



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

Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0032957

About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh a short walk from the shops and business premises. It is registered to provide care to 48 male and female residents over the age of 18 and accommodates residents from the local area that includes Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms.

The centre is a purpose built single storey building. It also includes a day hospital. There are 35 places allocated to long term care, respite, convalescent, palliative or rehabilitation services in the older part of the building. There is also a 13 bedded new unit to accommodate short-stay residents. The philosophy of care as described in the Statement of Purpose is to "embrace positive aging and place the older person at the centre of all decisions in relation to the provision of the service"

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Thursday 11 November 2021	10:00hrs to 17:15hrs	Nikhil Sureshkumar	Lead
Thursday 11 November 2021	10:00hrs to 17:15hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Inspectors observed that residents were accommodated in a poorly maintained living environment while a newly built unit, registered to accommodate 13 residents in December 2020, was not being used. The inspectors observed that much of the interior of the designated centre required improvement and that the provider had failed to progress the refurbishment of the designated centre in line with Condition 4 of the centre's current registration certificate.

The designated centre is located in Falcarragh town adjacent to the Falcarragh Health Centre. Upon arrival, the inspectors were guided through the infection prevention and control measures. There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. However, the inspectors noticed that the staff changing facilities were not appropriately cleaned or maintained. The person in charge had addressed the issue when it was brought to their attention and made arrangements for the changing rooms to be cleaned.

There were 33 residents accommodated in the designated centre on the day of the inspection. The inspectors spoke with a number of residents who told the inspectors that they were generally content with the care and services that they received in the designated centre. The residents commented that the staff were excellent in providing care for them. One resident commented that they were fearful about nursing homes in general before coming to this designated centre, but they were thankful that the care provided in this centre was excellent. Staff who spoke with inspectors were knowledgeable about the residents' care needs, and inspectors observed that staff and resident interactions were marked by empathy and respect. A number of the residents were native Irish speakers, and staff were often heard conversing with residents in Irish.

Inspectors went for a tour of the building and found that the premises were not well maintained and decorated. For example, the walls of the bedrooms were dull and discoloured in a majority of the bedrooms and needed fresh paint. In addition, the window curtain in one bedroom had detached from its frame (was discoloured) and was not repaired. This created a gloomy and depressing environment for the resident occupying this room. One resident told inspectors that their bathroom was cold and that they hurried when they went to use the bathroom so that they did not get cold. Inspectors viewed two bathroom/toilet areas and found them to be cold and uncomfortable.

Inspectors noticed that the storage space for residents to keep their clothes and other belongings were not sufficient. Staff told inspectors that the wardrobe space was not adequate for storing residents' belongings and mentioned that they are all looking forward to having the building refurbishment work completed and the storage issues addressed for the residents. Furthermore, there were limited general

storage facilities available in the centre on the day of the inspection. Inspectors found that the dedicated storage rooms were cluttered and badly organised, making the areas difficult to clean. There were not sufficient storage areas available for items such as resident equipment and personal protective equipment (PPE).

On the day of inspection, the inspectors found residents spending their time in small-sized day rooms and dining rooms. There were a number of residents in one sitting room, and the limited space in the day-room made it difficult for residents to move around and maintain social distancing. Some residents spent their time in their rooms, and their choice to stay in their own rooms was respected by staff. However, even in the single rooms, the residents did not have space to move around freely and to organise their personal belongings to suit their needs.

Activities were provided in the centre by dedicated activity personnel, and staff were knowledgeable of the residents' specific social care needs. There was a planned activity schedule for each day, and residents were aware of what was on offer on the day of the inspection. The inspectors found that many residents engaged in meaningful activities with the activity staff and were seen to be enjoying a variety of events such as bingo, a quiz game and arts and crafts for Christmas. However, there was only one activities person available for 33 residents, and when they were working in one communal area, the residents sitting in the other lounge or in their bedrooms had little to do except watch television.

There was a sufficient number of television, newspapers, and radio available for residents in the centre. Inspectors found that while television and radio played in day rooms, some residents were sleeping and showed no interest in television programs. However, when the planned pet therapy session happened on the day, residents were seen to enjoy the visit as the dog and their owner moved around the centre, visiting each person in turn. Inspectors noticed that the therapy dog provided joy-filled moments for residents, and some residents told inspectors that they were so happy that they could see and interact with the dog.

Inspectors observed that an interactive light image was displayed on a table in the day-room and found some residents gathered around the table. This interactive image allowed the person to react to the pictures displayed on the table and was stimulating for some residents. Some residents commented that the instrument was great and called it a 'Magic table'. Inspectors observed that one resident who was known to display responsive behaviours spent most of their time on their own with very limited staff interaction. The resident was not encouraged to participate in the activities that were happening on the day, and apart from going for a walk around the centre, no alternative activities were made available to the resident.

A choice of hot and cold refreshments and snacks was available to the residents throughout the day. The residents were very complimentary about the food in the centre. Inspectors observed that the meals served to residents were unhurried, and meal times were social occasions. Inspectors found that the staff were knowledgeable of the residents' diet requirements and sufficient staff were available to support residents for their dietary needs. Residents told inspectors that they were

always given a menu choice and liked the quality of food.

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 care and services being delivered to the residents.

Capacity and capability

During this inspection inspectors found that the provider had failed to progress the compliance plan from the previous inspection, and as a result, the premises remained non-compliant with Regulation 17. In addition, the inspectors were not assured that the issues of the premises would be addressed before 31 December 2021, in line with the designated centre's conditions of registration. Furthermore, residents had not been transferred into the new unit registered in early 2020 and which remained empty at the time of this inspection.

This was an unannounced risk-based inspection completed by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on completing the compliance plan from the last inspection carried out in December 2019.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge worked full-time in the designated centre and was supported by clinical nurse managers and a team of nurses, carers and support staff.

The inspectors noted that very little change had occurred in the building since the last inspection. Inspectors found that the multi-occupancy rooms were still in use, with three residents accommodated in these rooms. This was contrary to the provider's commitment at a provider meeting in July 2020 to reduce the occupancy to two residents until the refurbishment works had been completed in the designated centre.

In addition, the inspectors were not assured that there were adequate fire precautions in place to protect the residents in the event of a fire in the centre. The provider was issued with an immediate action plan at the end of the inspection where they were required to put additional staff on duty at night until the current fire safety risks had been addressed.

While there was adequate nursing and care staff on duty on the day of the inspection to meet residents' care needs to a good standard, the centre did not

ensure that housekeeping staff absences were covered. This is discussed under Regulation 15.

Staff were facilitated to attend mandatory and professional development training. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles.

Regulation 15: Staffing

Inspectors were not assured that staff absences were sufficiently filled on the day of inspection. For example, on the day of inspection, there were not enough cleaning staff to ensure that the designated centre was cleaned to the required standards.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. There were arrangements in place to ensure staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

The provider has not ensured sufficient oversight arrangements to maintain the premises and utilise their existing resources efficiently. For example, while the residents were accommodated in premises that were non-compliant with the regulations and that were not suitable for their care needs, the newly refurbished area of the building remained unoccupied and was being used largely for storage and staff rest areas.

In addition, the refurbishment works were not progressed according to the provider's compliance plan submitted to the Chief Inspector and in accordance with Condition 4 of the designated centre's registration. As a result, the provider was in breach of their conditions of registration.

Furthermore, the inspectors found that that the oversight of risk management in the

centre was not sufficient. The provider had not identified the risk that the inspectors identified on the day of the inspection, and as a result, a number of environmental risks had not been addressed. For example, inspectors identified several fire safety risks on the day of the inspection that the provider had not identified. The provider was issued with an urgent action plan following the inspection in which they were required to take immediate steps to mitigate these risks.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place and was available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be satisfactory, and several examples of good practice and person-centred care were observed. Care was provided by a well-established staff team. Inspectors observed a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in the centre. However, significant improvements were required to improve the physical environment of the centre and fire safety precautions. In addition, improvements were required to ensure that the social care needs of all those residents who might display responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were met.

Inspectors observed that the personal storage space for residents was not sufficient and is discussed in detail in Regulation 12.

The premises of the centre was not suitable for the needs of the residents and required significant improvement to ensure that the premises met the residents' needs and that there were adequate shower and toilet facilities for the number of residents. Significant efforts were also required to improve storage facilities in the centre.

The inspectors reviewed the records for those residents who had bed rails in place. Sufficient information was provided in relation to alternatives discussed and offered to the resident before the bed rails were installed as set out in the national guidance towards a restraint-free environment. However, some minor improvements were required to ensure that the restraint register was kept up to date.

Residents had a pre-admission assessment prior to their admission to ensure that the centre was able to meet their needs. However, improvements were required to ensure that care plans were kept up to date and reflected the residents' current needs. This is further discussed under Regulation 5.

In addition, the inspectors were not assured that the arrangements in the centre supported the implementation of the standards for infection prevention and control in community services. The inspectors found dust and marks in a number of areas which were not cleaned to a good standard. This included a storeroom, vacant bedrooms being used as storerooms and the staff changing facilities. This is further discussed under Regulation 27.

Regulation 11: Visits

Visits were facilitated in line with the current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

However, a vacant resident bedroom was being used as a visiting room which meant that the bedroom was not available for residents. There was a small oratory available for residents to meet their families, but this was not being used at the time of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

While the residents were able to access and retain control of their personal clothes, the space in wardrobes was not sufficient for residents to store their clothing. Residents in the multi-occupancy rooms did not have sufficient space to store their personal items and photographs.

Judgment: Not compliant

Regulation 17: Premises

Inspectors observed that the premises of the centre did not meet the needs of the residents and did not ensure that their privacy, dignity and comfort were maintained. For example:

- Some residents in three bedded rooms did not have adequate shelf space to display their photographs and other personal items. For example, some residents in suit -1 and suit - 4 had to use an overbed table for storing their personal belongings.
- Some residents in the three bedded rooms did not have access to secure lockable storage space near their bed space.
- The shower facility in the centre was not adequate. For example, the residents on one corridor did not have shower facilities and were using the en-suite showers of those residents accommodated in the multi-occupancy rooms.
- Although bedrooms met the minimal space required, the layout of single and multi-occupancy rooms did not ensure that residents had enough space to mobilise around their bedroom and sit beside their bed in a comfortable chair.

Furthermore, the inspectors found that the arrangements for storage generally in the centre was not sufficient and required improvement. For example:

- The inspectors found that the bathrooms along the rear corridor of the centre's original building were used to store hoists/comfort chairs and was not accessible to residents.
- Two decommissioned housekeeping trollies and equipment from the physiotherapy room were stored in the resident bathrooms in the new unit.

The building was poorly maintained and did not ensure that the residents were accommodated in a safe and comfortable environment. For example:

- The interior of the building, especially the bedrooms, were gloomy and required refurbishing and decorating.
- A curtain was detached from its frame in a single bedroom. This had been reported but had not been repaired in a timely manner.
- The curtains were faded and discoloured in many bedrooms.
- The temperature of the toilet/bathrooms in the multi-occupancy rooms was not maintained to a suitable level for the residents.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors found that the arrangements were not sufficient to ensure effective

environmental cleaning. For example:

- The heating rods in bathrooms of several rooms were rusted and did not support effective cleaning and decontamination of surfaces to prevent cross infections to residents.
- Large boxes containing Personal Protective Equipment (PPE) were stored in the centre, and there was no arrangement for a stock rotation to ensure that stock was used within the required time frames and did not go out of date.
- Large boxes of PPE and other items were stored on the floor, making these rooms difficult to clean.
- On the day of inspection, inspectors found that the staff changing facilities and other areas of the newly refurbished building were not sufficiently cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety risk in the centre was not adequately managed, and the fire precautions of the centre were not effective. For example, the provider had failed to identify two large compartments along the rear corridor, one containing nine residents and the day room and the other accommodating ten residents. As a result, the fire evacuation strategy was not effective and did not ensure that residents accommodated in this area could be evacuated in a timely manner in the event of a fire.

In addition, the corridors on the rear corridors leading to the fire exit door were narrow and could make the mattress evacuation of high dependency residents difficult in the event of a fire emergency. The inspectors were not assured that the dependencies of the residents had been fully considered in the centre's evacuation strategy.

The provider was issued with an immediate action plan at the end of the inspection and was required to submit an action plan to the Chief Inspector by 12 November, setting out how they would mitigate these risks.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine Kardex was incomplete, and there were several gaps in the residents' kardex. For example, the indications for PRN medicines (medicines only taken as the need arises) were not completed in the medicine kardex, which could cause

confusion among staff and create the potential for drug errors to occur.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not sufficiently developed according to the assessed needs of some residents. For example:

- A care plan for a resident living with epilepsy was not in place detailing the interventions required to care safely for the resident.
- An activity care plan was not sufficiently developed to support the resident to participate in meaningful activities.
- A resident with responsive behaviour has not had a care plan developed to detail the person-specific strategies/interventions that could assist staff to respond to such behaviours.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that staff demonstrated knowledge and skills to respond and manage responsive behaviours in a manner that was not restrictive. Practices observed demonstrated that responsive behaviours were managed in the least restrictive way. However, residents with responsive behaviours did not always receive sufficient opportunities to engage in meaningful interactions and this is discussed under residents rights.

Judgment: Compliant

Regulation 8: Protection

The provider had made every effort to protect residents from abuse by regular staff training. Staff were familiar and able to describe to the inspectors the measures in place to safeguard residents and protect them from abuse, including the reporting structure if they ever encountered an abusive situation.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that some residents with responsive behaviours did not receive sufficient opportunities to engage in meaningful interactions on the day of inspection.

Arrangements were not sufficient to ensure the privacy and dignity of residents in the centre. For example:

- The toilet facilities on one corridor were cubicle style and did not have the floor to ceiling walls dividing each toilet. They did not give adequate privacy and dignity to residents when using these facilities.
- The locks on the en-suite toilet/shower facilities in the multi-occupancy rooms were not secure.
- The residents accommodated in the three bedded rooms were not able to carry out personal activities in private as there was insufficient space between the beds to manoeuvre equipment such as hoists without encroaching on the next resident's bed space.
- There was no quiet space available for the residents apart from in their bedrooms, and those residents in the multi-occupancy bedrooms did not have quiet space in their bedrooms as other residents were watching television or chatting with each other.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0032957

Date of inspection: 11/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider in conjunction with the PIC will ensure the effective deployment and management of all available financial and human resources to facilitate safe and effective recruitment of competent and qualified personnel.</p> <p>The recruitment process will assure that there are adequate numbers and skill mix of staff to meet the needs of the residents and which are reflective of the size, layout and purpose of the service. In turn IPC practices in the DCOP will achieve the best outcomes for residents by providing a suitably clean care environment.</p> <p>With particular regard to the shortfall in cleaning staff identified by the inspectors – the PIC has submitted the necessary documentation to the provider/service manager to have all existing vacant posts filled as soon as possible. In the meantime the PIC has sought and obtained approval to employ skilled and competent agency cleaning staff to ensure effective environmental cleaning on all areas of the DCOP.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the provider furnished the Deputy chief inspector with an urgent Quality Improvement Plan which included immediate actions taken by the provider and PIC to mitigate the fire safety risks identified by the inspectors on the day of the inspection.</p>	

Immediate actions taken:

- An extra member of staff was rostered for night duty which increased the night duty staff compliment from 3 staff (2 nurses & 1 HCA) to 4 staff (2 nurses & 2 HCAs). This ensures safe evacuation of all residents in the DCOP, in accordance with their Personal Emergency Evacuation Plan, in a safe and acceptable timeframe.
- The resident occupancy of each fire compartment was reduced by moving 10 residents to the newly refurbished and heretofore unoccupied Gola wing of the DCOP. This was done in consultation with the residents and their families.
- 3 bedded multi occupancy bedrooms in Tory wing have been reduced to 2 bed occupancy.
- The PIC carried out fire evacuation drills in all fire compartments, documented on revised fire evacuation drill record sheets, which demonstrated the staffs' competency in being able to safely evacuate all residents in the DCOP, in accordance with their Personal Emergency Evacuation Plan, in a safe and acceptable timeframe.
- A single bedroom in Tory wing has been repurposed into a shower room to provide additional shower facilities for the residents – work completed 20/12/21.

This regulatory noncompliance and red risk led to the provider and the PIC attending a provider warning meeting with the inspectors and the Deputy Chief Inspector on 19/11/21 where the above mentioned actions and deferred refurbishment were discussed in detail.

At the meeting the provider, in conjunction HSE estates dept. and HSE fire officer committed to devising strategic and operational plans for the DCOP which have Specific, Measurable, Achievable, Realistic and Time bound objectives to urgently address the red risk non-compliances which pose a significant risk to the safety, health and welfare of residents using the service.

The implementation and completion of these plans will bring the DCOP back into back into compliance with the regulation.

Furthermore the provider has submitted applications to vary condition 1 and condition 3 of the DCOP registration together with a revised Statement of Purpose and revised floor plans to rectify the breach in conditions of registration.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

As agreed at the provider warning meeting held on 19/11/21, the PIC has removed 1 bed from each of the multi occupancy bedrooms on Tory wing – reducing occupancy from 3

residents to 2 residents. This has increased the personal space available to each resident in these 6 rooms.

The provider in conjunction with the PIC, and following consultation with the residents and their families, has a plan in place to relocate the 11 Long Stay residents, who are currently occupying the older Tory wing of the DCOP, to the newer Gola wing of the DCOP. The relocation will be completed by 24/01/22.

This will assure the privacy and dignity of each resident being respected.

Improve the physical and psychological wellbeing of all residents by creating a homely and accessible environment which provides adequate physical space to meet each resident's assessed needs.

Improve the quality of care and lived experience of residents.

Ensure residents' personal possessions are respected.

Ensure each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Assure regulatory compliance.

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

This regulatory noncompliance and red risk led to the provider and the PIC attending a provider warning meeting with the inspectors and the Deputy Chief Inspector on 19/11/21.

The following structural changes were agreed with the Deputy Chief inspector to ensure the premises of the DCOP would meet the needs of the residents and assure that their privacy, dignity, comfort and rights would be respected at all times:

- Repurposing of single bedroom 13 into a wet room containing shower, WHB and toilet -
- work commenced 24/11/21 and was completed 20/12/21.
- One of the cubicle style toilets has been taken out of use since 20/12/21 to protect the privacy and dignity of the residents. There is no reduction in the number of toilets available to residents in this area as the new aforementioned shower room next door has a toilet installed.
- 3 bedded bedrooms on Tory wing have been reduced to 2 bed occupancy by removing a bed from each of the 6 bedrooms. This will improve and increase the personal space around both remaining beds – reduced bed occupancy of these 6 bedrooms completed 01/12/21.
- Repurposed bathroom 1 (7.8sqm) Tory wing into a dedicated storage room by removing and relocating the existing bath to assisted bathroom (10.2sqm) Gola wing has

been completed. Also bedroom17 Tory wing has been re purposed into a dedicated storage room. Consideration will be given to a suitable onsite space being identified to locate a temporary portacabin for additional storage - The PIC has completed a program of decluttering the DCOP.

Having relocated the 11 Long Stay residents to the newer Gola wing of the DCOP- as outlined under regulation 12 above, the provider and the PIC are committed to effecting safe discharge plans for all short stay residents occupying Tory wing by 19/04/22. The provider will submit an application to vary condition 3 to reduce the maximum occupancy of the DCOP to 11 residents.

Estates dept. are committed to commencing the complete refurbishment of Tory wing on 20/04/22.

This ensures the long stay residents will be segregated from the building/refurbishment works. The main kitchen, dining room and quiet room will remain available to the residents during this phase of the works.

This revised plan of refurbishment will ensure the quality & safety of care and the lived experience of residents will not be compromised during the refurbishment work.

The completion of the refurbishment works will affirm regulatory compliance by ensuring the DCOP is designed and laid out to meet the needs of the residents and operates as per its Statement Of Purpose.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The PIC in conjunction with the Clinical Nurse Manager, IPC link nurse and MEG audit link nurse have reviewed the cleaning and disinfection arrangements for the DCOP to ensure that all areas of the DCOP are included on the cleaning schedules. This will ensure that care is provided in a clean and safe environment which will reduce the risk of transmission of Healthcare – associated infection.

The PIC and Clinical nurse manager ensure that IPC practice and Antimicrobial Stewardship are part of the day to day delivery of care to all residents.

The PIC ensures that adequate resources are made available to meet the IPC needs of the DCOP. With regard to the shortfall in cleaning staff identified by the inspectors – the PIC has submitted the necessary documentation to the provider/service manager to have all existing vacant posts filled as soon as possible. As of 17/1/22 Expression of Interests have gone out on these positions. In the meantime the PIC has sought and obtained approval to employ skilled and competent agency cleaning staff to ensure effective environmental cleaning on all areas of the DCOP.

The PIC ensures the staff have the competencies, training and support to carry out their Assigned duties.

The action plan for non-compliances on premises and storage has been outlined under Regulation 17: Premises (above).

The provider in conjunction with the PIC will ensure that the HSE IPC policies, procedures & guidelines and HIQA National Standards for IPC in the community (2018) are implemented in the DCOP ensuring a safe and effective delivery of person centered care for all residents.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, the provider in conjunction with PIC, HSE Estates dept. and HSE Fire Officer, furnished the Deputy chief inspector with an urgent Quality Improvement Plan which included immediate actions taken by the provider and PIC to mitigate the fire safety risks identified by the inspectors on the day of the inspection.

Immediate actions taken:

- An extra member of staff was rostered for night duty which increased the night duty staff compliment from 3 staff (2 nurses & 1 HCA) to 4 staff (2 nurses & 2 HCAs).
- The resident occupancy of each fire compartment was reduced by moving 10 residents from Tory wing to the newly refurbished and heretofore unoccupied Gola wing of the DCOP. This was done in consultation with the residents and their families.
- 3 bedded multi occupancy bedrooms on Tory wing have been reduced to 2 bed occupancy.
- Personal Emergency Evacuation plan for each resident has been reviewed to ensure that residents, who are assessed as requiring assistance of 2 or more people to safely evacuate in the event of a fire, are not occupying single rooms but rather are occupying one of the larger multi occupancy bedrooms. This assures safe fire compartmentation within the DCOP.
- The PIC carried out fire evacuation drills in all fire compartments, documented on revised fire evacuation drill record sheets, which demonstrated the staffs' competency in being able to safely evacuate all residents in the DCOP, in accordance with their Personal Emergency Evacuation Plan, in a safe and acceptable timeframe. This assures a safe and effective fire evacuation strategy within the DCOP.
- The PIC has erected up to date "procedures to be followed in the event of a fire" notices in prominent positions throughout the DCOP.
- HSE Fire Safety Officer has retained the services of Maurice Johnston & Partners

company to complete a fire risk assessment of the DCOP. The onsite Risk Assessment was carried out by a competent fire safety professional on 17/01/22 – report pending. This will be forwarded to HIQA when available.

- HSE Estates dept. has retained the services of L.A. Architects company to produce updated fire floor plans for the DCOP. Delivery of the updated plans is expected by 31/01/22. In the interim the PIC, in consultation with the HSE fire officer, has erected interim floor plans which reflect the current layout and footprint of the DCOP, in prominent positions throughout the DCOP.

The provider and PIC have taken immediate actions to ensure a safe and effective fire strategy is in place which is implemented by competently trained staff to manage fire related risks and to protect residents from risk of harm. The DCOP fire safety strategy adheres to HSE procedure, policy & guidelines, relevant legislation and HIQA Fire Safety Handbook (2021).

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The PIC has consulted with ward manager, nursing staff, GPs and community pharmacist regarding the gaps the residents' kardexes - identified during the inspection process. The community pharmacist is currently revising the layout of the electronically produced kardex so as to include the resident specific indications for PRN (medications only taken as the need arises). This will be in place by 28/02/22.

The DCOP has medication management policies and procedures in place which comply with legislation, NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020), HSE policies, procedures & guidelines, HIQA National standards (2016).

The PIC has introduced a medication administration competency audit tool for nursing staff, to be completed by Clinical Nurse Manager for each nurse annually in conjunction with their online HSEland medication management module.

The PIC ensures residents are safeguarded from risk of harm resulting from medication errors and that in the event that any such errors should occur they are managed using the HSE Incident Management Framework (2020).

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:</p> <p>The PIC has strengthened the governance process relating to reviewing and auditing residents' individual care plans to ensure that they are based on an ongoing comprehensive assessment of their physical & mental health, personal and social care needs. The implementation, evaluation and review of these person centred care plans will ensure they are reflective of the residents changing needs and detail the supports required to optimize their quality of life in accordance with their choices and wishes. Each resident's care plan is reviewed no less than 4 monthly and more often if there is a change in the resident's needs or circumstances.</p> <p>The Clinical nurse manager oversees the completion of 3 monthly Quality Care Metrics and shares the results and learning from same with nursing staff in the form of a Quality Improvement Plan (QIP). The results and QIP are submitted to the PIC and are permanent items on the agenda of Managers' meetings and Quality and Resident Safety meetings – chaired by the PIC.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The PIC ensures that all residents' rights are protected and respected. All health and social care in the DCOP is delivered using human rights based approach underpinned by the principles of FREDA – Fairness, Respect, Equality, Dignity & Autonomy as per HIQA guidance on Human rights (2019).</p> <p>The PIC and all staff support and encourage each individual resident to go about their daily life as they wish – with due regard to balancing risk taking, current public health guidance and resident's level of functioning.</p> <p>All staff in the DCOP have undertaken onsite Dementia specific training, inclusive of managing Responsive behaviours. Their skills and the quality of their care relationships with the residents means they have developed an understanding on what makes the resident unique so they can support the residents to plan suitable activities for themselves.</p> <p>The PIC has ensured that DCOP activities coordinator/home maker has developed a life story document for all residents which respect and appreciate the resident's former lifestyle, work history, hobbies, recreational and social interests, significant life events and cultural background. The residents' careplans are developed to reflect same.</p> <p>The ensure privacy and dignity for all residents the PIC has:</p>	

- Closed 1 toilet within the cubicle style toilet block – second toilet now available in newly completed shower room next door. This will preserve the privacy and dignity of any resident using the one remaining toilet.
- Improved the personal space available to residents occupying the multi occupancy bedrooms in Tory wing by removing the 3rd bed in each room.
- The DCOP has a dedicated quiet reflective room (main reception area) and a dedicated visitors' room (Gola wing) which are available to all residents at any time.

The refurbishment of Tory wing will ensure the quality & safety of care and improvement of the lived experience of residents.

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.	Not Compliant	Orange	24/01/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/12/2021

Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Red	19/11/2021
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	Red	19/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	19/11/2021
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	Not Compliant	Orange	19/11/2021

	monitored.			
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	15/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	12/11/2021
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.	Not Compliant	Orange	31/01/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	12/11/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Red	12/11/2021

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/11/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	28/02/2022
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	Substantially Compliant	Yellow	31/01/2022

	where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	11/01/2022
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	11/01/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	11/01/2022