



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

Name of designated centre:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Announced
Date of inspection:	15 and 16 February 2018
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0020748

## About the designated centre

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

Dungloe Community Hospital is one of 11 community hospitals in Donegal. It is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a one-storey building where a range of community services that include a day hospital, mental health services and out patient clinics are located. Accommodation is provided for 35 residents. There are 16 places allocated for long term care and the remaining places are allocated to residents who have rehabilitation, convalescence, respite or palliative care needs.

**The following information outlines some additional data on this centre.**

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	32

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
15 February 2018	10:00hrs to 18:30hrs	Geraldine Jolley	Lead
16 February 2018	09:00hrs to 14:30hrs	Geraldine Jolley	Lead

## Views of people who use the service

The inspectors talked with the majority of residents during the inspection. Nine feedback questionnaires and one letter from a relative were received. The overall experiences of the service were positive. The care and dedication of staff was highly valued. Residents told an inspector that their health had improved since admission and they were eating better than they usually did at home.

Residents said they liked how staff facilitated their choices, ensured their health care needs were met and that they had interesting activity every day. They confirmed that they could exercise choice on aspects of life such as when they got up and retired to bed and in relation to participation in activities.

Relatives described the service as very satisfactory. They described staff attitudes to the care of older people as positive and said there was an emphasis on keeping residents independent and engaged with the local community. When they visited they received a warm welcome and staff took time to talk to them about their relative's health. Improvements suggested by residents focused on the laundry service and concerns about clothes not being returned.

## Capacity and capability

Overall, the service provided to residents ensured that they were safely cared for and their health care needs were met to a good standard. However, improvements were required to the governance and management arrangements as the statement of purpose did not describe specifically the services and layout of the designated centre, and a time limited condition that applied to work on the premises had lapsed without an application to vary the condition being made. There was a plan in place to improve the facilities by 2020 and address the premises shortfalls described in previous inspection reports, however the planned works did not extend to some areas where a lack of accessible toilets/shower and bath facilities would persist.

There was a clear governance structure in place and the provider representative and person in charge had regular contact about the operation of the service.

The management of a significant infection control event was a priority for the staff team between March 2016 and October 2017. This had to be addressed and controlled in accordance with infection control protocols and guidance from local and national public health experts. The situation had resolved and staff and residents were becoming accustomed to having use of all the designated centre without restrictions on movement being in place. Staff were very well informed on infection control protocols, the associated notifications and the management of such

events.

Audits of varied aspects of the service were carried out and included medicines management, care plans and the delivery of care. Residents were consulted and their feedback was included in the audit reports. Some residents said they were not fully informed about the medicines prescribed for them for example. This was identified as an area for improvement. Care plans were audited to ensure that essential information was available and any gaps, such as the absence of photographs or allergy information, that were identified were remedied.

The person in charge was well informed about resident matters that included their care needs and social care programmes. There was good integration between the centre and the day care service on site which meant that residents were able to meet with friends and neighbours when they attended for day care.

There was an adequate allocation of staff deployed during the day and night to meet the needs of residents and ensure the safe operation of the service. Residents told the inspectors that staff were readily available, were helpful and kind to them at all times. The staff training records conveyed that some staff had not completed refresher training on adult protection or moving and handling. The person in charge said that this was due to the difficulty releasing staff during the infection outbreak and training was scheduled. When there were shortfalls in the staff team, agency staff were employed.

Confirmation that vetting disclosures and essential training had been completed was sought before staff commenced work. The inspector identified some deficits in the staff records and in the checks for agency staff, as no photographic identification was sought when staff commenced work.

There was a procedure to guide anyone who wished to make a complaint and residents told inspectors they were confident that if they had a complaint, it would be addressed. They knew the person in charge was responsible for managing complaints but most said they would talk to any member of staff about a concern. There was an appeals process and the contact details for who to contact were described in the procedure.

#### Registration Regulation 4: Application for registration or renewal of registration

The required application information was supplied.

Judgment: Compliant

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A condition applied to the registration expired in May 2017. No application to vary

this was completed by the provider; however, the required works were not completed within the time-frame originally set out. Documentation provided to inspectors indicated that the works were scheduled and would be completed by 2021.

Judgment: Not compliant

### Regulation 14: Persons in charge

There was a person in charge who worked full-time and had appropriate experience and skills for this role.

Judgment: Compliant

### Regulation 15: Staffing

There was an appropriate number and skill-mix of staff on duty during the day and night to meet the care needs of residents and ensure that a variety of social activity was available daily.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training opportunities; however the management of an infection out break during 2016 and/2017 had restricted the availability of staff to attend training. The full training schedule was now being resumed to ensure staff had training and refresher training on varied topics that included safeguarding and protection relevant to their roles.

Judgment: Substantially compliant

### Regulation 21: Records

The required records were maintained; however, there were deficits in record maintenance. Staff records viewed did not have all the schedule 2 information. Some did not contain a full employment history or evidence of training that had

been completed. The process for obtaining vetting disclosures was underway.

Records of food intake were not completed for residents who required this and records did not give adequate information on the diet consumed.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Residents or their representatives were issued with contracts. A sample reviewed showed that the full cost of care, including the resident's contribution and additional charges for pharmacy items and hairdressing, were described.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose but it required revision as it did not include all the conditions of registration, the criteria for short term-care, the layout of bedroom accommodation or the number of residents that may reside in each room.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The required notifications were supplied to HIQA and follow-up information was also provided in a timely way when requested.

Judgment: Compliant

### Regulation 23: Governance and management

Audits of varied aspects of the service, that included medicines management, care plans and the delivery of care, were carried out. Residents were consulted and their feedback was included in audit reports. Some residents said they were not fully informed about the medicines prescribed for them, for example. This was identified as an area for improvement. Care plans were audited to ensure that essential

information was available and any gaps such as the absence of photographs or allergy information, were remedied.

The inspectors were told that the annual report for 2017 was being prepared.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The record of complaints was examined. The inspectors found that matters raised were addressed in a timely way. Residents said that staff responded to their queries and concerns quickly and resolved matters for them.

Judgment: Compliant

### Quality and safety

Residents' health and social care needs were met through appropriate staff deployment, good access to medical staff and allied health professionals, and the availability of a varied social activity programme. However, the layout of the premises compromised residents' privacy and detracted from the delivery of person-centred care. Improvements were required to the storage space available to residents in communal bedrooms, to the layout of some rooms and to how equipment such as hoists and wheelchairs were stored. The inspectors saw several instances where this equipment was stored in inappropriate locations, such as hallways where it caused obstruction.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. There was a falls prevention programme in place and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent incidents. Residents told inspectors that staff talked to them regularly about their health and ensured that if they were unwell they were seen within a short time by the doctor. The inspectors saw that care practice was informed by information provided by residents and family members at admission and during reviews. There were details on lifestyle before admission, hobbies and interests recorded and used by staff to plan care. Residents said that they had been able to take up new interests as some activities such as quiz games would not have featured in their lives before admission. Relatives confirmed that they were informed promptly of changes in health.

There was a staff member allocated to provide social care daily. Residents said that

they enjoyed group and individual activities. They were particularly interested in the music sessions, talking about the news, games and the dance and singing performances by children from local schools.

The premises were bright, very clean and efforts had been made to create a home-like environment particularly in the communal areas. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. There was good contrast in the colours used for handrails and several large murals of local scenes provided interest for residents as they walked around. There was an oratory that residents used for prayer and quiet time. However there was a deficit in storage space for equipment and for residents in communal bedrooms. The privacy of residents was compromised by glass panels in some doors and by the tracking hoist which hindered the full use of screens around beds. The use of some double rooms required review as both residents did not have appropriate privacy due to one resident having to pass the other resident's bed to get to their bed and both could not view the television easily.

There was access to outdoor spaces that were interesting for residents and had been well equipped with suitable seating.

There were systems in place to keep residents safe and protected from harm; however, improvements were needed to ensure that risk was minimised. For example, in some areas water was excessively hot and presented a burns risk. Fire drills had not been completed due to the infection outbreak and the inspectors identified risk where exit paths were uneven and not clearly identified. There were areas where call bells were not accessible to residents to enable them to summon assistance if needed.

There was a system in place to prevent and detect 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. There was training planned for 2018 to ensure all staff were familiar with the safeguarding procedures. Some staff were trained as designated persons to ensure the appropriate management of a protection concern.

### Regulation 10: Communication difficulties

Residents communication problems were known to staff and inspectors observed staff taking time to ensure residents could communicate and make themselves understood.

Judgment: Compliant

### Regulation 11: Visits

Visiting restrictions had been in place to ensure appropriate control of infection. The visiting arrangements had been relaxed and residents said they were pleased they could have longer and more frequent visits.

Judgment: Compliant

### Regulation 12: Personal possessions

Some residents had limited storage space for personal clothing and possessions near their beds which meant that they did not have ready access to all their belongings.

Judgment: Not compliant

### Regulation 13: End of life

Staff were well informed about end of life care, residents' choices in relation to their care at this time and palliative care interventions. Relatives conveyed that end of life care was addressed to a high standard and ensured the well-being of all.

Judgment: Compliant

### Regulation 17: Premises

There were several areas of non compliance throughout the premises. Some deficits were observed by inspectors to compromise the privacy and dignity of residents and how staff deliver high quality care. The provider representative is required to review the following:

- There were two double rooms that do not provide appropriate privacy for residents due to their linear layout. One resident had to pass the other's bed space to reach their own bed and neither resident could not watch the television in comfort.
- There was a lack of storage space for personal clothing and belongings in some areas.
- There was a lack of storage for equipment.
- There was a lack of call-bells for residents to request assistance.
- The tracking hoist system did not allow for the effective use of screens around beds.
- The glass panels in some doors compromised privacy.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents said that they were happy with the food, drinks and snacks available to them. The inspectors found that residents' nutrition needs were assessed, monitored and reviewed where risk or weight changes were evident. Staff were well informed about specific dietary needs for conditions such as diabetes and where residents had swallowing problems.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy and a safety statement. A risk register that described a range of risks and control measures to reduce risk impact was maintained. This described risk in relation to staff allocations where staff requested shorter working hours and the impact of retirements and environmental risks such as call bells not working. However the inspectors identified further risk areas during the inspection which were not in the register. These included the area where hazardous substances such as oxygen was stored which was not identified, the risk presented by excessively hot water at some outlets and uneven pathways around the building.

Judgment: Not compliant

### Regulation 27: Infection control

The staff team had managed and contained an infection outbreak in accordance with infection control guidance. The inspectors saw that the protocols were followed as described and that isolation measures were put in place to protect residents, staff and visitors. This incident has now subsided and the centre has resumed normal activity. There were two nurses identified as "link" nurses to ensure infection control practice remained safe and up to date.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a fire procedure and associated fire safety measures in place but improvements were needed to ensure that a fire event could be managed effectively. Staff had attended training sessions and further training was scheduled for later in 2018.

Unannounced fire drills which formed part of the fire safety routine had been suspended during the infection outbreak but had not resumed when this was declared over.

Other areas that required attention included:

- There was a lack of signage on fire exit routes to direct anyone leaving the building to the assembly point
- The fire exit paths were uneven in some places and not wide enough to safely use wheelchairs
- One fire exit was obstructed with garden furniture
- While there were evacuation sheets on every bed, information on each resident's needs in an emergency was not readily accessible

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines were securely stored and administered appropriately.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' records contained care plans that described how their health and social care needs should be met to ensure their well being and support a good quality of life. There were contributions from family members to guide staff actions where residents could not communicate their needs fully. Some improvements were required to ensure that when residents had particular problems they were monitored effectively. For example, where residents required particular food/ or fluid intake the records maintained did not convey how this was to be achieved or if the interventions were successful.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to doctors daily and to other health professionals when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were familiar with residents' fluctuating behaviour patterns and were aware of interventions that distracted residents appropriately and safely.

Judgment: Compliant

### Regulation 8: Protection

Residents said that they felt safe and secure in the centre. There were systems in place to ensure that residents were protected from abuse and harm. Staff had training on elder abuse and protection and some staff had been trained as designated persons to enable them to investigate and manage an abuse situation.

There were gaps identified in refreshing this training and the majority of staff had not had training on the safeguarding policy introduced by the Health Service Executive. There were arrangements in place to protect residents' financial interests.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents said they could exercise choice from day to day in relation to what activity they took part in, where they spent their time and when they got up and went to bed.

The inspectors noted that the arrangements for visitors required review as some residents received their visitors in a communal room that was very crowded and did not provide privacy.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0020748

Date of inspection: 15/02/2018 and 16/02/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: Application to vary has been submitted 18 <sup>th</sup> May '18	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff had received training in Elder abuse in the past and now have to complete the Safe Guarding Awareness Training. The ADON & ACNM2 have completed this training to date, in addition to completing The Designated Officer Training . A training date is scheduled for Safe Guarding Training for Dungloe Hospital staff for June 28 <sup>th</sup> 2018. 15 staff scheduled to attend. Awaiting further dates to be confirmed for 2018 in order for all staff to be trained.  A staff member( HCA )is presently undergoing the Manual Handling Instructors Course which will enable training to be provided on site. Next planned MH training day scheduled for July 2018.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff records will be reviewed by end June 2018 to include all the Schedule 2 Information. Records are kept on residents regarding special diets or fluid requirements as advised by Dietician or Speech and Language Therapist following referral. A copy of these recommendations are kept in the patients notes by the bedside , plus a copy give to the catering staff ,in addition to an individualised care plan being drawn up . Request for three day food diary are sought by the Dietician at times. The information on these diaries will be reviewed by The DON/CNM2 prior to submission to the Dietician and a note will be included to advise staff if more detailed information required. Plan to review food records by end June 2018 to ensure compliance. 	
Regulation 3: Statement of purpose	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  <b>Statement of Purpose was revised and submitted to the HIQA Inspector 17-05-2018.</b></p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:  <b>Audits are carried out monthly and shortfalls identified, an action plan is drawn up to address these deficits and staff informed re results and actions required via email and print outs put up on staff notice boards. Residents are informed regarding any new medication commenced while in hospital and are available to answer any questions regarding the medications prescribed. A plan will be put in place for a print out of the residents current medications regarding their use, and side affects to be available for the next 3 monthly review due to be held in June 2018 .</b></p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  <b>Refurbishments to commence this year to upgrade the hospital, this will include provision of adequate storage for personal clothing for each resident, with the purchase of new individual wardrobes/lockers.</b></p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  <b>The upcoming refurbishment will see the conversion of one of the double rooms to a single room with en-suite facility included. Privacy and dignity of all the residents is maintained at all times, where layout of room is challenging screens are utilised to promote privacy. Televisions will be relocated within the rooms when upgrade completed, meantime residents are being facilitated to view the television within their rooms when required by re-positioning of their chairs/beds.</b></p> <p><b>The upgrade of the hospital will address the issue of lack of storage for equipment with allocation of specified rooms for storage.</b></p> <p><b>Sound &amp; Vision visited the hospital on Thursday 17<sup>th</sup> May '18 and accessed the call bell system for a wireless system that can be utilised at the time of the upgrade also. The Engineer is due back on Tuesday 22<sup>nd</sup> May to demonstrate the wireless system and give a quotation for same.</b></p> <p><b>New screens to suit the present and additional overhead hoist system is being sought as part of the refurbishment. Meantime free standing screens are utilised between residents to promote Dignity &amp; Privacy.</b></p> <p><b>We are currently in the process of applying frosted perspex to all glass panels which compromise the privacy of the residents, with a view to upgrading to an integrated privacy screen being applied to all doors during the upgrade/refurbishment.</b></p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  <b>An designated area has been located for the storage of the oxygen with signage in place.</b></p> <p><b>A thermostatic mixing valve has been fitted to the identified outlets on 16<sup>th</sup> May '18, this will address the problem of the excessive hot water.</b></p> <p><b>As risk assessment of the grounds was completed by Director of Nursing &amp; Maintenance Officer on 16<sup>th</sup> March '18 any minor issues addressed and resolved locally. Additional risks that cannot be addressed locally will be escalated up the Provider via the risk assessment process by 30<sup>th</sup> June '18.</b></p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  <b>Fire drills have now been resumed within the Hospital and are ongoing. Any areas for improvement are identified and action plan put in place.</b></p> <p><b>Further signage now in place directing all service users to the fire assembly point.</b></p> <p><b>Outside grounds have been identified in the Minor Capital list to include upgrade of tarmac, parking and safe pathways.</b></p> <p><b>Garden furniture is now removed from fire exit path.</b></p> <p><b>A review of all the care plans completed by nursing staff to include an emergency plan for each resident. These plans can be printed and readily available beside each residents bed.  </b></p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  <b>All residents with special food/fluid requirements are referred to the Dietician/Speech &amp; Language Therapist and a print out of the advised plan is given to the kitchen, a copy kept by the residents bedside and included in their care plan. Staff have been spoken to regarding the importance of maintaining food/fluid charts adequately and audit will be carried out by the CNM2 on a two monthly basis.  </b></p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  <b>Safe Guarding Awareness training scheduled to take place on 28<sup>th</sup> June '18 – 15 staff allocated to attend. Further training dates yet to be confirmed. Aim for all staff to have the training complete by Dec '18.</b>   </p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  <b>Day Hospital renovations were currently in place at the time of the inspection which meant that the Day Hospital clients had to utilise one of the residents sitting rooms, this is now completed as the Day Hospital has relocated to their own area. Overcrowding is no longer an issue.  </b></p>	

## 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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the	Not Compliant	Yellow	Submitted 18/05/18

	centre that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 12(a)	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 a resident uses and retains control over his or her clothes.	Not Compliant	Yellow	31/12/2019
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Yellow	31/12/2021 post refurbishment
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	All training resumed from 28/02/2018
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	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/12/2021

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	31/08/2018
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	31/12/2018
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	31/12/2018
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	31/12/2018
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.	Not Compliant	Orange	01/05/2018
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Yellow	16/05/2018

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Yellow	Complete 31/04/2018
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.	Not Compliant	Orange	Completed 19/02/2018
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	Complete 18/02/18
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Yellow	Complete 30/05/18
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	30/09/18
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	31/12/2018

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Yellow	Revised & Submitted on 17/05/18
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/07/2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/12/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/21
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/21