Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Munster Hill, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0000604
Fieldwork ID:	MON-0035625

About the designated centre

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

St. John's Community Hospital is located on the outskirts of a busy town. It is a purpose-built single-storey centre which can accommodate up to 104 residents. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age. The centre is divided into four units. In total, there are 20 four-bedded rooms, two twin rooms and 20 single rooms. All have full en-suite facilities. Other areas include day rooms, a smoking room, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry. There are enclosed external gardens which are spacious and well maintained. Seating is provided there for residents and their visitors. There is parking space provided for residents, staff and visitors. According to their statement of purpose, St. John's aim to provide person-centred care to the older population of County Wexford. They aim to provide quality care in a homely environment where everyone is treated with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	93

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:

Date	Times of Inspection	Inspector	Role
Wednesday 23 February 2022	10:30hrs to 18:00hrs	John Greaney	Lead
Thursday 24 February 2022	09:00hrs to 14:30hrs	John Greaney	Lead
Wednesday 23 February 2022	10:30hrs to 18:00hrs	Mary Veale	Support
Thursday 24 February 2022	09:00hrs to 14:30hrs	Mary Veale	Support

What residents told us and what inspectors observed

St. John's Community Hospital is a modern, single storey building situated on spacious grounds. In addition to the designated centre for older people, there is also a day centre for older people and a range of mental health service facilities on the same campus. Despite the premises being relatively new, most of the 104 beds are in muti-occupancy bedrooms. The centre is divided into four units, Oak, Elm, Ivy and Beech. Ivy unit is the designated dementia unit and accommodates 20 residents in three 4-bedded rooms and eight single rooms. Beech unit is predominantly for short stay residents that are admitted for rehabilitation, respite or as step down from acute hospital prior to returning home or transitioning to long term care. Beech unit accommodates 32 residents in five 4-bedded rooms, two twin bedrooms and eight single bedrooms. Both Oak and Elm units accommodate long stay residents. Oak comprises six 4-bedded rooms and two twin bedrooms. Elm also comprises six 4-bedded room and two twin bedrooms. As both Oak and Elm did not have single rooms, the provider recently decommissioned a twin room in each of these units and designated them as single palliative care rooms to accommodate residents that wish to have a single room as they approach end of life.

As found on previous inspections, communal space was limited in both the Oak and Elm units. The provider was in the process of converting one 4-bedded room in each of these units to dining rooms, so that there would be more communal space available to residents. While residents no longer resided in these bedrooms, work had not yet commenced on reconfiguring the rooms into dining rooms. As a result, residents were seen to have their lunch and evening tea in the sitting room. Most residents were seated in large speciality chairs and were eating their meals from tray tables. Due to the size of these sitting rooms and the number of residents in speciality chairs, these rooms were crowded and were not conducive to a positive dining experience for residents. There was more communal space in both Ivy and Beech units.

Inspectors observed that staff interactions with residents were positive and kind. However, inspectors observed that there were long periods of time where very little happened for residents and staff who were supervising in communal rooms, did not avail of the opportunities to engage socially with residents or support them to engage in activities.

Inspectors spoke with a number of residents over the two days of the inspection, overall residents were happy living in this centre. They said that they were well cared for, felt safe and staff were kind. Residents said they enjoyed the food and the choices available to them. One resident told inspectors that staff were very attentive and that when they rang the call bell they were not waiting a long time for a member of staff to respond. Staff were observed interacting with and assisting residents in a friendly and respectful manner.

Since the previous inspection, improvements had been made in regard to additional

storage space. A timber shed with a canopied access was in place in the central court yard. This space was used to store mattresses and recliner chairs. Inspectors observed linen rooms and store rooms were cluttered and required rearranging to improved work efficiency. Store rooms were inappropriately stocked with linen, toiletries and incontinence wear posing a risk of cross contamination. The sluice rooms were cluttered with multiple commodes and shower chairs. Taps require replacing in a hand wash sink in the housekeeping room on Beech ward in order to ensure safe work practices and reduce the risks of cross contamination in this high-risk area. Commodes were routinely shared, a decontamination sticker was in place for most of the commodes but a small number of commodes did not have up to date decontamination stickers. It was difficult to determine when and by whom the commodes were cleaned.

Visitors were observed coming and going throughout the the day and residents could choose to have visits in their bedrooms or in communal rooms. Visitors stated they were no longer required to book visits and were delighted to able to visit as the centre was nearing the end of an out break. Family members who spoke with inspectors expressed their satisfaction with the care and were complimentary of the staff communication during the pandemic.

The next two sections of this report present the findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service delivered.

Capacity and capability

This was an unannounced inspection conducted over two days to carry out a review of the care of residents and to follow up on the previous inspection compliance plan. Inspectors also reviewed the information submitted by the provider as part of the provider's application to remove condition 4 of the centre's registration. This condition related to compliance with regulations 11, 27 and 28 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. At the time of the inspection there were 11 vacant beds and the centre was emerging from an outbreak of COVID-19.

St. John's Community Hospital is a residential care unit operated by the Health Services Executive (HSE). It is part of the HSE campus located in a quiet setting on the outskirts of Enniscorthy town. The governance structure comprised a general manager and a person in charge who reported to the general manager. The person in charge had responsibility for the day-to-day operations of the centre. She was supported in her role by two assistant directors of nursing (ADONs). the ADONs took charge of the centre in the absence of the person in charge. The centre's staff team comprised nurse managers, nurses, health care assistants, and a range of support staff, including catering staff, housekeeping and laundry staff, reception and maintenance staff.

The inspectors found good practices in the management of the staffing levels in the centre. The centre comprised four wards, each ward had a clinical nurse manager 2, clinical nurse manager 1, a team of nurses, carers, housekeepers and activity staff. Rosters examined showed that agency staff were employed on a long term basis to fill vacant posts. The activities programme was predominantly delivered by staff from the local community employment scheme on each unit. These staff were in the centre from 10am to 3pm Monday to Friday unit and formed part of the activities team lead by a activities co-ordinator. Inspectors were informed that these hours were being extended in the weeks following this inspection, so that activity staff would be present in the centre until 5pm each day.

The inspectors reviewed the centre's training matrix. There was an ongoing and comprehensive training programme in place for all staff. There was a blended approach to training with a mix of online and in house training which was co-ordinated by a staff nurse in a practice development role. All clinical staff had completed safeguarding, manual handling, and infection control training. Gaps were identified in training of managing behaviour that is challenging. All staff had completed fire safety training online, however, 65% of staff had not completed fire drill evacuation procedures.

While there was evidence of ongoing improvements, such as reducing bed numbers to enhance facilities for end of life residents and their relatives and improved storage space, management systems were not consistently effective in ensuring the service was safe, consistent and effectively monitored. Audits and meetings were not consistently informing quality and safety improvements in the centre. The centre was using nursing quality care metrics to measure clinical care and evidence of quality performance indicators were evident. Some audits viewed did not drive quality improvement within the centre. For example, an audit on Ivy ward found 100% compliance with restrictive practice. The audit did not reflect the findings of the inspectors where inconsistencies were noted in the assessments, care plans and staff knowledge of bed rail use.

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.

The centre had an accessible complaints policy and procedure in place and a number of complaints were recorded. The inspectors found that complaints were recorded, investigated and responded to in a timely, open, and transparent manner by the person in charge, who was the designated complaints officer.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed. Relevant policies had also been reviewed to reflect the most recent national guidance contained in ‘Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Centres.

The inspectors acknowledge that residents and staff, living and working in centre had been through a challenging time due to a recent outbreak of COVID-19. Interactions with the person in charge during the outbreak and subsequent to the outbreak indicated that the outbreak was well managed and was contained to one unit in the centre.

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that she was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. Staff were noted to be kind and caring and all interactions with residents were noted to be respectful.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had not made arrangements of staff to receive suitable training in fire evacuation procedures and in the management of responsive behaviours for all staff appropriate for their role.

- Gaps were identified in staff training in the management of behaviour that is challenging
- Some staff had not completed training in fire evacuation procedures

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of staff files found that each file contained a record of previous employment, photographic identification, employment references and Garda vetting disclosures.

Judgment: Compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure they were informing ongoing safety and improvements in the centre. For example:

- audits did not always have action plans to inform ongoing quality improvements and learning
- it was evident from the minutes of local management meetings that audits of clinical care were not discussed or actioned.

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.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare

Regulations 2013 (as amended) were available and regularly reviewed.

Judgment: Compliant

Quality and safety

Overall, residents in St. John's Community Hospital were supported and encouraged to have a good quality of life. Improvements were found in the quality and safety of the service with regard to the provision of, and access to, meaningful group activities for residents. The Person in charge told inspectors that a coaching programme facilitated through the nursing planning and development department had began. This programme would be facilitated over a long period to assist the service in implementing a change in culture to support the centre in providing person centred care. Improvements were also found with regard to fire safety precautions in the centre. However, further improvement was needed in respect of infection prevention and control and residents rights.

Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. This information informed the development of care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of malnutrition and falls. While most care plans were personalised, some improvements were required in the degree personalisation of others. There was also a need to ensure that care plans were reviewed following any changes in a residents status or in advice from allied health care professionals.

Residents were facilitated with good access to a general practitioner (GP) as required or requested. Where residents were identified as benefiting from additional health and social care professional expertise, there was a systems of referral in place.

There was generally good systems in place in relation to the management of risk. There was an up to date risk management policy which addressed the risks specified in the regulations. Inspectors, however, did observe that keys to the medicine trolley was not kept secure at all times, which posed a risk of unauthorised access to medicines.

On the day of inspection, the centre was nearing the end of an outbreak of COVID-19 that had affected both residents and staff. Inspectors observed good compliance with infection prevention and control (IPC) guidance in the centre. The person in charge was identified as the COVID-19 lead and was supported in this role by an assistant director of nursing (ADON). A review had been conducted following the outbreak recognising areas of good practice and also opportunities for improvement. Improvements had been noted in the area of infection control since the previous

inspection, however, some further improvements were required. This is outlined under Regulation 27: Infection Control.

Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. All records were made available for review and were up-to-date. Procedures to ensure the safe and timely evacuation of residents in the event of a fire had been reviewed following the previous inspection and improvements were noted. Due to wide bedroom doors and wide corridors, residents could be evacuated in their beds which contributed to satisfactory evacuation time in the drills conducted. Further assurances, however, were required to ensure that all residents in a fire compartment could be evacuated in a timely manner, should the compartment have full occupancy. While all staff had completed theoretical fire safety training, approximately sixty five percent of staff had participated in a fire drill. Staff were knowledgeable regarding residents individual evacuation needs and the procedure to follow in the event of fire alarm activation.

Improvements were found in the provision of activities since the previous inspection. Local community employment participants worked in the centre from Monday to Friday to provide a programme of activities to meet residents' recreational and occupational needs. There was catholic mass in Oak unit on the first day of the inspection. Inspectors were informed that this is rotated between the units each week. While group activities are facilitated up to 3.30pm each day and activity staff were seen to interact with residents, it was noted that nursing and care staff did not avail of all opportunities to interact with residents. For example, inspectors observed one member of staff supervising residents in the living room, but the staff member was sitting at a table away from the residents.

Regulation 11: Visits

Inspectors found that the registered provider had facilitated visiting in line with the current Health Protection, Surveillance Centre (HPSC) guidance. Visits were encouraged with appropriate precautions to manage the risk of introducing COVID-19. Visitors were required to wear a suitable mask, use hand sanitising gel and have their temperatures checked prior to entering the centre. Visitors were seen to come and go throughout the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a

lockable space for their valuables if they wished. Additional storage space had been provider for residents in one unit after it was identified at the last inspection that these residents did not have adequate wardrobe space.

Judgment: Compliant

Regulation 13: End of life

Appropriate measures were in place to support residents as they approached end of life. End of life preferences were ascertained and facilitated. Relatives were supported to spend time with residents and there was no limit on visiting arrangements for end of life residents.

Judgment: Compliant

Regulation 17: Premises

As found on previous inspections the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the statement of purpose. Planned works to increase communal space was delayed. Areas for improvement included:

- there was inadequate communal space in both Oak and Elm units. The available communal space in these units was not in line with 2016 National Standards for Residential Settings for Older People in Ireland recommendation of four metres squared per resident residing in the area
- the Quiet Room in Oak unit was being used as a bedroom on the days of the inspection, which further limited the communal space available to residents
- there was inadequate storage space. Sluice rooms were cluttered with equipment such as commode chairs, which limited movement within the rooms
- a review was required of available storage space to ensure that all available space was optimised with a view to re-purposing some rooms. For example, linen was stored in store rooms with other supplies. There appeared to be surplus supplies of products such as incontinent wear and hygiene products
- many bedrooms did not contain any memorabilia or photographs and lacked personalisation

Judgment: Not compliant

Regulation 26: Risk management

There was a need to ensure that medications were at all times secured from unauthorised access..

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection control included:

- the system in place to ensure that medical equipment was cleaned after use was not always utilised. The label on some medical equipment such as digital blood pressure recorders was not renewed to identify that it had been recently cleaned
- bedpans and urinals were not appropriately stored, and in the absence of a drip tray under the storage unit, this equipment dripped down on the sink used for hand hygiene
- while there was a system in place to ensure equipment was decontaminated prior to and during storage, this was not always utilised
- while a new daily housekeeping cleaning checklist had been introduced since the last inspection, some staff continued to use the old system. As a result it was difficult to ascertain what was cleaned and when, particularly deep cleaning and on some days the cleaning checklist was not completed
- some sweeping brushes were inappropriately stored with the brush head resting on the floor of the housekeeping room
- a wash hand basin in a housekeeping room did not have hands free taps

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire precautions including:

- there were regular fire drills conducted that simulated the evacuation of up to 14 residents. However, there were large fire compartments containing up to 20 residents in one compartment and assurances were required that should a compartment have maximum capacity, all residents in this compartment could be evacuated
- a review was required of fire door as there were gaps in some doors that would compromise their ability to contain smoke in the event of a fire. The review should include the sliding door between Oak and Elm units

- while all residents had personal emergency evacuation plans (PEEPS) in place, there was a need to ensure that all were updated to reflect the changing status of residents

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in assessment and care planning, including:

- there was a variation in the degree of personalisation of care plans. Most care plans reviewed were person-centred and provided good guidance on the care to be delivered to residents on an individual basis, however, a number of care plans were generic
- some care plans were in need of updating to ensure they reflected changes in residents' condition
- while all residents had were assessed prior to determining if bedrails were appropriate, there was a variation in the assessment tools used and some did not appropriately consider the risk of having bedrails in place.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate medical and allied health care supports to meet their needs. Residents had access to a general practitioners (GP) who visited the centre each day from Monday to Friday. Residents also had access to an out-of-hours GP service at evenings and weekends. Services such as physiotherapy, tissue viability nurse specialists, psychiatry of later life, speech and language therapy and dietetics were available when required. Inspectors found that the recommendations of health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with by inspectors were of how to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical

environment). Records indicated a low incidence of bedrail usage. Where restraints were used, records indicated alternatives to restraint were trialled prior to use. The person in charge was requested to consider removing bedrails from beds occupied by residents that did not use bedrails to minimise the risk on inappropriate use.

Judgment: Compliant

Regulation 8: Protection

Some improvements were required in relation to records of financial transaction conducted by or on behalf of residents. For example:

- itemised bills were not maintained of items purchased from a local shop to allow for the cross referencing and verification of bills paid on behalf of residents
- there was a need to ensure that records of cash given to residents accurately reflected the amount of money given to the resident

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements required in relation to residents' rights included:

- records of residents' meeting did not indicate that issues raised at these meetings were addressed
- when activity staff were not present, nursing and care staff did not avail of opportunities to interact with residents
- the absence of adequate dining facilities impacted negatively on the dining experience. In Oak and Elm units, most residents had their meals in the sitting room. This room was crowded and did not allow for mealtimes to be a social occasion.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St John's Community Hospital OSV-0000604

Inspection ID: MON-0035625

Date of inspection: 24/02/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: · There is a plan to train all staff in the Management of Behavior that is challenging by 31.10.2022 · Training in Fire evacuation procedures is ongoing with plan to have 100% of staff to have undertaken fire evacuation by 30.04.2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A monthly audit system has commenced to ensure required actions following an audit have been identified and are carried out by the CMN's and supported by the ADON's . It is then submitted to DON Monthly. • A Quality and Safety Committee meeting is scheduled for 28.04.2022 to review audits of Clinical care and meetings will take place quarterly.	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
· Work has commenced to re purpose 2 bed rooms on both Oak and Elm to dining rooms to increase communal space in line with 2016 National Standards for Residential Settings for Older people in Ireland. This will be completed by 30.06.2022.

· The Quiet room on Oak is available for residents use as a quiet room on 24.02.2022

· Storage in sluice rooms has been reviewed and optimized by 28.02.2022

· Progress is ongoing to reduce all stock levels and repurpose storage rooms on Oak and Elm with completion date of 31.05.2022

· CNM's are communicating with Residents families regarding personal possessions in regards to hanging and displaying family pictures – to be evident by 31.05.2022

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
• The governance of the ADON's involves 3 walkabouts on the 4 units and during this there is monitoring that the medication keys are in the possession of a registered nurse at all times. It is also part of each shift handover to identify the medication key holder with immediate effect.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The use of "I am Clean" stickers has being reviewed with stickers being made available in more locations to allow sticker to be applied to denote cleaning has taken place, and appropriate use of labels is included on environmental audit.
• The excess numbers of bed pans and urinals have been removed/replaced.
• Cleaning schedule has been reviewed to include items in storage.
• Cleaning records of Deep Cleaning has been reviewed with a change to the recording system make it easier to identify the areas cleaned on 21.03.2022
• Clips are being sourced for housekeeping rooms to ensure equipment stored off the floor, due by end April 2022.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire drills have been conducted with evacuation of maximum number of residents in each compartment that being 20 on Beech Ward, 18 on Oak and Elm and 10 on Ivy.

• A review of the fire doors and the folding door between Oak and Elm was carried out on week commencing the 28.03.2022 by Maintenance Dept. and a report on same is awaited.

• Personal Emergency Evacuation Plans for all residents have been reviewed and updated, completed 04.03.2022 with plans for ongoing review in place.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• A review of residents care plans commenced on 28.02.2022 to ensure the specific supports are personalized and are the Residents choices. This is being supported by ADON's.
• The care plans are being updated and this will be completed by 30.04.2022
• There is standardization of Assessment tools across all units in the area of risk due to use of bed rails.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Itemized bills are in place for products bought for residents from a local shop Completed 25.02.2022
• All monies given to residents are recorded and checked and countersigned by CNM or Nurse in Charge Action completed 23.02.2022.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Items raised at Residents meetings are addressed by DON and a written report is provided with actions for the subsequent Residents meeting outlining the status of the issues raised. Action completed 28.02.2022

• The opportunities for staff to interact with residents when activity staff are not on duty have been explored and there is a plan to introduce initiatives that will lead to greater participation by staff to support residents socially or in activities.

• There work underway to have rooms 4 on both Oak and Elm reconfigured to a dining space on each unit to enhance the quality of mealtimes to be completed by 30.06.2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2022
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	30/06/2022
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	30/06/2022

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/04/2022
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	25/02/2022
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	30/04/2022
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	31/07/2022
Regulation	The registered	Substantially	Yellow	31/05/2022

28(1)(d)	provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Compliant		
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/07/2022

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/07/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/06/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	30/06/2022

	activities in accordance with their interests and capacities.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2022