Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Sacred Heart Hospital Castlebar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Pontoon Road, Castlebar, Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27 June 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005730</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0024022</td>
</tr>
</tbody>
</table>
About the designated centre

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

Sacred Heart Hospital is a purpose-built facility completed in 2018 that can accommodate 74 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency and people who have dementia or palliative care needs. This centre is a modern two-storey building and is located adjacent to the original Sacred Heart Hospital premises. It is a short drive from shops and business premises in Castlebar. It is comprised of two self contained units. The Ross unit is located on the ground floor and the Carra unit on the upper floor. There is lift access between floors. There are 35 single rooms and one double room, all with full en-suite facilities, on each floor. The centre has a large safe garden area off the ground floor. This has several access points and was well-cultivated with flowers, trees and shrubs to make it interesting for residents. The philosophy of care as described in the statement of purpose is to use a holistic approach in partnership with residents and their families to meet residents’ health and individual needs in a sensitive and caring manner while balancing risk with safety.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 62 |

Page 2 of 21
How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 June 2019</td>
<td>08:30hrs to 17:50hrs</td>
<td>Geraldine Jolley</td>
<td>Lead</td>
</tr>
<tr>
<td>27 June 2019</td>
<td>08:30hrs to 17:50hrs</td>
<td>Gearoid Harrahill</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspectors spoke with residents living in both units. They described the centre as a good place to live. Residents said that having their own bedrooms and personal facilities added to their quality of life. They described enjoying the comfort of their rooms and surroundings and the varied activities that took place daily. Many described the music, gardening, art and bingo sessions as some of the activities that kept them entertained. Residents said they liked the garden as it was safe and there were level paths so they could walk around or use their wheelchairs with ease. Some residents had planted in the raised bedding in the garden. Some residents said that it had been a challenge becoming familiar with the size of the building but they enjoyed the views and the light airy space.

Residents spoke positively of the care provided by staff in the centre. They said staff were kind, approachable and worked hard to ensure they were comfortable in the centre. They told inspectors that staff had created a calm and friendly atmosphere in the centre. Residents were supported to remain independent and in contact with the local community and some went out regularly to local shops. Food choices were described as varied, and residents on specialist diets said that they were provided with meals that suited their needs.

The inspectors saw that residents were supported to move around the centre and to use the facilities in both units and the garden area. Relationships between staff and residents were observed to be friendly with lots of interaction and conversation evident.

Capacity and capability

This operation and management systems in the centre were well established and a high level of compliance had been achieved with one exception where the procedures in place did not ensure that all documentation relating to staff, in particular required vetting disclosures were available on site at all times. This was remedied when an urgent compliance plan letter was issued following the inspection. The inspectors observed that the overall governance, management and oversight of the delivery of the service was good and there were systems in place to review the quality of the service provided to residents. There were regular governance meetings between the person in charge and the provider representative. Regular staff meetings were also held and used to discuss matters relevant to the business of the centre.

There was a clearly defined management structure and the lines of authority and
accountability were known to staff. Residents and staff said they could raise any concerns regarding the quality and safety of care delivered and felt their views were listened to and considered.

The service being delivered to residents was observed to be in keeping with the centre's objectives as described in the statement of purpose.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Additional staff were employed to meet planned and unplanned shortfalls when necessary. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. Staff were observed to engage with residents in a person-centred and respectful manner. The person in charge is appropriately qualified and experienced and has kept her skills and knowledge up to date by attending courses and training events.

Residents told the inspectors that their experience of raising issues was positive. Two residents said that when they had raised concerns or expressed views on food or their care, these matters had been resolved promptly by staff. The complaints procedure was on display and issues raised were brought to the attention of staff to prevent similar problems recurring.

The required documents that inform residents about the service and the policies to guide staff practice and ensure the safe operation of the service were available.

**Regulation 14: Persons in charge**

The person in charge has been in post since March 2019 and has several years experience in this role in another designated centre. She has appropriate qualifications including a management qualification and meets the criteria for persons in charge.

She is supported by clinical nurse managers from both units. Meetings had taken place with the staff team since she took up her role as part of her familiarisation with the service.

**Judgment: Compliant**

**Regulation 15: Staffing**

There was sufficient care and nursing staff on duty in both units to meet the needs of residents. The inspectors noted that the publicised social activities took place in one area and residents from both units attended and were supported by staff to do this. Catering, cleaning and laundry staff were available throughout the day, evening
and at weekends.

The occupancy of the centre had been maintained at 62 to ensure that appropriate staff allocations were available to meet the needs of residents. This was being kept under regular review the inspectors were told.

Judgment: Compliant

**Regulation 16: Training and staff development**

Newly recruited staff members had an induction programme on file which was completed before being rostered for regular duty. Staff in the centre were familiar with their reporting and accountability structure and felt supported in carrying out their role in the service. Staff had attended mandatory training in fire safety, safeguarding of vulnerable adults, and in safe moving and handling of residents. Staff who were approaching the date by which their training needed to be refreshed were scheduled for training in advance.

Judgment: Compliant

**Regulation 19: Directory of residents**

There was directory of residents and this contained the required information.

Judgment: Compliant

**Regulation 21: Records**

Records that were available in the centre were stored in a safe and accessible manner. However, in a review of a sample of personnel files the inspectors found that the required vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available in the designated centre for all staff. An urgent compliance plan letter was issued to remedy this.

The daily records that described residents' health and condition did not reflect the positive care interventions provided by staff and relayed by residents as having a benefit to their daily lives.

Judgment: Not compliant
## Regulation 23: Governance and management

There was a clear management structure in place. Staff knew who they reported to and were familiar with their roles and their responsibility for ensuring a quality safe service was delivered to residents. There were audits of varied aspects of the service and shortfalls identified were used to introduce change and improve the service. As an example staff were aware that some areas in this large modern building needed to be made more welcoming and comfortable and had introduced additions such as lamps and decorative features to achieve this aim. There was a requirement to audit all staff files to ensure they contained on the information required under regulation 21 records.

**Judgment:** Compliant

## Regulation 24: Contract for the provision of services

All residents had been issued with a contract of care. A sample was reviewed by inspectors and were found to have information on the fee to be charged to residents. There were no extra charges for additional services. All contracts were signed.

**Judgment:** Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained the required information and included the philosophy of care and the services and facilities available. The floor plans required review to include the main kitchen which is centrally located in the original building a short distance from the designated centre.

**Judgment:** Substantially compliant

## Regulation 30: Volunteers

The provider was in the process of setting out the roles and responsibilities in writing for people due to start working in the centre on a voluntary basis. Volunteers had been vetted by An Garda Síochána.
Regulation 31: Notification of incidents

The required notifications were provided when required.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was clearly posted in a prominent position on the premises, and staff members spoken with were aware of how to receive and record complaints made and refer them to the appropriate managers. The policy had nominated a designated person to manage complaints made in the centre.

A complaints log was maintained, identifying the subject of the complaint, and the response by the management to same. Verbal complaints were recorded with the same level of detail as those submitted in writing.

Judgment: Compliant

Quality and safety

Residents’ health and social care needs were met through appropriate staff deployment, good access to doctors and allied health professionals, and the availability of a varied social activity programme. The modern environment also contributed positively to how care was delivered and residents’ quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents’ health and social care needs. There were good descriptions of residents’ backgrounds and lifestyles recorded to inform how care was delivered. Care was regularly reviewed by nurses and medical staff to ensure positive outcomes for residents. Residents told the inspectors that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. The centre had a daily visit from a medical officer to ensure health needs were monitored. The daily life patterns and interests of residents were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests available to enable staff plan care in a person centred way. Residents said that they particularly enjoyed taking part in new activities such as art and crafts and said they liked that their work was displayed around the centre. There were varied
assessments completed including falls risk assessments and where risk or vulnerability was identified, there were care plans that described the measures to be taken by staff to promote health and prevent deterioration. Residents said they had been given information about the admission procedure and the services they could expect to help them make decisions about moving to residential care.

There were staff allocated to provide social care daily. Residents said that they enjoyed the group and individual activities.

The building is a modern design and was completed in 2018. It has plenty of natural light throughout and was in excellent decorative order. There were features that enhanced the accessibility of the environment for people with dementia or sensory impairments. Hallways were wide and unobstructed and there were features including artwork completed by residents and pictures displayed to provide interest for residents as they walked around. There were several communal rooms that residents could use during the day, however the inspectors observed that some rooms were used infrequently while others such as the dining rooms were crowded when used for activities with residents having to be moved to make space for others entering to join the group. A review of how communal rooms are used would be of benefit to ensure available space is used to capacity for the benefit of residents.

There was a large church at the entrance to the centre that residents used for prayer, to spend time quietly and to attend Mass. There was access to a safe outdoor garden where flowers and shrubs had been planted and some residents were taking a great interest in how the plants were developing and viewing them regularly. Residents’ rooms are single or double occupancy. Rooms viewed were organised according to residents’ preferences and were personalised with furniture, books, plants and ornaments belonging to residents.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed regularly and call bells were accessible to residents in all areas. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for all new staff and fire training was scheduled regularly.

There were systems in place to prevent, detect and report possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place, and all had received training and information on this topic and were scheduled for regular training and refresher training.

Regulation 10: Communication difficulties

Communication problems were identified and there was information in care records that described the areas where residents had difficulty. In a review of care plans the
inspectors found that capacity in relation to communication, orientation to surroundings and capacity to recognise staff and family was described.

Judgment: Compliant

### Regulation 11: Visits

There was no unnecessary restriction on people coming into the designated centre to visit residents. There were smaller quiet sitting rooms away from the main communal areas in which residents could receive their visitors in private.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothing and personal items. An inventory was created on admission listing the residents' belongings.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises was safe and suitable in its design and layout for the number and needs of the people living in the centre. Each unit consisted of a large looped corridor which allowed residents to stroll around the building without reaching a dead end. There were several sitting rooms on each floor where residents could relax, read the newspaper, watch television or chat among themselves. However, throughout the day inspectors observed that some rooms were hardly used and others were crowded at times particularly mealtimes which detracted from the dining experience as staff had to manoeuvre residents around to ensure they had space and access to dining tables.

Residents' bedrooms were large and residents had space to personalise their bedrooms to their own preferences with photographs, posters and decorations. Many residents had done this and rooms were noted to be home like and organised according to residents' preferences. There was sufficient wardrobes and cupboards for residents to store their clothing and belongings. All bedrooms had full en-suite facilities which were accessible to people with reduced mobility or who required assistance equipment. Bedrooms were also equipped with ceiling hoists to assist with mobility. Shared bedrooms had suitable privacy screening between bed
In addition to the en-suite facilities, there were communal facilities located in the corridors and near communal areas. These shower/bath facilities while suitably located and clearly identified with colour and pictorial signage, were locked and required a staff key card to open them an arrangement that prevented residents accessing these facilities independently. Additionally, while each floor had designated storage areas for equipment, inspectors observed these shared toilet and shower facilities were used to store hoists, chair weighing scales and linen trolleys. Unlabelled toiletries and sharps boxes with shaving razors were also found in these shared bathrooms.

The centre featured a large, enclosed and safe garden with paved areas and raised planters. Multiple doors led out to this area, including from the primary sitting rooms, and residents were observed including the garden throughout the day as part of their stroll or sat outside relaxing in the sunshine.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

Residents said the food was varied and said they enjoyed their meals. They confirmed that staff advised them of the menu choices and that alternatives to the main dishes were available if they wished to have a lighter meal or something different. Residents who needed assistance to eat were appropriately supported in ways that promoted their privacy and dignity at meal times.

There were supplies of drinks in all areas where residents spent time and juice and water was also available in bedrooms.

Residents’ weights were monitored and fluctuations upwards or downwards were referred for specialist advice according to the nutrition policy.

Judgment: Compliant

**Regulation 26: Risk management**

There were risk management procedures and a risk register in place to underpin the identification and management of risk.

Areas of risk such as a resident going missing were identified and there were regular simulations of such an event to ensure staff were familiar with the actions to take. Learning from these activities was identified to improve staff ability to manage
the situation.

Risk in relation to access to the staircases from the upper floor and to personal protective equipment had been identified but required ongoing assessment in accordance with residents' assessed needs.

Judgment: Compliant

Regulation 27: Infection control

All areas of the centre and the equipment in use was visibly clean. Staff were observed to observe infection prevention protocols and to wash hands effectively when moving from one area to another or from one activity to another.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had an emergency plan and a range of fire safety procedures in place for the building. Staff members who spoke with inspectors were familiar with the procedure for safe evacuation of residents, including the most appropriate means of assisting residents to mobilise, and how to evacuate them based on progressive horizontal movement through compartments. Regular practice evacuation drills were carried out in the centre. The records maintained described the simulated exercises, the time taken to evacuate, and the learning that became apparent to improve efficiency and avoid potential delays.

The building was equipped with internal fire doors for the containment of flame and smoke in the event of a fire. These closed automatically in the event of an alarm trigger. Evacuation routes were clearly identified and were not obstructed. Regular checks of the fire safety arrangements and the equipment were recorded. There were service records for the fire alarm and fire prevention equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The system for the dispensing, storage and management of medicines was inspected. Medicines are dispensed and administered from the original packaging. The arrangements for storage and administration were noted to meet good practice
standards.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

There were detailed care plans for all residents and these were based on a range of assessments that identified health, social care needs and lifestyle choices. Care plans were completed in a timely way and were reviewed as required at four month intervals or when needs changed. The inspector noted that care plans provided a good overview of the way care was delivered and reflected that a person centred approach was adopted.

Judgment: Compliant

**Regulation 6: Health care**

Residents had access to a daily visit from doctors and to a weekly consultant visit. Allied health professionals were readily accessible and referrals were responded to promptly according to nurses. The inspector saw that recommendations were followed by staff in relation to diet, mobility and the use of specialist equipment.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Residents who displayed responsive behaviours consequent to their conditions were supported appropriately and in ways that ensured these issues were minimised for the ir comfort and well being. Care plans reviewed conveyed that staff had been diligent in their assessments and had meaningful and well informed interventions in place to alleviate the behaviours presented.

Judgment: Compliant

**Regulation 8: Protection**

Staff were well informed about safeguarding matters and could describe the actions they would take if they were concerned about a safeguarding issue. They confirmed
they had regular training and updates on safeguarding. All staff interviewed gave confident and well informed replies to the inspectors' queries.

Judgment: Compliant

Regulation 9: Residents' rights

Resident choice was respected and residents were observed to have freedom in how they went about their day. Many residents did not get up until late which suited them and reflected their usual habits. Residents who could maintain social links and independently go out to the local community were supported to do this. There was good supports provided where residents were able to take informed risks and staff had measures in place to minimise such risks.

Staff were familiar with residents preferred routines and how to deliver their care needs in a dignified and patient manner. Staff were observed to talk residents though their seating transfer, knocking before entering bedrooms, and discreetly attending to residents who required assistance to use the toilets.

An activities schedule was displayed in the communal areas which included social activities such as bingo, board games, exercises, art and movie nights. Inspectors observed some activities taking place in which the coordinator ensured that residents could participate at their own pace and were supported to do so. The coordinator also carried out smaller, more individualised sessions such as sensory therapy, hand massage or music for residents who would benefit more from this type of engagement. Each resident had a tracked list of the activities they had attended and to what level they got involved and this helped to identify levels of social engagement and if more suitable alternatives should be offered.

Residents feedback on the service was sought regularly through satisfaction surveys and resident committee meetings.

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

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 35: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 36: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 37: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 38: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 39: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time bound**. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:
Both employees were put off duty from the designated centre and were not permitted to work in any designated centre until there was full compliance. However it was subsequently confirmed that the second staff member was in fact compliant with the Regulations.
Both employees have now resumed duty as there are now full vetting disclosures available in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in the designated centre for these staff.

All staff have been updated and advised to include an account of and reflect the positive care interventions provided by them to the residents as having a benefit to their daily lives in their documentation.

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose was updated prior to the inspection. Copies of the updated Statement of Purpose have been sent to HIQA.
The floor plans shall be reviewed to include the main kitchen which is centrally located in the original building a short distance from the designated centre. A map of the main kitchen shall be drawn up and added to the Statement of Purpose.
Outline how you are going to come into compliance with Regulation 17: Premises:
Staff will continue to encourage the residents to use alternate sitting rooms as the inspectors noted that throughout the day some rooms were hardly used and others were crowded particularly at mealtimes. to ensure that residents have adequate space and access to dining tables. Dining tables shall be trialed in alternate rooms and residents encouraged using them.

All shared toilet and shower facilities have been removed of all equipment including hoists, chair weighing scales and linen trolleys. All un-labelled toiletries and sharps boxes with shaving razors have been removed from the shared bathrooms.
Section 2:

Regulations to be complied with

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

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

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>03/07/2019</td>
</tr>
<tr>
<td>Regulation 03(1)</td>
<td>The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27/07/2019</td>
</tr>
<tr>
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