are available in the Parlour, adjacent to Camellia Unit, the sitting room at the entrance to Camellia Unit, the sitting room and/or dining room in Bluebell and the Served dining room to resident . This space is available to residents including bed bound residents. Bed bound residents are assisted by staff to avail of the private areas if they

wish .

New Build –

The updated latest programme for the new Capital Development programme for a 20 bedded replacement facility to meet the standards as set out in Regulation 17 (2) schedule 6 shows a completion/ handover date towards the end of first quarter 2021. Delay in progression has been attributed partly to additional accommodation being included i.e increased bedroom accommodation, additional kitchen and dining, sluicing facility and subsequently, this has become a larger project . Approval has been given to progress the project to the next stage. Timeline for completion has been extended. Delays have been experienced due to the delay in the procurement of a design team and due to design team staffing issues for the project. The design team lead consultant and other design team members have given a clear commitment that the project will progress as per the revised programme. The revised programme and floor plan are available to view.

The new facility will contain the following;

New dayroom, New dining / kitchen area, a new courtyard, mix of twin and single ensuited bedrooms, family room, nurses station, toilets / wheelchair accessible WC, storage, activity room, meeting room, nurses office, changing rooms, bathroom, relaxation area, quiet room, sluicing, linen storage, reception area and palliative care suite.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	IF	31/08/2018
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	Interim measures: 31/12/2018 Final measure: 31/3/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/12/2018
Regulation	The registered provider shall	Not	Orange	31/3/2021

17(1)	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Compliant		
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/3/2021
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	Red	31/12/2018
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/10/2018
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	19/09/2018
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	Not Compliant	Orange	19/09/2018

	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.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	19/09/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant		31/12/2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2018
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	Not Compliant	Orange	28/9/2018

	of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	28/9/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	28/9/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/9/2018
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make 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.	Substantially Compliant		31/12/2018.
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant		31/3/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant		31/3/2021.