



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	30 March 2021
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0031318

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 March 2021	09:15hrs to 18:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The main entrance to the hospital was wheelchair accessible. There was COVID-19 advisory signage and hand sanitiser in the front porch. Entrance to the main building was usually open, but this was now locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check. The 'Friends of Dunmanway Community Hospital' donated a new electronic temperature check; this allowed the visitor's temperature to be checked and recorded, and then assessed by staff before the visitor entered the building. There was a hand-wash sink at the main entrance as well for visitors use.

Overall, the premises was bright, clean and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Personal care was being delivered in many of the bedrooms and observation showed that this was delivered in a kind and respectful manner.

Residents' accommodation was set out on one main corridor extending from the main entrance; there was a corridor to the right of the main entrance running parallel to the main corridor where nursing and administration offices, the oratory, parlour, main kitchen and storage facilities were located here. Staff facilities, physiotherapy and other offices were located upstairs. Dunmanway Community Hospital was adjoined to Dunmanway day-care centre via a wide corridor located to the rear of the building.

Residents accommodation comprised three four-bedded rooms, three twin rooms and five single bedrooms, all with en suite shower toilet and wash-hand basin facilities. There was new boxed-style shelving over residents' beds for residents to display photographs and mementos. Some residents had personalised them with decorations and flowers. Some bedrooms, particularly the single rooms were very personalised. Each resident had their own television their bedrooms with their own remote control to independently access TV channels. While residents had accessible bedside lockers, some residents in multi-occupancy rooms had limited storage of a single wardrobe for their clothing.

'The Doheny Bar' was a life-size bar display with seating on either side of it and a full-length poster of Daniel O'Donnell behind the bar; this was located between Shehy 1 and 2 bedrooms. Further along the corridor there were framed pictures of lots of residents' thoughts during the lock-down which were insightful and poignant.

Since the last inspection, there was an extension completed with a new sitting room, visitors' room and toilet facilities. The addition of the sitting room meant that there

was now a designated dining room. The dining room was lovely and bright. Tables were set for Easter celebrations with vases of different coloured fresh tulips and daffodils, with large nests at the base of the vases decorated with mini Easter eggs and chicks. Residents requested an old-fashioned dresser for the new dining room which was sourced and fit perfectly in the corner, with china tea sets which were used for their afternoon tea parties. Residents spoken with said they loved the dining room as it was bright and had views of the garden area and said they were delighted with the vintage dresser as it was reminiscent of bygone days. Residents proudly showed the crosses they had made for St Brigids' day, February 1st. The dining room had been decorated with Valentine's Day hearts and there was a few still brightening the walls.

Residents said they liked to be in the dining room in the morning, enjoying whatever activity was happening as well as reading the paper and having a cup of tea with their friends. Other residents were observed staying in their bedrooms until later in the morning as they wanted to see mass on the television.

The new extension was called the 'Ballinacarriga Suite' and this could be accessed from the dining room and the main corridor. The new day room was a large room with comfortable seating around a fireplace to the left, and large table, chairs and other seating for activities, board games, and piano to the right. This room was beautifully decorated with a relaxing atmosphere. The inspector observed activities here in the afternoon. Residents had decorated cup cakes which they enjoyed with their afternoon tea. Residents were painting with lovely background music playing, and the staff encouraged and assisted residents in a social and relaxed manner. There was a newly created patio area outside the new sitting room. Views from here were onto an ivy-clad stone house and the enclosed walled garden of the original building. Residents said they often had visiting rabbits scurrying about in the garden and it was lovely to watch.

There was new seating opposite the dining room for residents to rest and the shelving behind the seats had a framed letter from the president Michael D Higgins. A further seating area was created along the corridor to the left. Here, there was beautiful seating and small table set in an alcove with vintage book shelving wall paper backdrop. Residents said that sitting here was like being in Hayfield manor.

There was a small enclosed courtyard in the middle of the centre with potted plants and shrubs, miniature ornaments and garden furniture for residents to enjoy. The garden to the back of the centre adjoined the garden of the day service and both were well maintained. There was another outdoor area which could be access from some of the bedrooms, however, the positioning of the enclosing fencing cut off access to the garden for the eight residents in Shehy 1 and 2 bedrooms.

'Dreams Really Do Come Through at Dunmanway Community Hospital' was an initiative to find out the dreams on the 'bucket list' for residents. Staff recognised the enormous impact of lock-down on residents so they asked residents to share the one thing on their 'bucket list' they would really like to achieve. Photograph albums showed many residents' dreams realised. One resident showed her photographs with the Munster rugby team where she attended a private training session in

Thomand park. The resident had photos of herself and several of the team toggled out as well as her on the back of the buggy driven around Thomand. Another resident's dream was to chat with Daniel O Donnell; the person in charge organised this and there was a lovely photograph of the resident chatting with her hero. Another resident loved Francis Brennan so he wrote to him and received a lovely letter which was framed and displayed for the resident. One lady enjoyed playing the piano and had played for many years in her local church, so they got a piano for her which was now in the new sitting room for her to enjoy whenever she wanted. The 'Dunmanway Show' was held in the centre where residents dressed up in their finery with accessories of hats and fascinators; artisan foods and crafts were displayed and photographs showed residents enjoying themselves and the displays. Open-air concerts were facilitated in the patio area off the new sitting room and residents said these were wonderful and enjoyed them.

Residents were observed with their own mobile phones and I pads. Residents were encouraged and assisted to maintain their connection with the families and friends through visits, mobile phones and virtual platforms. Residents had access to a computer and this was on a mobile unit which was taken to residents' bedrooms when residents wanted to access programmes or u-tube videos. This was observed on inspection. When residents' were not using the computer it was maintained outside the nurses station and had soft background music playing, creating a calm and relaxed atmosphere.

During the walkabout, residents were observed to be relaxed and familiar with the person in charge and the deputy person in charge and freely conversed with them. Observations on inspection showed that staff had good insight into responding to and managing residents' communication needs and provided support in a respectful professional manner.

Medications were seen to be administered before dinner so that mealtime was protected for residents'. At lunch time residents were asked their menu choice and special requests were facilitated in a respectful manner. Appropriate assistance was provided to residents and the mealtime was unhurried. Mid morning and mid afternoon snacks were offered to residents and this was undertaken in a relaxed and social manner with positive engagement with residents.

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

Capacity and capability

Dunmanway Community Hospital was a residential care setting operated by the Health Services Executive (HSE). Overall, this was a good service with effective governance arrangements to promote positive outcomes for residents.

The registered provider representative was the general manager for the CH04 area of the HSE. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

The registered provider had applied to re-register Dunmanway Community Hospital as per the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The application form was timely submitted and associated fees were paid. The statement of purpose and floor plans were also submitted, and were updated at the time of inspection to reflect the building as it is currently set out.

The statement of purpose was displayed in the centre. It was updated at the time of inspection to include:

- details of fire safety precautions
- access to the national screening programme
- size and function of rooms
- type of residents who will be accommodated in the centre.

There were adequate staff to the size and layout of the centre and the assessed needs of residents. Activities were assigned to staff as well as the activities co-ordinator so activities were facilitated in residents' bedrooms as well as the day room. This ensured that all residents could participate in meaningful activities throughout the day.

Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place for all staff. Training was up-to-date for mandatory training and other training was facilitated such as COVID-19 related education of breaking the chain of infection, hand hygiene and PPE usage. As many of the courses were on-line, the person in charge discussed the on-line content with staff to ensure that staff knew and understood the course information. This ensured that training was implemented appropriately.

Viclarly audit programme comprised a variety of clinical and observational audits completed on a monthly basis. These were discussed and the person in charge and CNM demonstrated thorough insight into the audit process, its value and the positive impact audit had on promoting a social model of care delivery. Evidence of this was observed in the positive social interaction and delivery of care observed, and feedback from residents. Minutes of the QPS meetings had set agenda items relating to key performance indicators, notifiable incidents and infection prevention and control as part of effective monitoring and oversight of the service.

Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these. While most notifications were submitted in line with

regulatory requirements, the relevant NF 40, reporting nil return of any incidents requiring a three-day notification or quarterly return, were not submitted. For example, where there was no occurrence of pressure sores, theft of unintentional fire alarm in the previous six months but this information was not returned.

The annual review for 2020 was set out in the format of the national standards. While it detailed information on the quality of care in the centre, it did not reflect the many 'quality of life' initiatives undertaken for residents to allay the impact of the pandemic lock-down.

Feedback from residents and their families was logged. The person in charge followed up on issues raised to ensure that people were satisfied with the interventions and actions taken.

The risk register was up-to-date with identified risks associated with the impact of COVID-19 and additional control measures to mitigate identified risks.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider representative had timely submitted the application to renew the registration of Dunmanway Community Hospital, and the associated fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience as required in the regulations. However, she did not have the required post graduate qualification in health or a related field, as described in the regulations.

Judgment: Not compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development
The training matrix was examined and demonstrated that staff had up-to-date training in mandatory and other training such as infection prevention and control, hand hygiene and donning and doffing PPE. There was good supervision of staff to ensure oversight of care delivered.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents was maintained in line with regulatory requirements.
Judgment: Compliant
Regulation 21: Records
Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for all staff; these were securely maintained.
Judgment: Compliant
Regulation 23: Governance and management
This was a good service with systems in place to effectively monitor the service to ensure care was person-centred, safe and appropriate. A social model of care was promoted.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose detailed the requirements as set out in Schedule 1 of the

regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
While most notifications were submitted in line with regulatory requirements, the relevant NF 40, reporting nil return of any incidents requiring a three-day notification or quarterly return, were not submitted.
Judgment: Not compliant
Regulation 34: Complaints procedure
Complaints records were maintained in line with regulatory requirements.
Judgment: Compliant
Quality and safety
<p>The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner and care practices were socially orientated.</p> <p>The person in charge explained that the 'Friends of Dunmanway Community Hospital' were a huge support and over the years had contributed significantly to the centre. Currently, they had donated funds to upgrade the enclosed garden to the side of the centre. Quotes have been sought to landscape a dementia-friendly garden with all-year-round planting, walkways and seating. The person in charge hoped that this project would be completed by the summer. Currently, the positioning of the enclosing fencing excluded eight residents in Shehy 1 and 2 from accessing the garden from their bedrooms and the inspector asked that this be reviewed.</p> <p>The person in charge explained that scheduling visits for residents was the responsibility of all nursing staff as this provided opportunities for staff to chat with families, update them on the family member and highlight any essentials the resident might need. This facilitated on-going communication with families and the person in charge said this was working well and families were happy with the</p>

communication.

Access to the day-care centre had been opened up and the person in charge said that prior to COVID-19 lock-down, people and their families coming to the day-care would visit their friends in the hospital; afternoon tea parties and other social gatherings were shared between the two services enabling residents to maintain relationships with the community.

The medical officer attended the centre and documentation showed that medications were regularly reviewed. Residents had timely access to psychiatry of old age, surgical reviews, dietician, geriatrician specialist and palliative care. When required, the social worker attended the centre to support residents and staff; residents' documentation showed that liaising with the family formed part of the ongoing support provided to enable best outcomes for residents concerned.

A sample of care plan documentation was reviewed. Significant improvement was noted here. Residents care plans and assessments were comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs. Additional care plans were set out relating to 'COVID-19 and the resident with dementia' with individualised supports necessary for their emotional well-being to minimise the impact of COVID precautions; COVID-19 infection control care plans were in place for all residents. Staff spoken with had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents, their families and staff. Issues identified on assessment were followed through in the care planning to ensure robust information was available to direct care. Care plan were initiated following review by specialist services such as speech and language and dietician services. The physiotherapist had developed individualised exercise programmes for residents including those with cognitive impairment. Of the sample of care documentation seen, residents had signed their own consent forms for items such as photographs, vaccinations and participation in care planning.

A separate folder was maintained with a synopsis of residents' current care needs as part of their COVID-19 preparedness plan; this facilitated easy access to resident information to all staff, but in particular new staff, should the need arise.

End of Life care assessments were in place and included information on compassionate visiting arrangements being facilitated. Advanced care directives and 'Let Me Decide' were in place for residents and documentation showed that these discussions were with the resident and GP. While it was reported to the inspector that families were involved in discussions and documents were signed, it did not indicate the relationship with the resident, for example, the spouse, son or daughter.

The new national transfer letter was available to use to ensure a comprehensive account was included should a resident require acute care or transfer to another institution so they could be appropriately cared for by the receiving facility.

Controlled drug records were securely maintained. The daily controlled drug check

book was new and staff found this to be an improvement on the previous one as it enabled more robust record keeping. The controlled drug order book was being researched at the time of inspection to be upgraded to ensure it was fit for its intended use; this would mitigate the risk of near miss or medication errors. An antibiotic log formed part of the medication administration record; this provided easy access to the antibiotic history which included the rationale for the treatment and the resident's response to it.

Residents and staff had received both doses of their vaccination. The infection prevention and control (IP&C) self-assessment was completed and this showed a thorough review of the service and the controls in place to safeguard residents, staff and visitors to the centre. The HSE IP&C nurse had inspected the centre and provided valuable information which the person in charge acted upon. For example, the water dispensers were upgraded to a sensor format rather than a touch mechanism to mitigate associated risks. Chemicals training for the new products in place was facilitated in July 2020. Clinical waste was increased from quarterly to monthly to facilitate the increased usage of PPE.

Good infection prevention and control measures and practices were observed. For example, good hand hygiene practices and use of PPE. Dani centres were located around the centre for staff to easily access personal protective equipment (PPE). The sluice rooms and clinical rooms were secure access to prevent unauthorised access to hazardous and clinical products. One sluice room required shelving to enable appropriate drying of equipment in line with infection prevention and control best practice.

Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags as required. Laundry was outsourced as the laundry facilities available in the centre were inadequate as the space available was quite limited and washing and dryer machines were domestic-type equipment.

As part of necessary COVID-19 precautions over the last year, residents meetings were facilitated in smaller groups. The latest meeting of 17 February 2021 was conducted in three different groups to facilitate social distancing. The topics discussed in these meetings included COVID 19 updates, new visiting guidelines and arrangements and local news. The person in charge and clinical nurse manager had oversight of these minutes so that any issues raised could be remedied in a timely manner. Residents had access to SAGE advocacy services and information was displayed providing information on accessing this service.

The risk register was up to date and included risks associated with COVID-19 pandemic. Fire safety records reviewed showed that appropriate fire certification was in place for alarm tests, emergency lighting and equipment. Monthly flushing of the fire hydrant was recorded. Regular fire safety drills were completed with details of staff participation and times for evacuations. However, records of daily fire safety check showed that these were not completed comprehensively. There were floor plans displaying fire alarm zones, however, floor plans with evacuation pathways or a point of reference were not displayed, as described in the regulations, to ensure that all persons had access to the building layout and escape routes available. The

fire door leading from the designated centre to the day hospital was partially obstructed by the emergency trolley and secure medicines trolleys. These were immediately removed during the inspection. Smoke seals to some of the fire doors required upgrading as there were visible gaps seen. This was remedied on inspection where the maintenance personnel adjusted some fire doors and replaced the seals on others to ensure fire safety precautions in the centre.

Regulation 11: Visits

Visiting was facilitated in line with current HPSC guidance. The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents had access to single wardrobes for their personal clothing storage space.

Judgment: Substantially compliant

Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date and advanced care plans were in place for all residents.

There was a palliative care room in the centre to enable care to be delivered in a quiet and peaceful environment.

Judgment: Compliant

Regulation 17: Premises

Eight residents in Shehy 1 and 2 could not access the garden from their bedroom due to the positing of fencing.

Laundry facilities available in the centre were inadequate as the space available was quite limited and washing and dryer machines were domestic-type equipment.

Judgment: Not compliant

Regulation 18: Food and nutrition

Meals were pleasantly presented and tables were nicely set for residents prior to their meals with delph, napkins and condiments. Residents were assisted in an appropriate manner to enjoy their meal and were offered choice. Appropriate nutritional care plans were in place for residents and they had timely access to dietician services, when required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The new national transfer letter was available to use to ensure a comprehensive account was included should a resident require acute care or transfer to another institution so they could be appropriately cared for by the receiving facility.

Judgment: Compliant

Regulation 26: Risk management

The risk register was recently updated to ensure the information available was current. The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Infection control

Storage facilities were required in one sluice rooms to enable appropriate drying of equipment in line with IP&C best practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Daily fire safety checks were not completed comprehensively.

Evacuation plans with escape routes and points of reference were required to be displayed in the centre, in the correct orientation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications and associated documentation were maintained in line with legislation and professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted with regarding their care.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to on-site GP consultation. Residents medications were reviewed as part of their consultation with their GP and ongoing monitoring and responses to medication were seen.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect and a social model of care was promoted. Staff were appropriately supervised to ensure and enable a quality of life for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Observation on inspection and consultation with residents showed that a social model of care was promoted and delivery, where residents choice and independence was encouraged.

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:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0031318

Date of inspection: 30/03/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge and CNM2 will undertake a QQI Level 6 Supervisory Management Course in June 2021.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We have reviewed our notification of incidents currently in place in Dunmanway Community Hospital. As the Person in Charge, I am aware of my legal requirements to notify HIQA within specific time frames, of certain incidents, events or changes within our Centre.</p> <p>The notification of incidents has been reviewed and the reporting of nil return of any incidents requiring a three day notification or quarterly return (NF40) will be submitted in accordance with regulatory requirements (completed 16/04/2021)</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p>	

<p>Laundry of all personal clothing is outsourced. Towels are provided by the hospital to allow for extra wardrobe space. Audit the wardrobes space in consultation with the residents. A member of staff is allocated to each resident to assist them in maintaining their wardrobe, rotation of clothes seasonally as per each individuals choice and liaise with family members for toiletries or items of clothing requested by the resident. Nursing Management will undertake a review of all wardrobe spaces in consultation with the residents and facilitate extra clothing storage space where required. Expected Date of completion 31/05/2021.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A landscape gardener has been enlisted to assist with the upgrade of the outdoor space to optimize its potential in creating additional outdoor visiting and seating areas. A resident in Shehy room 2 has his own wheelchair adapted vehicle. The area outside Shehy rooms 1 and 2 has two designated wheelchair access spaces. The resident residing in Shehy room two uses one of the spaces for parking, with easy access to and from his room .To ensure continued easy access to the designated adapted vehicle area the enclosed garden does not extend to the area outside Shehy 1 and 2. Nursing Management has engaged with a landscape garden designer to enhance the layout and landscape of the area in consultation with the residents, residing in rooms Shehy 1 and 2. (Expected date of completion 03/08/2021).</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A new stainless steel shelving storage facility has been sourced and fitted in the sluice room to enable appropriate drying of equipment.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

A new daily fire safety check record system has been introduced and all team members have been educated on same.

A monitoring system is in place to ensure compliance with completion.(completed 31/03/2021)

Estates have been contacted and the floor plans have been updated to include "you are here" point of reference (completed 08/04/2021).

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 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.	Substantially Compliant	Yellow	31/05/2021
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related	Not Compliant	Orange	30/11/2021

	field.			
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	31/05/2021
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.	Substantially Compliant	Yellow	09/04/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2021
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	Substantially Compliant	Yellow	08/04/2021

	procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Orange	16/04/2021