



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0039360

## About the designated centre

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

The MacBride Community Nursing Unit is registered to accommodate 29 residents who require long term care or short term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town.

The building is single storey and residents are accommodated in nineteen single and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents.

The philosophy of the centre according to the statement of purpose is to deliver the very highest quality of care and service in an organised and well managed environment where decisions are made in conjunction with residents and their carers.

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

Number of residents on the date of inspection:	16
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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 18 May 2023	10:15hrs to 17:15hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents were content with living in the designated centre. The inspector observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. Although some actions were required to bring the premises into compliance with the regulations, the centre's environment was homely and welcoming.

This was an unannounced inspection which was carried out over one day. The person in charge was not available in the centre on the day of the inspection. Following an opening meeting with the nurse in charge, the inspector was guided on a tour of the premises which gave them the opportunity to meet with residents and staff as they prepared for the day. The inspector observed that many residents were relaxing in the communal sitting room where activities were taking place. Other residents were observed spending time in their bedrooms and one resident was supported to attend an activity outside of the centre.

The Macbride Community Nursing unit provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is a purpose-built single storey building situated in Westport, Co Mayo. The designated centre is registered to provide care for a maximum of 29 residents. There were 16 residents living in the centre on the day of this inspection, many of whom expressed their great satisfaction with being able to continue to live in the community they were familiar with and had originally lived in. All residents spoken with were complimentary of the staff and the care they provided, one resident told the inspector that 'the kindness of the staff is extraordinary'.

Residents' accommodation was arranged in twin and single bedrooms. Although bedroom size met the minimum requirements of the regulations, the layout of some single rooms was such that residents who had a comfortable chair in their room would have had difficulty accessing their wardrobe without moving the chair first. Overhead hoists went some way to mitigate the lack of space as they removed the need for large hoists to be manoeuvred in these rooms. Bedrooms were clean and bright and most were personalised with the resident's ornaments, photographs and artwork. The inspector observed that most residents had 'memory boxes' containing photographs and items of significance, which were displayed in their bedrooms. The inspector observed a vase of colourful wild flowers in one resident's bedroom and the resident informed the inspector that a member of staff gathered fresh flowers to bring to their room each week. Although the majority of residents' told the inspector that they were happy with their bedrooms, one resident told the inspector that their bedroom was 'so small'. The resident told the inspector that they wanted a 'decent sized wardrobe' and space for a comfortable chair for their visitors to sit.

There were a variety of communal rooms available such as an oratory and a spacious sitting room and dining room. However, the inspector observed that the doors to the conservatory and a visitor's room were locked. These were communal rooms which

were designated for resident use, however residents could not access these rooms as they were being used to store large amounts of equipment and mixed clinical and household supplies. Furthermore, access to the residents sitting room was controlled with a keypad which meant that residents who did not have the access code could not enter the sitting room independently.

The inspector observed a well maintained, enclosed courtyard area which was purposefully decorated with brightly coloured flowers and ornaments, to encourage residents' interest. The day of the inspection was sunny and very warm, however the inspector did not observe any residents using the courtyard and the inspector found that the doors to the courtyard were locked. The inspector was informed by nursing staff that residents could not go out to the courtyard without calling upon of a member of staff to unlock the door first. The inspector was informed that this was a falls prevention measure, as one resident was at high risk of sustaining a fall. However, the inspector viewed records of falls risk assessments recorded by nursing staff which demonstrated that a number of residents were at low risk of falls and the restricted access to the outside areas was not required.

All bathrooms and toilets were of a good size and were accessible for residents. A large dining room provided adequate space for residents to enjoy their meals. All residents spoken with said that the food provided was 'very good.' Residents also confirmed that they could have their meals in their room if they wished and that they liked having this choice. One resident told the inspector that they liked a varied diet and could request meals that weren't on the menu. The inspector also viewed a published recipe book entitled 'A fistful of memories', created by the staff and residents of the centre. The book included traditional and unique recipe contributions and memories from residents of the centre. The inspector viewed photographs of a book launch event which took place in the centre and it was evident that the book was a source of great pride for residents and staff.

A staff member was assigned to the provision of activities for residents and a detailed activity plan was in place. This included one-to-one and small group activities. The inspector observed a music session in the communal sitting room before lunch time. Residents' were encouraged to partake in a sing-along and were provided with musical instruments to encourage participation. One resident told the inspector that they did not wish to participate as they preferred to watch the activities. The inspector spoke with a resident another who did not attend any group activities. The resident informed the inspector that staff supported them to visit the local library and on walks outside of the centre.

The inspector observed the staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and overall staff provided this support in a gentle and unhurried manner.

The corridors in the centre were long and wide and provided adequate space for walking. The inspector observed that walls were decorated with artwork which had

been created by the residents and their photographs were displayed underneath each painting.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

## Capacity and capability

Although there were significant improvements made in relation to the premises since the inspection of the centre in April 2022, the inspector found that the provider had failed to bring the centre into compliance with the care and welfare regulations by 31 December 2021 and as such were in breach of their condition of registration.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The Health Service Executive (HSE) is the registered provider for The Macbride Community nursing unit. The designated centre is registered to provide accommodation to up to 29 residents in single and shared bedrooms. A member of senior management represented the provider entity. The person in charge was supported in their role by a clinical nurse manager. The person in charge also oversaw the work of a team of nurses, health care assistants, administration, maintenance, domestic and catering staff. The person in charge was not available on the day of the inspection.

At the time of this inspection, the inspector found that the clinical management structure in place did not correspond with the information outlined in the centre's Statement of Purpose (SOP). The SOP documented that the clinical nurse manager worked 0.5 WTE hours in the centre, however a review of actual and planned rosters indicated the clinical supervision hours were 13. Furthermore, the SOP stated that the clinical nurse manager deputises in the absence of the person in charge, however the inspector found that there were only 13 clinical management hours per week available to deputise for the person in charge in their absence. As such there were no management staff available in the centre on the day to facilitate this inspection.

A record of visits to the centre by the senior management team was maintained and it indicated that the most recent visit to the centre took place in October 2022. However, as there were no management meeting minutes available, the inspector was not assured that key issues impacting on the quality and safety of care and services for residents were discussed with the senior management team. There was a programme of auditing in clinical care. Audits assessed compliance with key clinical areas such as medication management and falls. Some of the audits reviewed did not set out the actions that were required to bring about

improvements in compliance and did not follow up whether or not improvements had been achieved. For example, an audit of residents nutritional supplement use completed in March 2023 recorded that there was no dietitian service available, however the audit did not set out a time-bound plan to address this service deficit.

The inspector found that there were a number of long term vacancies within the staff team. Records viewed by the inspector showed that staff nurse vacancies were covered by agency staff where possible. In the absence of agency staff additional hours were covered by the nursing team. This resource was not sustainable and did not ensure that all tasks were carried out in a timely manner, including care plan reviews. As a result a number of resident's care plans were not up to date and did not provide the information that staff needed to provide safe and appropriate care.

While staff were supported and facilitated to attend mandatory and professional development training to ensure they had the necessary skills to meet residents' needs, the inspector found that not all staff had access to appropriate training and supports to develop their skills and competencies with managing residents' responsive behaviours.

Residents views on the quality of the service provided was accessed through resident meetings. Agenda items included visiting arrangements, activities, food and nutrition. An annual review of the service had been completed for 2022.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under regulation 31, Notification of incidents.

A directory of residents was maintained which contained all of the information as required under Schedule 3 of the regulations.

## Regulation 15: Staffing

There were a number of vacancies and long-term absences which were impacting on the centre's staffing compliment. For example, 50% of nursing staff rostered to provide care to resident were unavailable at the time of the inspection due to long term absences. On the day of the inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the 16 residents accommodated in the centre, however the inspector were not assured that the current staffing resource was sustainable on a long term basis. This is addressed under Regulation 23.

Judgment: Compliant



## Regulation 16: Training and staff development

The supervisory clinical management hours were reduced from full time to 13 hours prior to the previous inspection and although the provider had a recruitment strategy in place, there was no clear plan in place to replace these hours. As a result, staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Nursing staff were implementing an overly restrictive practice of locking the courtyard doors which infringed on the rights of residents living in the centre.
- Residents' care planning and records were not adequately completed to inform their care and support needs.
- Resident communal rooms were locked and cluttered with boxes of personal protective equipment (PPE) and clinical equipment that needed to put away in the correct storage areas.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A review of the designated centre's directory of residents confirmed that it contained all the required information set out under Regulation 19.

Judgment: Compliant

## Regulation 23: Governance and management

The management structure that was in place at the time of the inspection did not reflect the management structure set out in the provider's statement of purpose and did not clearly set out roles and responsibilities for all areas of care provision. This was evidenced by:

- The deputising arrangements in place while the person in charge was on leave were not robust as the clinical nurse manager was rostered to work 13 hours per week. On the remaining five days of the week the nurse in charge in the designated centre was the most senior person in the centre deputising for the person in charge in addition to their responsibility for providing nursing care for all of the residents accommodated in the centre. No additional support was provided for the nurse in charge on the days that they were the person in charge of the centre.

The current staffing resource was not adequate for 29 residents in line with the

centre's conditions of registration and statement of purpose. The current staff vacancies in key areas such as nursing and the general operative was overly reliant on the use of agency staff or staff relocated from other designated centres. This is a repeated finding.

The provider had failed to ensure that the clinical management resources were available as set out in the centre's statement of purpose. This was impacting on staff supervision as detailed under Regulation 16: Training and Development

The inspector found that risks in relation to fire safety were not addressed and effectively mitigated. This was evidenced by repeated findings as detailed under Regulation 28.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose had not been updated since 2021 and required revision to reflect the centre's current conditions of registration, reduction in clinical management hours and changes to the senior management team.

The statement of purpose did not detail or include a description of the following rooms in the designated centre;

- Dining room
- Day room
- Conservatory

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector found that the the Chief Inspector was not notified of the occurrence of the following events as required by the regulations;

- The use of environmental restraint, such as restricted access to the enclosed courtyard.

Judgment: Substantially compliant

### Quality and safety

Overall, residents were well cared for, comfortable and their nursing and health care and social needs were met. Residents' were generally satisfied with their care and supports and spoke highly of the staff who cared for them. However, while there was evidence that residents rights were respected, improvements were required to ensure that residents could access all communal areas and the safe outdoor area at will.

While, documentation regarding residents' care procedures required improvement, the inspector found that staff ensured residents' health and nursing care needs were met to a good standard. Actions were found to be necessary to ensure residents' assessment and care documentation comprehensively informed staff regarding the care and supports they must complete for residents to meet their needs. Each resident had an assessment of their needs carried out. While a number of validated nursing tools were used to assess residents' care needs, the inspector found inconsistencies regarding completion of residents' assessments and care planning documentation. For example, a number of residents experienced 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). Although, these residents were well supported, their care planning documentation required improvement to ensure that specific behavioural triggers and de-escalation techniques were effectively communicated among the staff team. This was particularly relevant because of the high numbers of agency staff working in the centre some of whom may not be familiar with the residents.

There was evidence that the health care needs of residents were regularly reviewed and that residents had access to social and health care services in order to maintain their health and well being. Residents had access to a general practitioner (GP) of their choice and were supported by a team of allied health care professionals including physiotherapy. Residents had access to health screening programmes and a full range of health services in the community including dental and optical services. There was also evidence of access to Psychiatry of Later life service and gerontology specialist services.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed. However, The inspector found that further action was required to ensure that the centre was in compliance with Regulation 28: Fire Precautions. For example, a review of fire drills did not offer assurances that all residents could be evacuated in a timely manner in the event of an emergency. This is a repeated finding.

There was a restrictive practice registered in place and while staff demonstrated commitment to minimal restraint use, not all practices and procedures were in line with national restraint policy guidelines.

The provider had made some improvements to the centre since the previous inspection, including extensive repairs to the roof and internal ceilings in a number of areas. A maintenance programme was ongoing but further improvement was

required to ensure that the premises was brought into compliance with Regulation 17: Premises. Furthermore, there was not adequate storage space available in the designated centre for equipment and supplies and the inspector saw that a number of residents' communal rooms were functioning as additional store rooms.

The designated centre was free of COVID-19 infection at the time of this inspection. Infection prevention and control measures were in place and monitored by the person in charge. Good practices were observed in relation the monitoring of infections and antibiotic usage. Furthermore, the inspector observed that the provider had installed a hand-washing sink in the house-keeping room since the previous inspection. Notwithstanding good practices in place, the inspector found that further actions were necessary to ensure residents were protected from risk of infection and these findings are discussed under Regulation 27; Infection Prevention and Control.

Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre. Residents' meetings were convened to ensure residents had an opportunity to express their concerns or wishes. Minutes of residents meetings indicated that residents were consulted about the quality of activities and the quality and safety of the service, the quality of the food, laundry services and the staffing. Residents had access to television, radio, newspapers and books, however there was no access to functioning wifi at the time of this inspection.

Residents' wishes in relation to their preferred religious practices were recorded and respected. A local priest attended the centre on a weekly basis to celebrate Mass. Other religious and pastoral services could also be made available if required. Residents were also supported to attend the oratory within the centre.

The registered provider had ensured that visiting arrangements were in place in line with the current Health Protection Surveillance Centre (HPSC) guidance and public health advice.

## Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

## Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the

requirements of Schedule 6 of the regulations , for example ;

There was there was a lack of suitable storage space in the designated centre and the inspector observed the following;

- The storage of personal protective equipment and oxygen concentrators in a conservatory designated for resident use. This room was locked and inaccessible to residents.
- The storage of personal protective equipment training equipment and activities supplies in a room designated as a visitors room. This rooms was locked and inaccessible to residents and their visitors.
- The storage of a photocopier and office storage cabinets in a residents sitting room. Access to this room was controlled with a keypad lock which meant that residents did not have access to one of their sitting rooms.
- Although the single bedrooms met the minimum size requirements some residents did not have sufficient space around their bed for a comfortable chair in which they could sit out.

A number of maintenance issues required action to ensure appropriate standards were in place for example:

- The floor covering was not sealed in several areas including a storage room and laundry room.
- The ceiling of the house-keeping room showed signs of water damage.
- Cracked wall tiles in the sluice room required replacement.
- Part of the concrete surface at the emergency exit door leading to the external waste area was cracked. This was a hazard to any persons accessing this area as there was a risk of trips and falls.
- The wall surface in the equipment storeroom was damaged and in need of repair.
- A metal plate covering a door release fixture was missing from a fire door in the residents sitting room.
- The equipment store contained some resident equipment with signage indicating that some chairs had been broken since December 2022.

Judgment: Substantially compliant

## Regulation 27: Infection control

There were some good practices identified in relation to infection control at the centre, however further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- Many items of equipment and boxes were seen stored on floors in the

communal rooms which is inappropriate and unsafe as it prevents thorough cleaning of the floor beneath the boxes and the items in the boxes may become contaminated.

- Storage was not segregated into separate storerooms and residents' equipment was stored with clean and clinical supplies which increased risk of cross contamination.
- There were not sufficient clinical hand washbasins outside of the resident's bedrooms.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The oversight of arrangements that were in place to test fire equipment were not robust. For example;

- At the time of inspection, weekly checks of fire doors were taking place. However the weekly check of the fire doors in the centre was confirmed with a tick. This did not give assurances that a comprehensive check was completed on the operation and condition of each individual fire door. Furthermore, the inspector found there were gaps in the local fire safety equipment checking records. This posed a risk that identification of deficits with this safety equipment would be not be timely.
- Although the lint collector in the dryer was empty on the day of inspection, the daily records were completed for the 9th, 15th and 18th of May. This did not assure the inspector that the checking process was completed effectively each day to reduce the risk of fire.
- A room used to store resident paper medical records did not have fire detection, this meant that staff would not be alerted to a fire in this room.
- The floor plan showing the location of the fire compartments within each zone of the building were not available at the fire alarm panel for staff to use in the event of a fire emergency. This is a repeated finding.
- A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's largest compartments with the lowest staffing levels, to ensure that residents could be safely evacuated with these staffing levels. This a repeated finding. The provider was requested to complete additional drills to provide the necessary assurances regarding the simulated evacuation of residents.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following:

- A behaviour support care plan developed to inform one resident's support needs did not reference the most effective de-escalation strategies that were being implemented by staff. Therefore, there was a risk that this pertinent information would not be communicated to all staff caring for this resident. Furthermore, a care plan had not been developed to guide staff on the management of one residents behaviour support needs which posed a risk to their safety and well being.
- Recommendations from a speech and language therapist had not been updated in one residents' care plan, therefore there was a risk that changes in dietary recommendations would not be effectively communicated and implemented.
- A social care plan for one resident described a therapeutic intervention to be implemented. However, the inspector found that this therapy was no longer in use and the care plan had not been updated to reflect those changes.
- Care plans for a resident who had been admitted to hospital in on two occasions since March 2023, had not been reviewed following the residents' readmission to the centre.
- Wound assessments which were to be recorded weekly for one resident were not being done at weekly intervals. Furthermore, at the time of the inspection, a wound assessment had not been documented since 19 April.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Training records provided after the inspection showed that a number of staff had not attended training in the management of responsive behaviours, to ensure they had the skills and knowledge they needed to provide and support and care for residents with known responsive behaviours.

Restrictions placed on residents access in the centre did not reflect national guidance and the restrictive practice register in place did not account for all residents living in the centre who had restrictive practices in place. For example;

- Access to the enclosed courtyard was restricted with use of key locked doors. This arrangement placed restrictions on residents' freedom of movement and their choice to access the outside space without the support of staff to open the door for them

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The previous inspection had found that those residents accommodated in bedrooms towards the rear of the building did not have access to a wi-fi signal. Although the provider had made provision for a portable modem to be used throughout the centre, this device was not working on the day of inspection and residents had no access to wifi in communal areas or in their bedrooms.

A record of social activities each resident attended was available. However, the record did not detail each residents' individual participation or level of engagement. As a result, the inspector was not assured that the social activities provided were meaningful for each resident and that their interests and capability needs were being met.

Judgment: Substantially compliant





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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0039360

Date of inspection: 18/05/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The courtyard doors should not have been locked, staff are aware of this. The courtyard doors are unlocked and staff have been notified of this again.</li> <li>• Registered nurses are given protected time to update residents care plans</li> <li>• Regular Audits of care plans will take place and any findings will be fed back to staff in written format and action plan put in place to address any deficiencies</li> <li>• The Director of Nursing and the Manager for older people’s services are to meet to discuss the storage of equipment and clinical supplies within the unit.</li> <li>• Recruitment will be contacted to re-advertise the 24.5 hrs CNM2 position</li> <li>• A Senior Staff nurse will be released at least one day per week as staffing allows to assist the DON in supervision of the unit</li> </ul>	
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>the compliance plan response from the registered provider does not adequately ensure the chief inspector that the action will result in compliance with the regulations.</p> <p>The current staffing resource is adequate for up to 16 residents this is based on 0.85wte per bed for direct care with a 40% Nursing to HCA ratio. No admissions will take place unless there is adequate staff to meet the above ratio</p> <p>The CNM2 is the PIC in the absence of the DON and a senior registered nurse is</p>	

nominated as the PIC in the absence of the CNM2.

- A Senior Staff nurse will be released at least one day per week as staffing allows to assist the DON in supervision of the unit
- Monitoring of Incidents and complaints will continue to be monitored to ensure that there are no issues with staff supervision

The agency staff have been working in the unit regularly and are part of the team. There are currently rolling campaigns for both Nursing and Support staff in CHW

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 The SOP was updated in June 2022 and has been updated in June 2023. The updated organizational chart has been disseminated this week and has now therefore been added.  
 Descriptions have been added for the dining room, dayroom and conservatory.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  
 Access to the courtyard is not restricted.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 A meeting has been requested with the manager for older people to discuss storage in the unit.  
 A list of maintenance issues was sent to the maintenance department for urgent attention.  
 The chair awaiting repair was assessed and has now been discarded.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A meeting has been requested with the manager for older people to discuss storage in the unit.</p> <p>A clinical hand wash sink has since been added in the dayroom and a further hand washing sink has been requested.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: the compliance plan response from the registered provider does not adequately ensure the chief inspector that the action will result in compliance with the regulations.</p> <p>The maintenance team check the fire doors weekly and record the check in the HSE fire regulation record book. An External contractor has been appointed to service/make remedial repairs on all Fire Doors work is due to commence in October 2023</p> <p>Staff have been reminded to sign the sheet to confirm that the lint tray was empty, The PIC will audit weekly for the next four weeks to ensure this is happening</p> <p>The absence of a smoke detector has been raised with the fire officer and maintenance and the service contractor will be asked to put in a smoke detector in this room</p> <p>The floor plans have been moved next to the fire panels.</p> <p>3 simulated fire evacuation drills were carried out on 210623 using the largest compartment and using night staffing levels. 3 further fire evacuation drills were carried out on the 27th June.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
the compliance plan response from the registered provider does not adequately ensure the chief inspector that the action will result in compliance with the regulations.

All care plans have been reviewed and updated.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
A provider has been contacted to provide training in responsive behaviour.

Access to the courtyards is not restricted.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The modem had been reported and has since been replaced.  
The Activities provided will be discussed at the next Residents meeting and feedback from this will shape the programme going forward. The record includes the residents level of engagement in the activity.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2023
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.	Substantially Compliant	Yellow	30/11/2023
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.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(a)	The registered	Not Compliant	Orange	30/09/2023



	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/09/2023
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	30/09/2023
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	Substantially Compliant	Yellow	30/11/2023

	Authority are implemented by staff.			
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	Orange	30/11/2023
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	30/11/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	30/11/2023

	extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/09/2023
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	30/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/06/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set	Substantially Compliant	Yellow	30/06/2023

	out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	30/06/2023

	activities in accordance with their interests and capacities.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/06/2023