



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

Issued by the Chief Inspector

Name of designated centre:	Merlin Park Community Nursing Unit 5 & 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Unannounced
Date of inspection:	03 August 2022
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0036604

About the designated centre

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

Merlin Park Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located within the grounds of Merlin Park Hospital. The centre is made up of two single storey adjacent buildings referred to as Unit 5 and Unit 6. They can accommodate up to 52 residents. It is located to the east of the city of Galway with easy access to local amenities. The service provides 24-hour nursing care to both male and female residents. Long-term care, short term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation in Unit 5 is provided in four single bedrooms and six multi-occupancy rooms, bedroom accommodation in Unit 6 is provided in 12 single bedrooms and four multi-occupancy rooms. Multi-occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. One single bedroom has en suite bathroom facilities. There are a number of toilets and one assisted shower room in unit 5 and two assisted shower rooms in unit 6 available to other residents occupying single bedrooms. There is a variety of communal day spaces provided in each unit including day rooms, dining rooms and conservatories.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Wednesday 3 August 2022	08:30hrs to 17:30hrs	Fiona Cawley	Lead
Wednesday 3 August 2022	08:30hrs to 17:30hrs	Oliver O'Halloran	Support
Monday 15 August 2022	10:00hrs to 12:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors spent time observing the care environment and delivery over this two day inspection. The overall feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed. There was evidence that most residents were provided with appropriate standards of care and support by staff who were kind, caring and familiar with their needs.

Following an introductory meeting on day one of the inspection, inspectors completed a walk around of the centre with the person in charge. The centre was situated in the grounds of Merlin Park Hospital and comprised of two distinct single-story units, unit 5 and unit 6. On day one of the inspection, there were 23 residents in Unit 6 and nine residents in unit 5. On day two, there were 11 residents in unit 5. Overall, most areas of the centre were clean and tidy on the day of the inspection. The accommodation included single and multi-occupancy bedrooms. The centre was suitably decorated and appropriately furnished. There were a number of communal areas for residents to use including day rooms, dining rooms, and conservatories. Residents also had safe, unrestricted access to bright outdoor spaces and inspectors observed a number of residents enjoying the garden throughout the day. Overall, inspectors observed that the building was laid out to meet the needs of the residents. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. Bedrooms were appropriately decorated with many residents decorating their rooms with personal items. All bedrooms were observed to have sufficient space for residents for residents to store personal belongings. Inspectors saw that there were sufficient communal shower rooms available for those residents who did not have en-suite facilities in their bedrooms.

Unit 6 was used to accommodate residents receiving long term care, while unit 5 mostly accommodated short stay and respite residents. There was one long term care resident in unit 5 during this inspection. The majority of residents were up and about in unit 6, and were observed relaxing in the various communal areas. A number of residents were observed moving freely around the centre and interacting with each other and staff. On unit 5, residents were observed spending extended periods of time sitting by their bed spaces. Residents were provided with assistance from staff with their mobility needs. The provision of care was observed to be person-centred and unhurried, and there was a relaxed atmosphere present throughout the centre. Inspectors observed that residents' personal care was attended to an appropriate standard. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Inspectors spoke with a total of nine residents over the course of the two days and overall, the feedback was positive. Residents who spoke with inspectors said that staff were good to them and that they were very satisfied with the care they

received. One resident told inspectors that 'the treatment is great and the food is fantastic', while another resident said 'it couldn't be better'. One resident told inspectors how they liked to spend their day and described the various activities that were available. Another resident told inspectors that his life in the centre was 'better than he thought it would be'. Residents who were unable to speak with the inspector, to give their views of the centre, were observed to be content. Inspectors also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring. Notwithstanding, the positive feedback from residents in unit 6, residents in unit 5 were observed to have less social care supports in place such as opportunities to avail of activities and recreational opportunities.

Feedback from residents on unit 6 in relation to opportunities to participate in recreational activities of their choice and ability was very positive. Activities in unit 6 were facilitated either in the communal sitting rooms or the residents own bedrooms. Inspectors observed the activities co-ordinator provide both group and one-to-one activities in unit 6 on day one of the inspection. A number of residents told inspectors that there was 'plenty to do' in the centre. There was an activities schedule in place seven days a week on unit 6 and residents told inspectors that they were free to choose whether or not they participated. Residents were also provided with opportunities to go on regular outings, for example, a number of residents had recently attended the Galway racing festival and a trip to a religious shrine was in the planning stages on the day of inspection. Inspectors observed that there was no such schedule or opportunities in place for residents accommodated in unit 5.

Residents had a choice of where to have their meals throughout the day. Inspectors observed that meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out 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 the actions taken by the provider to address areas of non-compliance found on the last inspection in April 2021. The provider had submitted an application to vary the conditions 1 and 3 of the centres registration. The provider proposed to reduce the occupancy of the centre from 52 to 26. The application proposed that unit 5 would no longer function as a long term care unit. The details of this application were reviewed on this inspection.

Following an inspection in April 2021, where action was required by the provider to assure compliance with Regulation 17: Premises and Regulation 9: Residents' rights, a condition was attached to the registration of the centre. Condition 4 required the provider to take all necessary action to comply with the aforementioned regulations to the satisfaction of the Chief Inspector by no later than 30 September 2021. The findings of this inspection were that the provider had taken action to assure compliance.

Inspectors found some improvements in the overall management of the centre since the previous inspection. The governance and management of this centre was well organised and resourced. Inspectors found the residents receiving long term care in unit 6 were supported and facilitated to have a good quality of life. However, the standard of care received by residents accommodated in unit 5 was not in line with the requirements of the regulations. Oversight of the changes to the functions of one part of the designated centre was poor and resulted in non-compliance in a number of areas including residents rights and individual assessment and care planning. In addition, there was no system in place to ensure that residents in this unit had their information recorded in the directory of residents. The directory of residents in use in unit 5 was disorganised and difficult to review. The residents accommodated in unit 5 were identified by the person in charge as respite and short stay residents, however, none of the residents accommodated in the unit had a discharge plan or a date of discharge documented.

The admission procedure for respite and short stay residents in unit 5 had been revised in April 2022. This procedure was not in line with the admission policy for the designated centre, nor did it direct assessment and care planning processes to ensure that they were in line with the requirements of the regulations.

The provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge facilitated this inspection. They demonstrated a clear understanding of their role and responsibility and were a strong presence in the centre. The person in charge was supported in this role by the service manager for Older Person Services, two clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

Over the two days of the inspection, inspectors observed that the centre was staffed

with a stable and dedicated team who ensured that residents benefited from continuity of care from staff who knew them well. There was sufficient staff on duty to ensure the residents' health care needs could be met and teamwork was evident. The person in charge and clinical nurse managers provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with the residents. Staff had the required skills, competencies and experience to fulfil their roles.

There was an induction programme in place for all new staff. Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding vulnerable adults, managing challenging behaviour and infection prevention and control training.

The provider had systems in place to ensure the service was monitored. There was a schedule of audits in place which reviewed areas of the service such as infection prevention and control, care plans, medication management, and falls management. Results of audits were used to identify learning and to develop quality improvement plans. However, the oversight of the service delivered in Unit 5 was not robust and resulted in multiple non-compliance with the regulations.

There was an annual review of the quality and safety of care carried out for 2021 which included an improvement plan for 2022.

The management team had communication channels in place and were observed to use a team-based approach. Inspectors observed that regular staff group meetings had taken place. Minutes of meetings reviewed by inspectors showed that a wide range of issues were discussed in detail, including premises, fire safety, training and infection control. Action plans were developed following meetings where service improvements were required.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was a comprehensive COVID-19 contingency plan with controls identified in line with public health guidance.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.
Judgment: Compliant
Regulation 16: Training and staff development
Inspectors found that staff had access to mandatory training and staff had completed all necessary training.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents did not contained the information specified in schedule 3 of the regulations. This was evidence by; <ul style="list-style-type: none"> • Three residents accommodated in unit 5 were not added to the register • Two residents did not have the name and address of their doctor documented • No detail of transfer or discharge for a sample of eight residents reviewed
Judgment: Not compliant
Regulation 23: Governance and management
The management systems that were in place did not ensure that the service provided to all residents accommodated in the centre was safe, appropriate and consistent. This was evidenced by the non-compliance found in relation to the quality and safety of care and services provided for those residents accommodated in Unit 5 of the designated centre.
Judgment: Not compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements and there was a record kept of all complaints.

Judgment: Compliant

Quality and safety

Inspectors found the quality of care and support provided to residents receiving long term care in this centre to be of an appropriate standard. There was a person-centred approach to care and residents' well-being, choices and independence were promoted and respected. Staff were respectful and courteous with the residents. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Action was required to ensure that all residents received health and social care that was in line with regulatory requirements.

Staff whom inspectors spoke with were clear about what to do in the event of a fire and what the fire evacuation procedure were. The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire evacuation drills were undertaken regularly which included identifying areas for improvement and learning opportunities for staff. Some action was required to ensure full compliance with Regulation 28: Fire precautions as the condition of some of the fire doors observed was poor and the floor plan maps required review.

On day one of the inspection, the inspectors reviewed a sample of six residents' files. The six residents were receiving long term care. Residents' care plans were developed following a comprehensive assessment of residents' health and social care needs and were reviewed at intervals not exceeding four months. There was evidence of consultation with residents in the development and review of care plans. Staff who spoke with inspectors, were familiar with residents' needs and preferences. On day two of the inspection, the inspectors reviewed the records for those residents accommodated on Unit 5. Inspectors found that assessments and care plans for these residents lacked the detail required to ensure the health and social care needs of the residents would be met. For example, the residents identified by the person in charge as short term residents, did not have a discharge care plan in place. There was also no social or psychological care assessment or care plan for these residents. This meant that there was no information guiding staff in how the residents liked to spend their day. The inspector observed residents in this unit sitting for long periods beside their bed.

Residents had access to a medical officer and were provided with access to other professionals such as physiotherapy and dietitian services, in line with their assessed need. Inspectors found that recommendations made by allied health care professionals was incorporated into the residents' care plans.

The registered provider had ensured that visits to residents were unrestricted.

Residents had a choice of when and where to have their meals throughout the day. The lunchtime meal was observed by inspectors. It was evident that staff were familiar with residents' specific needs in relation to nutrition, including specific dietary requirements. There was a good choice of nutritious meals available and meals served to residents were well presented. Residents were complimentary about the food in the centre. The lunch time meal experience was observed to be relaxed, staff members and residents were observed to chat happily together. Inspectors observed that staff provided assistance to residents in a respectful and dignified manner. A choice of refreshments was available to the residents throughout the day.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

Inspectors observed that staff had the appropriate skills and knowledge to respond positively to residents with 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) Care plans contained person-centred information and guidance for staff on residents' preferences, triggers for certain behaviours and de-escalation techniques to manage responsive behaviours.

Inspectors found that residents were provided with opportunities to consult with management and staff on how the centre was run. Minutes of residents' meetings showed that a range of topics were discussed including the annual review of the centre, activities, fire evacuation drill and planned building works. Residents had access to an independent advocacy service.

While residents in unit 6 enjoyed an interesting and appropriate activity schedule facilitated by an activity coordinator, the residents accommodated in unit 5 did not have access to this part of the service. Inspectors were informed that the social care needs of these residents would be met by the residents families and friends. Unit 5 did not have access to the support of an activity coordinator and there were no social care plans in place for these residents. This was not in line with the services outlined in the statement of purpose.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a choice of food at mealtimes and had access to fresh drinking water at all times. There was an adequate number of staff to support residents at meals and when other refreshments were being served. Nutritional assessments were undertaken, and prescribed dietary plans were being adhered to.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide developed and available to the residents in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The 11 residents accommodated in Unit 5 of the designated centre were identified by the person in charge and on the nursing handover document, as being respite and short-stay residents. A review of the residents records found that there was no discharge date documented for these residents and there was no discharge plan in place to ensure that the residents were discharged in a planned and safe manner.

Judgment: Not compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of required elements as set out under Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Staff who spoke with inspectors were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed the following areas that did not meet regulatory requirements on the day of the inspection;

- the system in place to contain the spread of smoke and fire in the event of an emergency was not effective. For example, a number of fire compartment doors did not seal as there was a visible gap evident between the doors and therefore did not provide the necessary seal to prevent the spread of smoke in the event of a fire
- fire floor plans displayed were inverted and therefore confusing, this posed a risk in the event of a fire if persons were unfamiliar with the layout of the building. This was a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessments and care plans were not completed in line with regulatory requirements. For example, residents in unit 5 did not have an assessment of their

social or psychological care needs and therefore, no care plans were developed to ensure the delivery of appropriate and person-centred care.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had the required training and knowledge to respond to and support residents with responsive behaviours. Where restrictive practice was used, it was in line with national policy guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents accommodated in unit 5 did not have facilities for occupation or recreation, nor were there opportunities to participate in activities in accordance with their interests and capabilities. Residents did not have their social care needs assessed, therefore there was no plan in place to address these needs.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Merlin Park Community Nursing Unit 5 & 6 OSV-0000635

Inspection ID: MON-0036604

Date of inspection: 03/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations</p> <p>The Directory of Residents was updated and on 15th August 2022. All contact details which were on Epicare, were transposed from the Epicare system to The Directory of Residents on 15th August 2022. Details as identified on discharge and Doctors were updated on 15th August 2022.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations</p> <p>An application to vary registration for this CNU, to re-designate unit 5 as an exclusively short stay/respice/acute step down facility was submitted to the Chief Inspector in February 2022, when the outstanding works required on our current registration were completed. The provider has noted that there was little demand for admission to long stay care in multi occupancy rooms in the centre and it would be better use of the upgraded facility to use unit 5 for short stay/respice/acute step down. The provider was</p>	

working towards implementing this change at the time of the second day of inspection, when all residents were in the short stay/respice/acute step down category in unit 5.

The provider and the Deputy Chief Inspector had met and discussed the application on 11-8-22. The provider awaits a decision from the Chief Inspector on the Condition to Vary/ Registration application submitted.

The provider notes the finding that the centre management was well organized and resourced. The specific non compliances with Unit 5 identified on the second day of inspection are addressed in the individual actions plans in the responses to those non compliances.

Furthermore, the Provider has set up the service such that there are now only short stay patients in Unit 5 and accordingly any non compliances noted in Unit 5 would not be applicable had the Condition to Vary been processed and approved

Regulation 25: Temporary absence or discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations

Unit 5 admits people only for Short Stay, 28 days or less from Hospital and Respite from the community. Short stay patients are predominantly still on their acute journey and are accommodated in Unit 5 following their acute interventions in the Hospital and awaiting the appropriate rehabilitation window in the Rehab Unit in the Hospital.

Respice come in from the Community to give their family/personal Carers a break. They are social, not medical admissions, who do not require medical discharge and whose discharge plan is agreed in advance of admission for a specific time frame, usually, 1 -2 weeks.

Discharge plans are in place for all short stay residents since 16th August 2022. Epicare is used to record same.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Maintenance are scheduled to commence Bi-annual door inspection/adjustments week commencing Sept 19th 2022. These should be complete by 26/9/22.</p> <p>Plans have been amended and are on display from 12/9/22.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual care plans and assessments are in place for all short stay/Respite residents since 16th August 2022. Epicare is used to assist with completing, monitoring, recording and implementing same.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Individual care plans and assessments, including social care needs are in place for all short stay residents since 16th August 2022. Epicare is used to assist with completing, monitoring, recording and implementing same. Residents have access to a day room and external areas for recreation should they wish to avail of same. Care staff in the unit assist residents to undertake activities of their choosing.</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
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	15/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/08/2022
Regulation 25(3)	The person in charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner.	Not Compliant	Orange	16/08/2022
Regulation 28(1)(c)(iii)	The registered provider shall	Substantially Compliant	Yellow	22/09/2022

	make adequate arrangements for testing fire equipment.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	16/08/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	16/08/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	16/08/2022
Regulation 9(2)(b)	The registered	Not Compliant	Orange	16/08/2022

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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