



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

Issued by the Chief Inspector

Name of designated centre:	St Columba's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cloughabrody, Thomastown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 January 2021
Centre ID:	OSV-0000552
Fieldwork ID:	MON-0030943

About the designated centre

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

St. Columba's Hospital provides residential accommodation for up to 73 residents in four continuing care areas. The centre is run by the Health Service Executive (HSE) and is located in a rural setting on the outskirts of Thomstown, Co Kilkenny. The stated primary aim of the hospital is to provide support and services to older people age over 65. Admissions of younger residents may only be accepted if it is deemed appropriate by the multidisciplinary team and following a full assessment of their needs. The service caters for residents from low to maximum dependencies and for short stays and long term care. Nursing care services are provided over 24 hours for respite, convalescence, dementia care and end of life care. The centre had 15 dedicated dementia care beds. The building was originally constructed in the late 1800's and has been upgraded and adapted over time, however, the layout mostly reflects a building from that period. There is a passenger lift for access to the first floor. Bedroom accommodation is provided over two floors and consists mainly of 2 to 4 bedded "bays". There is a limited number of single rooms which are generally used for end of life care. Residents may only be admitted to the hospital following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual. The common summary assessment record is completed for all admissions which are managed through the multidisciplinary meeting at the Local Placement Forum. There are medical reviews by the Medical Officer who visits the hospital each day, Monday to Friday and out of hours, Care Doc is called to provide the medical service. The centre currently employs approximately 110 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 January 2021	10:15hrs to 17:45hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents received a good quality of care in this centre and were supported by experienced and competent staff. The premises however impacted on the daily lives of residents and challenged staff to provide the compassionate and kind care observed. The premises also impacted on the safety of residents with regard to fire evacuations and infection control.

The centre was clean, warm and well lit throughout. The centre was on a mature site with lots of outside spaces and gardens. There was a church on site and in normal times residents and their visitors could attend Mass, this was temporarily suspended due to COVID-19 restrictions. Accommodation was divided over four ward areas with two units on the first floor. Bay areas were common in all of the centre's wards. These were large bedroom areas that had been divided up by partitioned walls, however, the partitions did not extend to the ceiling and did not have doors. They did not exclude noise or smells. The numbers of residents that resided in these areas varied but one of the larger wards had the capacity to contain 14 residents in St Anne's ward however, on the day of inspection there were 11 residents living in this space. Toilets in all units were located on one end of the unit meaning that residents had to travel through the bay areas to access the toilet or shower, this was a constant source of disruption to the residents who lived in the bay areas. One ward did not have the minimum number of toilets available to residents and in the same unit residents from one ward area had to go through the reception area to access a toilet or shower. In many cases residents had become desensitised to the constant noise and disruption that was generated when caring for a large group of people with advanced needs. In many of the bay area's residents in adjacent beds could reach out and their hands would touch. Some bays had temporarily reduced bed numbers to accommodate the high dependency needs of some residents who required specialist equipment and a lot of care. There was limited space for personal items such as pictures or ornaments and residents did not always have access to TV in a bay to watch what they preferred.

There were 59 residents living in the centre on the day of the inspection. There were no visitors in the centre due to COVID-19 level 5 restrictions but staff confirmed that compassionate visits were facilitated at all levels of restriction. The inspector spoke with five residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

It was difficult to have a private conversation with a resident due to the layout of the premises and the restrictions on movement due to COVID-19. There was always other residents and staff around. Residents reported that the day was long and there was little to occupy them. Residents could get up and go to bed when they wished and there was good choice of food which most residents said was of great quality. Residents reported that they enjoyed the group activities yet the only group activity they could describe was bingo. A bingo session was observed during the

inspection and many residents engaged with it and appeared to enjoy it. While there was a lovely sense of community in the centre, there was limited space for activities or for residents to spend quiet time alone. Long periods of inactivity were observed and for the majority of residents their day revolved around their bed space, which in the most part was limited and cramped.

Staff were observed providing kind and compassionate care to residents. Staff were familiar with residents needs and had a person-centred approach to care. However, care was mostly task based and privacy in any interaction was almost impossible for most residents. Curtains were used to provide privacy in bay areas for personal care but noises and smells could not be contained. One resident who did not have a call bell at his bedside told the inspector he did not need one because he could just call out and the staff would come.

Staff were observed following infection control guidelines with the correct use of PPE and hand hygiene. Hand gel dispensers were located throughout the centre and housekeeping staff were competent in cleaning and disinfection measures required for the prevention of or management of an outbreak of COVID-19. There were no hand washing facilities in some bedroom bay area's. Staff told the inspector they changed their uniform on arrival and before leaving work in line with the centre's policy. Staff told the inspector they were supported and felt that centre management were doing a good job.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Prior to the recent COVID-19 pandemic, St Columba's Hospital, operated by the Health Service Executive (HSE), had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The management structure consisted of the registered provider, the HSE which had a nominated provider representative who worked in a different location and normally attended the centre monthly. The Person in Charge was responsible for the daily operation of the centre and was supported by an Assistant Director of Nursing. Each ward/unit had two clinical nurse managers, nursing, caring, housekeeping and catering staff. The senior management team were also supported by administration and accounts staff on-site. The person in charge also had responsibility for two other short stay nursing units and a day centre.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. However, significant non-compliances with regulations 28 Fire precautions and 15 Staffing were found and an immediate action plan was issued to the provider. Ongoing non-compliances with premises were found and were impacting on the safety and quality of care of the residents; these non-compliances are discussed under regulation 17 Premises, 9 Rights and 27 Infection control. Following the immediate action plan the management team had taken many steps to mitigate the risks identified, however, further measures were required to address fire safety and ensure the safety of residents and staff.

The new management team took over during the COVID-19 emergency and had to date worked very hard and been proactive and transparent in managing the service during a very challenging time. There was good oversight of clinical care and staff were competent, empowered and supported. Many of the risks identified on inspection were on-going, particularly the risks and impact that the premises had on residents living in the centre. While fire and infection risks had not been identified there were generally good systems in place to monitor the quality and safety of care.

Staff were appropriately supervised and felt supported during this challenging time. Appropriate training had been provided for COVID-19 and staff were competent in infection control procedures and in fire procedures. The training schedule had been interrupted by COVID-19 but the person in charge had in place a schedule to ensure all staff were up to date with mandatory training. Following the inspection extra staffing resources had been provided to ensure safe cohorting of positive or suspect COVID-19 residents and to improve evacuation times at night in the event of fire. Further improvements were required in staffing to ensure appropriate activity provision.

Regulation 15: Staffing

The centre was not sufficiently staffed to cope with an outbreak of COVID-19. The current staffing arrangements provided for one nurse on duty on each unit at night to provide nursing care to the residents. In order to cope with an outbreak of COVID-19, a minimum of two nurse led teams is required per shift. The staffing resource at the time of inspection did not facilitate two nurse led teams on each unit. Even though the centre had a dedicated isolation unit in St Patrick's ward, it did not have a separate nurse led team allocated at night. With one nurse on duty in the event of suspected/confirmed cases of COVID-19, the nurse would have to provide care to residents suspected to have COVID-19 and all other residents as well, which would increase the risk of spreading the infection.

The provider was issued with an urgent action plan to review the staffing levels and

the staffing model in the centre. Following this the provider allocated a separate nurse led team to care for residents in the isolation ward.

Staffing levels were not sufficient to safely evacuate residents from large compartments when staffing levels were lowest. The provider allocated another staff member to the first floor at night to help mitigate this risk.

The staffing allocation for activities required review as the current arrangement was not meeting the occupational and recreational needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff had completed training in infection prevention and control specific to the management of COVID-19, correct use of PPE and hand hygiene. Documents submitted following the inspection confirmed that gaps in mandatory training were being managed and a training schedule was in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Substantially compliant

Regulation 23: Governance and management

A review of resources was required by the provider in order to ensure safe systems and staffing levels were in place to care for residents, particularly in relation to fire risks and infection control risks found on inspection. These are discussed under each regulation below. An immediate action plan was sent to the provider following the inspection.

There was a clearly defined management structure however a shared governance structure in this organisation meant that the management team in the centre also had responsibility for a day centre and two other nursing units; one on-site and one off-site. While this would not normally impact on centre management it could potentially affect it, for example, if the other centres had a COVID-19 outbreak and required additional resources.

Overall centre management were proactive and had good oversight of active risks with the exception of those identified regarding fire and infection control. A regular schedule of audits was in place and the inspector viewed action plans and outcomes and it was obvious that the systems were effective once the risks were identified. The management team were responsive to the inspection process and were willing to come into compliance.

The centre had experienced an outbreak of COVID-19 last year and had implemented learning from this initial outbreak to inform their current contingency plan. While extra staffing was identified and provided during the outbreak there was a missed opportunity to apply the same learning to the centre's preparedness for an outbreak and staffing had been reduced to pre-COVID levels. This risk is discussed under staffing regulation 15.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre; this was displayed in the reception and on each ward area. A recent complaints audit was completed and resulted in actions to improve accessibility of the complaints officer in the centre and increased awareness of procedures by staff. The inspector viewed a sample of complaints all of which had been managed in accordance with the centres policy and to the satisfaction of the complainant. Residents were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was poor and the design and layout of the premises was impacting on the quality and safety of care. There were active risks associated with fire safety and infection control.

There were significant and serious concerns about the safe evacuation of residents from large compartments within the centre when staffing levels were lowest. Fire

drill reports did not provide assurances that residents would be safely evacuated in a timely manner, for example, a ward on the first floor where 11 high to maximum residents resided in one compartment. An immediate action plan was issued to the provider following the inspection and a simulated drill was organised but the drill report did not provide assurances that residents would be evacuated in a timely manner. The provider then allocated another staff member to work on the first floor who would be available to assist in an evacuation if required. Further actions taken by the provider included reducing the number of residents living in large compartments to nine. Dependency levels had also been reviewed in one compartment on the first floor.

Staff had not been trained in vertical evacuation which would be required in the event of a fire on the first floor. The provider was engaging with competent persons to support them to reduce the fire risks in the centre. While the immediate actions had somewhat mitigated against some of the evacuation risks further actions were required to ensure the safety of all residents and staff in the centre.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent, contain and manage an outbreak of COVID-19. The infection control team in the HSE completed an audit in the centre and their recommendations had been implemented. Some areas of the centre did not have hand washing sinks and this was mitigated by accessible alcohol hand gel dispensers. However active risks of cross infection remained due to premises and staffing. Despite these challenges staff were working very hard to keep the residents safe and were observed following good hand hygiene practices and appropriate use of PPE throughout the inspection.

The design and layout of the premises was not meeting the needs of residents. The premises has been an ongoing risk and in addition to the identified fire and infection control risks above was impacting on the quality and safety of the residents' daily lives. Both staff and residents had become desensitised to the effects of the environment on the daily experience of the resident. For example, wards were noisy, smells pervaded the air, residents did not have alternative spaces to spend time in or to do activities in, there wasn't a private room to facilitate visits or for residents to get away from the noise. Staff were observed providing person-centred and compassionate care in an environment that challenged every aspect of basic care. For example, bed configurations of four bedded bays had limited space between resident's beds for staff to work in and provide care or use equipment such as a hoist or a commode. While some bays had reduced the number of beds to two or three to facilitate individual resident's needs, the spaces were not conducive to privacy and dignity as all residents and staff could overhear conversations when care was being provided. Accessibility of toilets and bathrooms required review in all units, for example, in St Mary's ward there was only one toilet accessible to residents in the nine bed bay, this was not in line with the national standards. Residents in the six bed bay had to go through the reception area to access a toilet or shower, this did not afford these residents any privacy or dignity.

The new management team had a proactive approach to risk management in the centre and had identified several new risks including the high use of restrictive

practices, complaints and activity provision. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for most of the risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. However risks associated with staffing resources and fire evacuation had not been identified.

There was a good standard of health care and residents were supported to access allied health professionals and services in order to meet their needs. While there was a person centred ethos of care in the centre it was difficult to implement due to constraints from the environment and staff resources. There were no dedicated activities staff in the centre, each ward allocated one to two care staff for a maximum of two hours per day to facilitate structured activities. Group activities included bingo, exercises and sing along. One-to-one activities included chatting, hand massage and jigsaws. Some residents in the dementia unit were observed to have individualised rummage boxes. When weather and staffing allowed some residents liked to go outdoors for walks and spend time in the gardens.

Residents had daily papers and shared access to TV and radio. COVID -19 restrictions had further impacted on the daily experience of residents by restricting their movement in the centre. Residents now had to circulate into day rooms in their pods, which were based on where the residents' beds were located. They had limited time in the day room and spent much of the day at their bedside. There was no religious services in the centre and no visitors. Residents who could explain the impact of the restrictions were grateful to the staff for all their hard work in keeping them safe but felt isolated and bored.

Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. Residents who were very ill or at their end of life were facilitated with indoor visits on compassionate grounds. There were protective screens available and staff were familiar with the guidelines on safe visiting.

The inspector observed that some parts of the centre could not facilitate private visits due to lack of available or appropriate space.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not meeting the needs of individuals and was impacting on the

safety, privacy and dignity of the majority of residents. This is an on-going non-compliance in the centre and on previous inspections the service was planning to construct a new building which would meet the needs of the residents; this building had not commenced construction.

The registered provider was not providing a premises which conformed to the matters set out in schedule 6 of the regulations. The major impact of this was on the daily experience of the majority of residents living in the centre, for example, lack of space, lack of privacy to perform basic care, noise, risk of infection and fire evacuation risks.

Judgment: Not compliant

Regulation 26: Risk management

Risks associated with staff resources to prevent and contain COVID-19 and risks associated with fire evacuation had not been identified; these are discussed under each regulation.

Judgment: Substantially compliant

Regulation 27: Infection control

The risk of residents spreading infection from one to another was not possible to mitigate in bay area's due to lack of space. This risk could only be managed by cocooning these residents in pods in the hope that any infection would be limited to that particular pod. Due to the layout of the centre this risk could not be eliminated and all residents in multi-occupancy rooms and bay area's remained at high risk of contracting COVID-19 should it present in the centre.

There were good practices around symptom monitoring and residents were promptly tested and isolated in a single room near their ward pending the result. However, the same staff cared for residents who were suspected of having COVID-19 and other residents. This posed a potential risk that if a suspected case tested positive, the staff could spread the virus to other residents. A similar risk was posed when the night duty nurse from another unit had to attend to residents in the isolation area.

An urgent action plan was issued to the provider following the inspection and appropriate steps were taken to mitigate this risk. See regulation 15 staffing.

Judgment: Not compliant

Regulation 28: Fire precautions

Serious and significant risks concerning the safe evacuation of residents in large compartments were found on inspection. Following an immediate action plan the provider took a number of mitigating actions including; evacuation drill practice with lowest staffing levels, reduced the number of beds to nine in the centre's largest compartment, reviewed dependency levels to balance dependencies in compartments, allocated an extra staff member to the first floor on night duty and they were engaging with competent persons to further review procedures and the safety of the building.

Although the level of risk was reduced it had not been eliminated. Risks remain around the evacuation of residents, compartment sizes, vertical evacuation training and practice, and updated building fire safety reviews were required.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. The GP attended daily Monday to Friday and consultant psychiatry of older age attended the centre to support the residents' needs when required. Allied health professionals also supported the residents on site where possible and remotely when

appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

There was poor oversight of activity provision. Residents' activity needs and abilities were assessed using validated tools on admission and a care plan was developed. However these care plans were not updated as a resident's needs or preferences changed therefore staff were not clearly guided to provide appropriate activities or meaningful occupation. In addition there was record maintained of residents' participation in or enjoyment of activities. Residents reported being bored and said the day was long and long periods of inactivity were observed during the inspection.

Privacy and dignity were impacted on by the premises; beds in bay areas were located in close proximity to each other and the bays also doubled as corridors or thoroughfares to access the ward toilets and shower area. Space was limited and even though new wardrobes had been provided in some wards for personal possessions and clothing, residents who lived there could not hang up pictures and some residents could not see out a window. It was also impossible to block or prevent noise and smells from pervading throughout these large bay areas. The majority of residents did not have access to their own TV and shared devices were available in areas of the centre.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Columba's Hospital OSV-0000552

Inspection ID: MON-0030943

Date of inspection: 19/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Immediate review of available staff resources at hospital level to ensure adequate RGN staffing levels in place 20/1/21. • Approval already received to source extra agency RGN staff and outside agencies contacted 20/1/21 • Three different nursing agencies contacted re staff available for immediate cover however agency must have confirmed that staff members are in a position to commence immediate work with Covid negative. status and satisfactory health care checks. (Agencies contacted 20/1/21 and ongoing) • All vacant RGN Post paperwork already submitted for recruitment purposes 20/1/21 • Extra permanent HSE Staff expected to start 1st March 2021 with another HSE Staff member expected in April 2021. (No definite date at time of writing) • Review and restructuring of managerial daily cover to enable increase staffing levels at ward till permanent solution in place 23/1/21 • Derogation of trained staff return from Covid leave as per risk assessments/ OH advice 20/1/21 • Review of current individual's ward staffing allocations specifically at activities provision for group/ individual residents ensuring time protected 1/4/21 • Onsite named activities co-ordinator to plan, organise individual & group activities and link with off- site personnel to provide outdoor activities 30/4/21 	
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>	

Staff mandatory training aimed to be at 100%.30/3/21
 Approval obtained for outside agencies to provide training as required 1/3/21
 Outside agencies contacted to provide training once with Covid restriction lifts 1/5/21
 All staff have completed on line training where feasible. Aim full compliance by April 2021.
 Vertical fire training with approved training agents in progress currently 60% of staff trained with 100% aimed for by 1/5/21.
 Aim to introduce staff appraisals to aid staff development 1/7/21
 Re-establishment of quality and safety committees to aid training, staff learning and development 1/4/21
 Promotion of 3rd level education to all staff 1/5/21.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Acting ADON to become the PIC for St Columba’s residential site, process has begun to ensure all relevant qualifications which have HIQA approval will be obtained by 31/3/21(Funding approval obtained and place booked for 29/30/31st March 2021) and registration applicance form to be changed accordingly.
- Director of Nursing’s permanent post advertised closing date 18/2/21 which will increase management structure and clinical governance. At time of writing no dates for interviews etc.
- Existing acting Director of Nursing has not applied for same thus when new DON in post ADON will resume PIC of short term site on campus
- Currently Acting DON named as person participating in management 1/3/21
- Allocation of designated PIC for other short term site whom has currently a level 7 management qualification but also will doing the HIQA approved online managerial course . 31/3/21
- Current Acting DON With have clinical governance for all sites with provider having overall responsibility.
- Monthly governance meetings already in place and will remain ongoing 1/2/21
- Daily communication between provider/ person participating in management and PIC with on sites visits on a regular basis 1/3/21

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

- Review of existing premises on site to establish if private visits can be facilitated such as gallery area/ day centre, private sitting rooms, isolation rooms if not in use post covid 1/3/21
- Currently have designated visiting spaces identified with screens which can be sanitised as per covid 19 guidelines 1/2/21
- Outdoor/ window and compassionate visiting promoted in line with current Government guidelines currently ongoing
- Regular communication with families/ residents to promote prebooked visiting as per current guidelines ongoing.
- Promotion of technology to facetime/ skype ongoing , aim to seek approval for another computer to aid this throughout hospital. 1/6/21
- Awaiting construction of new built which will improve environment and accommodate private visits unable to confirm start dates/completion

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Ongoing communication with maintenance department via artemico recording system to ensure the current facilities is maintained to high standards in timely manner 1/2/21
- Bed reduction in all wards to accommodate 13 residents in St Patrick's ward, St Anne's Ward, St Brigit's Wards whilst re-opening of St Michael's ward will care for 10 residents thus aiming to create more area for resident's rights, privacy and dignity to maintain. It has been established that a new built is required, plans drawn up and planning permission granted. Commencement of same restricted due to Covid 19. At time of writing unable to confirm exact time frame for commencement/ completion

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

- Risk Register updated with more detailed risk strategies in conjunction with H& S Officer and risk advisors 9/2/21.
- Review of risk register to completed again in April 2021.
- Re commencement of the 3 monthly Health & Safety meetings to identified all risk associated with site (Maintenance Dept, Fire officer, local & regional health & safety officer, infection control, waste management all in involved with hospital managerial structure invited) 29/3/21
- Training for ward staff on identifying risks/ hazards and associated reporting mechanisms ongoing 1/5/21.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Ongoing training and communication with infection control specialist nurse. • 100% staff compliance with training and 5 staff members on site infection control trained in hand hygiene ,conducting audits 1/3/21 • Strict adherence to current Governance guidelines and IPC guidelines at all times ongoing 20/1/21 • Conduction of environmental audits with approval obtained for extra housekeeping staff on site 21/1/21 • Reduction of ward occupancies levels thus creating more space between residents beds 1/3/21 • Communication with maintenance dept. with installation of more handwashing facilities as required 1/6/21 • Hospital re-organization of occupancy levels, St Michael's ward reopened and Isolation wing disbanded based on risk assessment, all staff / residents vaccinated and hospital main site Covid free since April 2020. 1/3/21 • All units have accessed to an isolation unit with hand washing/ unsuits facilities. • St Mary's Unit have new isolation unit with ensuite facilities created 1/3/21 • Covid 19 response plan already in operation and Covid preparedness plan in plan 21/1/20 • Detailed monitoring of resident's symptom's conditions, with an contingency plans to provide extra staff based on risk assessments if resident is considered at risk or expected of Covid 19 1/3/21 • New Build expected to commence which will aim to address the layout area of the current building which has impacted the infection control risks. At time of writing unable to confirm exact time frame for commencement/ completion of new build 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Contact has made with the HSE Fire Prevention Officer for the South East both verbally and via email both prior and since inspection requesting a supervised night time stimulated fire drill for staff to be undertaken however due to Covid 19 this could not have been facilitated prior inspection. 20/1/21 • Site Visit of the physical environment undertaken by HSE Fire Prevention Officer 22/1/21 • 3rd party Fire Risk assessment of compartments undertaken by Competent persons on 24/2/21 however no feedback at time of writing • Contact had been made in relation to the completion of the Pre Incident Plans in Dec 2020 • Contact was made with the local Fire Department 20/1/21 	

- Fire Training exercise requested 21/1/21 to be confirmed by HSE Fire Prevention officer with local Fire Authority (No date confirmed as yet)
- Established response times from local fire Stations was sought and recorded. .
- Weekly fire drills conducted on all units ongoing with new template utilised 21/1/21
- An extra staff member has been allocated to the 1st floor with from 25th January to increase staffing levels at night time thus ensuring 14 staff members on night
- Reduction of resident's occupancy levels on 1st floor from original 38 pre covid to 26 completed 8/3/21
- Movement of high dependent residents from 1st Floor to ground floor based on individual risk assessment and ongoing learning from fire drills and in conjunction with resident/ family communication 15/3/21
- Redistribution of occupancy levels evenly within the fire compartment areas of 7 & 6 residents in each compartment
- Ongoing Vertical fire Training ongoing with third party trainers aim for 100% of all staff to be trained by 1/5/21. Currently all top floor staff have participated.
- Risk Assessments completed from ongoing learning from fire drills and training 8/3/21.
- More detailed risk assessment completed in conjunction with HSE Risk advisor , Health & Safety Officer & provider/ A/ DON and general risk register updated 19/2/21
- New Fire doors ordered and aim to be installed in lower floor by 8/4/21
- Double doors installed in St Bridget's sitting/ day room in replacing the single doors to aid the movement of bed manoeuvres. 1/3/21
- 100% of online fire safety training completed by nursing staff.
- Identification of fire evacuation aids such as ski pads/ evacuation chairs required. Funding approval obtained to purchase same and awaiting companies to supply samples and input from HSE Fire Officer/ third party trainers to confirm the best type for St Columba's Hospital 1/5/21
- Identification of need for fire warden training and a waiting place on suitable course.
- High VIZ Jackets/ vests purchased 1/2/21
- Night time environment checks conducted with any issues reported to maintenance Dept. 1/2/21
- Outdoor night lighting improved. 1/2/21
- All appropriate fire safety checks as maintained i.e. weekly fire alarm checks, nightly fire door checks, fire panel checks as per regulations ongoing
- Maintenance of outside agencies to visit site to ensure certificates for testing of Fire Alarm/ emergency lighting / Portable Fire Fighting equipment/ P.A.T. are in date and current. Ongoing. (P.A.T undertaken 1/3/2.)

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Review of current activity provision undertaken by activities coordinator in particularly Covid based activities undertaken 12th Feb 2021 and results to be communicated to all 9/3/21 • Resident's satisfaction audit to be undertaken 1/4/21 	

- Education and trial of new recreation and social interaction assessment documentation to ensure resident's individual requirements are documented with involvement of the NMPDU. 1/6/21
- Staff training in reassessment of activities care plans 1/5/21
- Protected time for planned individual/ group activities 1/5/21
- Establishment of a named activities co-ordinator to ensure planned activities are advertised and promoted with outside groups when Covid restrictions are lifted 1/6/21
- Residents input in to the activity programs to be undertaken 24/2/21 with the re-establishment of resident forums post covid 1/6/21
- Reduction of bed occupancy to promote more privacy and dignity for residents
- Review of current facilities to identify private areas for residents.
- Currently awaiting a commencement date for a new build which will aim to promote and address the resident's privacy concerns. At time of writing unable to confirm exact time frame for commencement/ completion

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	Yellow	01/04/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and	Not Compliant	Orange	22/01/2021

	the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/04/2021
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	28/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/04/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2028
Regulation 23(c)	The registered provider shall	Substantially Compliant	Yellow	28/01/2021

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	28/01/2021
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	01/03/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/02/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Red	22/01/2021

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	01/05/2021
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	01/04/2021
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	Orange	01/04/2021