



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Camillus Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Shelbourne Road, Limerick
Type of inspection:	Unannounced
Date of inspection:	18 July 2018
Centre ID:	OSV-0000640
Fieldwork ID:	MON-0024396

About the designated centre

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

The designated centre of St Camillus' Community Hospital is located on the main campus of the hospital in Limerick city. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 82 residents. At the time of inspection there were 71 residents registered at the centre. Information provided in the statement of purpose for the centre describes care for people over 18 years of age across the range of abilities from low to maximum needs in relation to advanced age, vascular and neuro-injury, dementia and physical or psychiatric chronic illness. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. Arrangements are in place to provide residents with access to activities and there is a variety of communal day spaces provided including a large activity area on the first floor. Visiting arrangements are in place and residents are provided with information about health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Current registration end date:	10/06/2018
Number of residents on the date of inspection:	71

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
18 July 2018	10:30hrs to 18:00hrs	Mairead Harrington	Lead
19 July 2018	09:00hrs to 14:45hrs	Mairead Harrington	Lead
18 July 2018	10:30hrs to 18:00hrs	Caroline Connelly	Support
19 July 2018	09:00hrs to 14:45hrs	Caroline Connelly	Support

Views of people who use the service

The inspectors met and spoke with residents throughout the inspection in various locations of the centre, including on the wards, in communal areas and in individual rooms. Inspectors received feedback from several residents on each of the wards and also met with some of their visitors and relatives. In general residents said that they felt safe and well looked after in the centre. Some residents commented that they would like to have more activities and be able to go outside more often; this preference was also referenced in the minutes of resident meetings that were reviewed. The feedback was otherwise positive about the standard of care provided and the good attention received from staff in the conduct of their daily care.

Capacity and capability

While this service provided a good standard of care overall, with effective access to healthcare resources and facilities, there were some areas of service provision that did not adequately meet the needs of all residents. Areas for improvement that had been identified on previous inspections persisted in relation to personal accommodation, storage facilities and staffing arrangements. Further areas for improvements were identified in relation to infection control and access to meaningful recreation and activities. Measures were in place to monitor the quality of service, such as audits and reviews, though management was not consistently effective in implementing actions to address the issues. For example, as acknowledged on the previous inspection, improvements had been made in relation to access to recreational space and resources for activation. However, these improvements had not been sustained and the circumstances on this inspection identified that many residents were not facilitated to use recreational space, such as the garden and activity centre, and often had little meaningful choice in relation to how they spent their day.

Significant improvements had been made in other areas since the previous inspection, for example occupancy had been reduced from 20 to 17 in Thomond ward, though again the impact of this change had yet to be fully developed as the free space that had been created was not being effectively utilised for the benefit of residents for recreation or visits, for example. Staffing arrangements continued to improve and management confirmed that at least five additional appointments to the permanent staff complement had been made since the last inspection, including both staff nurses and care assistants. Overall however the provider had not adequately addressed a number of the areas that required improvement. Insufficient action had been taken to address the circumstances of accommodating residents in multi-occupancy rooms for up to five people. In this respect issues in relation to the

layout of accommodation and facilities continued to impact adversely on the daily quality of life, privacy and dignity of many residents. Action was also incomplete in relation to the segregation of staff roles. These circumstances were acknowledged by both staff and management.

Governance arrangements were described in an organisational framework set out in the statement of purpose and at the time of inspection these were reflected in the operational management arrangements in place. Supervision arrangements included the delegation of responsibilities to nursing staff and the management of multi-task attendants (MTA'S). Inspectors spoke with members of staff in all areas of the service who demonstrated a good understanding of resident needs and generally commented positively on effective teamwork and management support. An inspector reviewed staffing arrangements with management and confirmed that staffing levels were in keeping with occupancy levels and the layout of the centre. A review of the training matrix confirmed that all staff had attended training in mandatory areas such as fire-safety, manual and people handling and safeguarding residents from abuse.

Overall, management demonstrated an effective knowledge of their statutory duties in relation to the care and welfare of residents. Management had been responsive in addressing many of the areas for improvement identified as a result of their own systems of monitoring and review. For example, all staff had undertaken training in the provision of person-centred care in response to internal reviews around safeguarding measures since the previous inspection. Systems of information governance included the maintenance of records required by the regulations and these were generally accessible and current. A sample of personnel records was reviewed to determine if it contained information as required under the regulations, such as photographic identification, employment references, Garda Sí-ochána (police) vetting disclosures, full employment history and current registration for nursing staff. From the sample of four personnel records reviewed, one did not contain a Garda Sí-ochána (police) vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Measures in place to support effective monitoring of a safe service included regular audits around key areas of care such as falls, medication management and the occurrence of healthcare associated infections. Staff and management responsibilities were identified to ensure action was taken in response to findings identified on these audits. Audit records were maintained and available for reference. Quality management systems included regular meetings to review issues in relation to health and safety or clinical governance. Regional meetings also took place across the organisation to ensure shared learning. Residents were provided with a guide that included information on the facilities and services as well as how to raise a complaint or concern. The inspector reviewed processes around managing complaints that were in keeping with policy and procedure and this review confirmed that there was feedback and related action communicated to staff in relation to improvements from the learning. Opportunities for consultation took place, such as regular resident meetings, and records of these were available for reference.

Regulation 15: Staffing

Staffing levels were in keeping with the assessed needs of residents having regard to the size and layout of the service. Contingency arrangements were kept under review in relation to managing staff absences. Appropriate systems of supervision were in place with a registered nurse on duty at all times. Action in relation to staffing arrangements is recorded against regulation 27 on practice around infection control.

Judgment: Compliant

Regulation 16: Training and staff development

Management had implemented measures to ensure that staff received appropriate training and all staff had received training in the provision of person-centred care since the previous inspection. Appropriate arrangements for supervision were in place and a registered nurse was on duty at all times. Staff were provided with access to relevant standards and guidance in relation to their role.

Judgment: Compliant

Regulation 21: Records

An Garda Síochána (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were not available in the designated centre for each member of staff, as required under Schedule 2 of the regulations. In addition, on one care plan that was reviewed the record had not been updated to reflect the information from a revised assessment.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider ensured governance arrangements were in place that reflected the size and complexity of the centre and included necessary quality assurance processes. The centre was appropriately resourced to provide an effective

service in keeping with the needs of the resident profile. Quality management systems were in place though the implementation of actions, in relation to activation and recreation for example, was not consistently effective to ensure an appropriate service for all residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care had been revised but were still in draft format and the contracts on file for residents had not yet been amended to specify the circumstances of accommodation provided for residents as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were completed and returned as appropriate within required timeframes in keeping with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Procedures for receiving and responding to complaints were in keeping with the requirements of the regulations. A complaints policy was in place and a summary of the procedure was on display in the centre. The policy cited relevant legislation and identified who residents could approach with their concerns. The procedure summarised an internal appeal process and also provided relevant information for referral to the office of the Ombudsman.

Judgment: Compliant

Quality and safety

The findings of this inspection are that further improvements are required to enhance the quality of life of residents living in St Camillus' Community Hospital.

While there had been some improvements since the previous inspection in relation to the layout of facilities and accommodation, these measures were not adequate to address the shortcomings identified in relation to premises generally. In terms of quality of care, inspectors found that staff consistently demonstrated a good knowledge and understanding of the needs of residents and that overall, residents received a very good standard of care. The centre provided effective access to medical resources and the availability of services by allied healthcare professionals were in keeping with the assessed needs of residents.

The design and layout of the centre overall was institutional in appearance with accommodation for up to 52 residents provided in wards of between three and five occupants. Accommodation in such multi-occupancy rooms detracted from efforts to create a homely and personalised environment. These multi-bedded rooms afforded very limited personal space, privacy or storage for personal belongings. Arrangements, such as privacy screens, while providing a degree of visual protection, could not afford effective personal privacy in relation to noise and odours, for example.

Residents in multi-occupancy rooms were seen to undertake personal activities such as grooming, dining and receiving visitors, by their bed. Suitable dining areas were accessible on some units, though the size and layout of the small dining spaces provided on Thomond ward were not suitable and did not support a positive dining experience for residents. While an appropriate dining area was available in the adjacent activity centre on this floor it was not seen to be used for this purpose in the course of the inspection. Personal storage facilities were also limited in the multi-occupancy wards and personal space between beds was often cramped. Residents' belongings and clothing were seen on top of wardrobes and window-sills, or hung around bed-frames and on wardrobe doors for lack of appropriate storage. Management and staff acknowledged the impact of premises issues on the quality of life for residents.

Another area identified for improvement on this inspection included the provision of access to meaningful activities. The prevailing circumstances and culture of care in the designated centre was more in keeping with that of a hospital rather than a home. Daily care for residents was reflective of task-oriented practice that focused on the progression of routines in relation to personal care, meals and hygiene for example, while staff roles in relation to ensuring that residents were suitably occupied and socialised at other times was less well defined. While some residents were able to partake in outings provided by the centre, many residents had little opportunity for autonomy and personal choice as to how they spent their time most days. Available recreational resources, such as the spacious and well laid out activity centre that had been used to good effect on the previous inspection, was used to little benefit of the residents during this inspection. While dedicated activities were scheduled to take place regularly at the centre, resources to support these arrangements, including community groups and student programmes, were not consistently available. Residents were limited in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without sometimes disturbing others.

Outdoor recreational space for the centre was directly accessible through Sarsfield ward only, on the ground floor. Feedback from staff indicated that practical use of this area for individual residents often relied on support by visitors and family, though there was no signage to direct visitors to this area and the storage of cleaning equipment in the access area to this outside space did not encourage its use. The inspectors noted that on the first day of inspection, which was warm and sunny, no staff were allocated to the outdoor area to support access by residents. On the second day, which was also fine, a number of residents were seen to enjoy the outdoor space and were facilitated in being there by the attendance of members of staff as appropriate. Residents spoken with on this occasion said they enjoyed getting out into the fresh air.

The premises overall was not well suited to its stated purpose. Some areas of the accommodation, and in particular Thomond ward, were not suitable for residents living long-term in the centre, nor was it suitable for the number of residents it accommodated.

The centre was generally bright and clean though instances of poor infection control were evident, such as the location of a sluice facility in the same area as a resident toilet facility on Thomond ward. General storage throughout the centre was inadequate and assistive equipment such as wheelchairs, as well as commodes, were seen stored in inappropriate areas, such as bathrooms, for example.

Regulation 12: Personal possessions

Appropriate personal storage arrangements and facilities were not in place for all residents, and in particular for many residents in multi-occupancy wards. In the absence of adequate personal storage facilities residents' belongings and clothing were seen stored variously on the floor and in boxes, on window ledges, hanging on bed-frames and on wardrobe doors.

Judgment: Not compliant

Regulation 17: Premises

The premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the statement of purpose.

- Equipment storage facilities on Thomond unit were inadequate.

- Communal dining and seating facilities on Thomond were inadequate.
- Access to outside recreational space was inadequate.
- The space between beds in some multi-occupancy rooms did not provide enough room for a chair or the safe use of assistive equipment, such as a privacy screen.
- Suitable personal storage space was not available for all residents.

Judgment: Not compliant

Regulation 26: Risk management

A comprehensive risk management policy was in place that appropriately referenced the necessary areas in keeping with regulatory requirements. Systems were in place to monitor and review risk in relation to quality and safety. An active risk register was in place and kept under regular review though the storage of an oxygen cylinder on a corridor in one ward required review as a potential hazard.

Judgment: Compliant

Regulation 27: Infection control

Management had not fully addressed the areas for improvement previously identified in relation to segregated staff roles. Some members of staff continued in a multi-task role alternating duties in relation to household and cleaning with responsibility for providing personal care to residents in the course of a shift - a work routine which was not in keeping with effective infection control practice. Inappropriate storage and the layout of facilities on Thomond ward also created circumstances of potential risk to residents in relation to healthcare associated infections, these included:

- Equipment and stock was being stored in the assisted bathroom.
- Linen skips were stored in toilet areas.
- Commodes were being stored in a shower area.
- Sluice facilities were co-located in the same area as a toilet facility for residents.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire-safety precautions included regular training for staff and the routine maintenance of fire-fighting equipment. Fire drills took place as part of routine training though, this practice required review to ensure that learning from drills was based on realistic circumstances.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine prescription records were well maintained and clearly labelled with photographic identification of each resident. Nursing staff understood their responsibilities in keeping with professional guidance issued by An Bórd Áltranais. Residents' medicine prescriptions were reviewed at least every three months by a medical practitioner. Medication audits were completed regularly and arrangements for the storage and administration of medicine were in keeping with requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Processes were in place to ensure that residents were appropriately assessed on admission and that care plans were developed in keeping with relevant assessments and reviewed on a regular basis, at least every four months, or as changing needs might require.

Judgment: Compliant

Regulation 6: Health care

Care planning arrangements were in keeping with a very good standard of evidence-based nursing care and information on care plans indicated that residents were provided with access to specialist care as necessary according to their assessed needs. The centre provided effective access to healthcare services including a medical officer, pharmacist, speech and language therapist, dietitian and physiotherapist. Relevant correspondence about transfers and referrals were on files for reference.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure that residents were protected from abuse and were safe in the centre. All staff received regular training and understood their responsibilities in ensuring that residents were safe and protected. Relevant policies and procedures were in place to provide guidance to staff when implementing safeguarding measures and effective systems of recording and reporting were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Appropriate arrangements were not in place to ensure that the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice. Examples included:

The use of multi-occupancy rooms for up to five residents did not support the receipt of personal care or communication in a manner that protected privacy and dignity. Privacy screens provided a degree of visual protection but did not adequately protect the privacy of the resident in relation to the conduct of personal activities or communication. These screens provided little or no protection from the noise and odours that a resident might experience in multi-occupancy accommodation.

Many residents in multi-occupancy rooms were provided with very limited personal space or storage for personal belongings. Accommodation layout in these rooms was such that visitors and residents often had to walk through the personal space of other residents for access.

The close proximity of bed spaces limited residents in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without adversely impacting on other residents. These circumstances confined residents and limited the extent to which they could be facilitated to exercise choice with regard to how and where they ate their meals, where they spent their day and how or with whom they interacted.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Camillus Community Hospital OSV-0000640

Inspection ID: MON-0024396

Date of inspection: 18 & 19/07/2018

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
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <i>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.</i> Garda Vetting: There is written evidence of Garda Vetting for each member of staff in the designated centre. The Data Controller is in the process of compiling Garda Siochana Disclosures from the Garda Vetting Liaison Office for the staff in the designated centre. Disclosures will be available in the designated centre as required under Schedule 2 of the regulations.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Recruitment of management posts: One Assistant Director of Nursing post is currently vacant and interviews took place on 10/09/2018. Depending on the outcome, this post should be filled by end of October 2018. The CNM2 post has been advertised and interviews are due to take place on 20/09/2018. There is a robust staged recruitment process following identification of successful interview candidates prior to agreement of actual start date. Induction process commences followed by probation period to allow for most suitable candidates to progress to permanent employees. Three new staff nurses were employed in July 2018. Activation: The activity centre is staffed by two permanent healthcare assistants (1.8 WTE) this	

roster is supported by extra staff to allow for the activity centre opening 8.00 to 18.00 daily and 9.00-20.00 twice weekly, this roster is reviewed and is varied to allow for specific activities requested by residents. This is displayed on the weekly planners.

Residents wishes are captured on feedback surveys, and in the resident's committees minutes.

Annual review is available to residents and on display at the main entrance for review by the public. An invitation was offered for feedback and consultation on the annual review by the DON to all residents and or their families earlier this year.

Information leaflets are being provided with the amended contract of care to each family/resident on:

- How to engage with the service
- Residents committees
- Care plans
- Activity planning requests
- Access to outdoor space
- Details of staff and ward

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contract of Care:

The Contract of Care document has been revised and is implemented. The Contract of Care is being updated for each resident to specify the circumstances of accommodation provided for residents as specified by the regulations. The residents and families are being asked to review and sign the updated Contract of Care for inclusion on the resident's file. It is predicted that this will be completed for current residents by November 2018. As new residents arrive, this new Contract of Care will be provided.

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

Storage:

Large rooms that can accommodate a large wardrobe or second single wardrobe have been provided with same.

All residents will be surveyed to identify residents who still have outstanding issues with regard to shortage of storage for personal items. The survey is due to be completed by end of October 2018 and each ward will action the survey outcomes.

Storage will continue to be provided in the allocated storage space unless it is the wish of the resident to store personal items on the window stills for example.

Locked storage is available to each resident. Administration office will manage personal

items e.g. finances, jewelry if desired.	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>New Build: Controlled Development Plan for the Centre is at advanced stage, funding allocated under the Capital Development Program, €18.9 million 75 bedded replacement facility to meet standards under Regulation 17 (2) Schedule 6. A Pre Planning event held on August 16th 2018, which announced details of planning application. A computerized 3-D walk-through is available to view. Building will be operational by end 2021 and will meet requirements for privacy and dignity and availability of single rooms. As Thomond ward is identified as the initial replacement block, residents should begin to transfer and commence occupancy in the new build by end 2019; transfers will be in line with compliance by 2021.</p> <p>Continuous review of environment and available space takes place while waiting new build. Thomond ward 3 bedded room has been reconfigured as a 'Men's Shed' areas for residents to relax, watch TV, meet with friends and family. It is decorated with local flags, pictures of outings. A second large mobile screen is on order to provide extra privacy for residents when enjoying this area.</p> <p>Reconfiguration of remaining 5 bedded male multi- occupancy room on Thomond ward to a 4 bedded room will take place by end Sept. 2018 as interim measure.</p> <p>Outside balcony areas are decorated with freshly planted flower pots, and residents are encouraged to sit outside, weather permitting.</p> <p>Enclosed garden area off Sarsfield Ward has been signposted for residents, family and friends to enjoy. Outdoor art décor has been fitted to fencing, appropriate outdoor seating has been purchased along with gazebo to provide sun screen for residents, weather permitting. Director of Nursing has engaged with local community network who plan to improve the residents garden at Sarsfield Ward. Their plan includes the painting of the fences, providing a concrete pathway for wheelchair access, planting and some landscaping.</p> <p>Activity centre and ward staff assist residents to go outside, weather permitting, walk around the grounds, assist wheelchair residents to enjoy outside environment. St. Camillus site is a large city center site with continuous traffic outside the boundary and local housing estates and coffee shops. Activity program incorporates outing to local amenities with a weekly robust programme based on the expression of interest from residents.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Segregated Staff Roles:</p>	

Management re commenced engagement with SIPTU in February 2018 in relation to new rosters which will facilitate specific roles for all grades, Nursing, Health Care Assistance, Housekeeping, Catering. This will eliminate crossover of duties i.e. Direct care and housekeeping by the same staff member which is recognized as non acceptable for infection control management. However, SIPTU disengaged at this point and would not negotiate with management any further. Following representation, SIPTU agreed to meet with senior management in September 2018, to scope out return to negotiations on the new roster. SIPTU insisted on a number of preconditions. Negotiations are due to recommence in November 2018, on completion of these conditions.

In the meantime, this is being managed by allocation on a daily basis of agency staff to a specific role. A training program is in place for all staff. Training will be role specific when role segregation has been completed.

Reconfiguration will take place to separate sluice areas on the Thomond ward
Timeframe: October 2018.

A review of storage of commodes and linen skips to an area outside of the toilet areas for residents will take place. Timeframe: October 2018.

A review of equipment and stock storage to an area outside of toilet facilities for residents will take place. Timeframe: October 2018. |

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Ward based fire drills are undertaken by each ward biannually. Feedback information is collated and actioned based on the individual ward circumstances.

This allows for reflection and the ability to learn from the training drill. |

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

New Build:

The Controlled Development Plan for the Centre is at advanced stage, funding allocated under the Capital Development Program, €18.9 million 75 bedded replacement facility to meet standards under Regulation 17 (2) Schedule 6.

A Pre Planning event was held on August 16th, 2018 which announced details of planning application. A computerized 3-D walk-through is available to view.

Building will be operational by end 2021 and will meet requirements for privacy and dignity and availability of single rooms.

As the Thomond Ward is identified as the initial replacement block, residents should begin to transfer and commence occupancy in the new build by end 2019; transfers will be in line with compliance by 2021.

Private space is provided where possible to accommodate privacy for consultation/visits where resident wish. Considerable effort has gone into improving the environment and infrastructure within the constraints of the buildings and age of same. A visitor's room with overnight accommodation and tea and coffee making facilities is available to all, with special emphasis on relatives of residents at end of life.

Other interim measures:

- Interim measures: A second privacy screen is on order and awaiting delivery.
- Interim measure: 5 bedded multi occupancy room will be reconfigured to 4 beds.
- Interim measure: 'Men Shed' area is available for meeting friends and socializing for residents.
- Interim measure: Information leaflets will accompany all contracts of care to inform residents and family about their ability to input into facilitating residents rights in the present environment.
- Interim measure: Staff are activity supporting residents to exercise choice with regards to where they eat their meals, where they spend their day, and how or with whom they interact.

Thomond ward multi occupancy rooms: residents and families are reminded of and signposted to private seating areas that are available within the ward and also in the nearby Activity centre, lobby, sitting room, ward alcove, garden area, family room in Shannon ward. Canteen opening hours are on display.

Every effort, at all times, is made to ensure that resident's privacy and dignity are maintained. Staff are guided by the policy on Code of Behaviour to demonstrate their respect for the dignity, modesty and privacy of the resident in the way they present themselves; the way they care for and communicate with residents. Personal care is provided with consent and in consultation with the residents as documented in their Person Centred Care Plan. |

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	Interim measures: 31 st October 2018. New Build: 1 st . stage 31 st December 2019 Final stage 31 st December 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	Orange	Garden improvements: 30 th November 2018. Final measure: 31 st . Dec. 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	Orange	Interim measure: Sept. End 2018 Final measure: completion of

				new build 31 st . Dec. 2021 Regulation 17.Schedule 6.
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	Red	31 st Dec. 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31 st October 2018.
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31 st December 2018.
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.	Not Compliant	Orange	Interim measures : 31 st January 2019 Final measures New Build 31 st . Dec. 2021
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	Substantially Compliant	Yellow	Final measures: 30 th November 2018

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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.	Not Compliant	Orange	Interim measures: 31 st October 2018 Remaining interim measures :31 st December 2018 Final measure: 31 st December 2021
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	Interim measure: 31 st October 2018. Final measure: 31 st December 2021