



**Health
Information
and Quality
Authority**

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:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Unannounced
Date of inspection:	23 September 2022
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0036385

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered to accommodate 30 male and female residents. The centre is located in Achill Sound and overlooks the coastline. It is close to the church and local amenities including hotels, shopping facilities and the library. Care is provided to persons aged 18 years and over who require long-term care or periods of respite care. Residents with dementia care needs and end-of-life care needs are accommodated. The environment is homely, comfortable and well maintained. A safe, well-cultivated courtyard garden is available for residents and this is accessible from several points of the building. Nursing and care staff are available 24 hours per day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Friday 23 September 2022	09:00hrs to 17:30hrs	Leanne Crowe	Lead
Friday 23 September 2022	09:00hrs to 16:55hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were content with living in the designated centre. The inspectors observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. While residents spoken with expressed satisfaction with the service, the inspectors found non-compliances in relation to areas such as premises, activities and health care provision.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks and checking for symptoms of COVID-19.

St Fionnan's 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 Achill Sound, Co Mayo. Residents' accommodation was arranged in twin and single bedrooms. There were a variety of communal rooms available such as an oratory, sitting room, dining room and conservatory. Inspectors observed a well maintained, enclosed courtyard. This area contained shrubs and flowers and sufficient seating to support residents' comfort. The doors to the courtyard were open and access was unrestricted.

The inspectors saw that some bedrooms were personalised, with items such as family pictures and soft furnishings. Residents told the inspectors that they were happy with their rooms and they found they were comfortable and 'so clean'. The registered provider had reduced a triple bedroom to a twin room, however, inspectors observed that the layout of this room had not yet been reconfigured to optimise the space for two residents. On the day of the inspection a third, unmade bed remained in the room which meant that there was no additional space given over to the two residents occupying the room and as such inspectors found that the personal bed space available for the residents did not meet the regulatory requirements. Bedrooms had overhead hoists in place to enable safe moving and handling practices.

Whilst residents had accessible ensuite facilities in their bedrooms there was no accessible toilet close to the residents' communal area. Two toilets are located near the day room, but one of these had been designated as a staff/visitor toilet and not for resident use due to its size and accessibility. The size and layout of the remaining toilet available to residents was not suitable as it was not easily accessible for residents who required assistive equipment. As a result residents had to return to their bedrooms if they needed to go to the toilet, and some bedrooms were at a distance of up to 40 metres from the communal area. This had been identified during previous inspections and had not been addressed by the provider. While one other accessible toilet was located in the centre, inspectors noted that this toilet had also been designated for visitors' use since the previous inspection. This was

confirmed by staff who spoke with inspectors on the day. This further decreased the options available to residents.

The corridors in the centre were long and wide and provided adequate space for walking. Inspectors observed that walls were decorated with artwork. Inspectors were informed that a local photographer had visited the centre and captured portraits of individual residents which were displayed throughout the centre.

Some residents expressed their great satisfaction with being able to continue to live in the community they were familiar with and had originally lived in. Residents were seen to receive visitors throughout the day and those who spoke with the inspectors were satisfied with the arrangements that were in place. All residents spoken with were complimentary of the staff and the care they provided, one resident told inspectors that 'everyone is so kind.'

Inspectors observed a resident meal service. Meals appeared well presented and there was choice available. Inspectors observed that one or more staff remained with residents at all times and there was enough staff to assist residents during mealtimes.

Staff demonstrated co-operation and a prompt response to call bells in order ensure that residents' needs were met.

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

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. Inspectors found that the management and oversight of the service was not sufficiently robust, resulting in ongoing non-compliance in relation to premises, fire safety and governance and management, as well as an overall decrease in compliance since the previous inspection.

The Health Service Executive (HSE) is the registered provider for St Fionnan's Community Nursing Unit. At the time of the inspection, the centre was registered to provide accommodation to up to 30 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 this person, as well as a person participating in management (PPIM). In the designated centre, the person in charge oversaw the work of a team of nurses, health care assistants, administration, maintenance, domestic and catering staff.

A restrictive condition had been placed on the centre's registration by the Chief

Inspector in 2020 which required the registered provider to complete the following works by 31 December 2021:

- to increase the capacity in the dining room
- to ensure that the toilets that are in proximity to the day room can be accessed by all residents.

At the time of this inspection, no works had been completed in relation to the above requirements and no plan for these works was made available to the inspectors on the day of the inspection. Therefore the provider was found to be in breach of this condition on their registration. Additionally, despite a visitors' toilet being available near the dining room, inspectors identified that one of the two accessible toilets in the centre had been designated as a second visitors' toilet since the previous inspection, further restricting the communal sanitary facilities available to residents. This meant that the majority of residents had to return to their rooms if they required to use the toilet, regardless of where their bedrooms were located in the building.

A vacancy within the management structure had adversely impacted the governance of the service. A full time clinical nurse manager post had recently been filled, with the person appointed due to start in the weeks following the inspection. However, this post had been vacant for the majority of a 12 month period prior to the inspection, despite the provider endeavouring to fill this role during that time. Inspectors found that this had impacted on the person in charge's ability to execute their role and responsibilities, including monitoring of the service. For example, a weekly clinical review completed by the person in charge was not maintained in their absence. This is discussed under Regulation 23, governance and management. Additionally, a significant number of staff vacancies and long term absences resulted in a reliance on the ongoing use of agency staff, which did not ensure continuity of care for the residents.

Regulation 15: Staffing

There were a number of vacancies and long-term absences which were impacting on the centre's staffing complement. For example, of the 28 (whole time equivalents) WTE of management, nursing and health care staff that were allocated to the centre, over 38% of these were unavailable at the time of the inspection due to vacancies or 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 22 residents accommodated in the centre, however, inspectors were not assured that the current staffing resource was sustainable on a long term basis. Inspectors' review of the duty rosters indicated that on some days, staff weren't being rostered in line with the designated staffing complement for the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors reviewed the staff training records in the designated centre and additional records that were submitted following the inspection. The records showed that some staff required refresher training as follows:

- Six staff required refresher training in moving and handling practices
- Two staff required refresher training in fire safety
- Seven staff required refresher training in safeguarding the residents from abuse. This action is repeated from the previous inspection
- Fourteen staff had not completed refresher training in infection prevention and control.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place were not effective and did not ensure that the service provided to residents was safe, appropriate and consistent. This was evidenced by:

- The registered provider was found to be in breach of a condition of their current registration, as they had failed to carry out the required improvement works in relation to dining facilities and communal toilet facilities
- On the day of the inspection, copies of audits provided to inspectors did not demonstrate that audits had been completed since the previous inspection, with the exception of two audits of infection prevention and control in October 2021 and July 2022, and medication management in October 2021. Of the audits that had been completed, some did not have action plans developed in order to address the issues identified. As a result these findings had not been used to implement the improvement actions that were needed
- Risks were not effectively managed in the centre. The provider failed to address the risks associated with a large number of faults to the centres emergency lighting system, this is discussed further under regulation 28, fire precautions. Additionally, inspectors found that the temperature of some radiators in communal areas and corridors were higher than recommended levels. There was no evidence that this had been identified as a risk to residents and again, no measures were put in place to mitigate this risk
- The annual review for the quality and safety of care had been completed for 2021
- The oversight of risk in key areas of fire safety, infection prevention and

control and training and development was not robust.

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. These arrangements consisted of the nurse on duty being designated as the person in charge, but maintaining responsibility for the nursing care needs of all of the residents accommodated in the centre. No additional support was provided while the person in charge was on leave, therefore the deputising staff member could not fulfil the role of person in charge. For example, a daily overview of the clinical needs of residents had not been updated for the 13 days prior to the inspection
- The provider had failed to ensure that sufficient staffing resources were available on the clinical management team to ensure robust oversight of care practices, in line with the statement of purpose. There was no clinical nurse manager employed in the centre at the time of the inspection, assurances were given following this inspection that this vacancy has been filled.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care and found that they contained the information required by the regulations. All of the contracts reviewed had been signed by a resident and/or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a Statement of Purpose in place which included the information set out in Schedule 1 of the regulations. However this document had not been updated to reflect the current management structure or the whole time equivalent (WTE) of staff within the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

- The use of restrictive practices within the centre, such as bedrails, chemical restraint and environmental restraint.
- A suspicion or allegation of abuse. This information was submitted by the person in charge following this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place, that was in line with regulatory requirements. While a record of complaints was available for review, these records indicated that no complaints had been raised in 2022. From a review of other records relating to resident's care and incidents and accidents, inspectors identified two expressions of dissatisfaction by resident and staff that had not been recorded in line with the complaints policy.

Judgment: Substantially compliant

Quality and safety

The inspectors met with many of the residents and a small number of residents' visitors during the inspection. Overall feedback from residents and their visitors was positive regarding the residents' quality of life . Inspectors saw that residents were attended to by staff who were caring and considerate of their needs. However, inspectors found that there was not sufficient opportunities for all residents who wished to do so to participate in activities in accordance with their interests and abilities. This is discussed further under regulation 9, Residents' Rights.

Residents' medical needs were met through timely access to their general practitioner (GP) . However, inspectors were concerned that limited access to some allied health professional services was resulting in poor outcomes for some residents. For example, residents who required Occupational Therapy and Dietetic review could not obtain these services in a timely manner. This is discussed further under Regulation 6, Health Care.

The inspectors reviewed a sample of residents files and there was evidence that the resident's needs were being assessed using validated tools. Assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. Care plans were informed using these assessments. However, some of the care plans

reviewed by the inspectors did not include sufficient up to date information in relation to the resident's current needs. As a result these care plans did not provide staff with the knowledge they needed to give safe and appropriate care. This is discussed further under Regulation 5, Assessment and Care planning.

Inspectors observed that some residents expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort). Appropriate assessments and care plans were in place to promote positive supports for residents with responsive behaviours.

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 and checks to ensure that equipment was accessible and functioning. However, the registered provider had failed to take action to ensure that repairs were carried out to a significant number of faults which were identified in the emergency lighting system. This did not ensure resident safety in the event of a fire emergency in the centre. This is discussed further under Regulation 23, Governance and Management.

Staff responsible for housekeeping were knowledgeable regarding cleaning and decontamination procedures. There were sufficient supplies of personal protective equipment (PPE) and wall mounted hand sanitizers located at entry and exit points along the corridors. There was an Infection Control Policy and Procedure in place to guide staff. However, a number of staff were observed not wearing PPE correctly during the inspection. This is discussed further under Regulation 27, Infection Prevention and Control.

Residents had access to television, radio and local and national newspapers. Information regarding advocacy services was displayed in the centre and this service was available to residents if needed. Records of resident meetings were unavailable to view on the day of inspection, however inspectors received verbal assurances from the person in charge following this inspection that resident meetings were being facilitated regularly.

Visiting was facilitated for residents in line with public health guidelines. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Regulation 11: Visits

Visiting within the centre was being facilitated and inspectors saw a number of residents receiving visitors in their bedrooms or in communal rooms.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not taken appropriate action to ensure compliance with Regulation 17. This was evidenced by;

- The registered provider had failed to carry out works in relation to communal sanitary facilities, there was only one toilet available to the residents adjacent to the communal living areas. This toilet was not easily accessible to residents who required assistive equipment.
- A residents' bathroom was being used as a storage room for equipment and supplies and was not accessible to residents due to the amount of equipment being stored in this room.
- The paint on the surfaces of some grab rails was worn and chipped and did not support effective cleaning.
- Skirting boards and some wall surfaces were damaged around the corridor doors leading to the nurses' station
- Paintwork was chipped and damaged on wall surfaces in some resident bedrooms.

Judgment: Not compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- There was evidence that staff were working between cleaning, catering or laundry duties within the same shift. This was not an appropriate allocation of duties as it posed a risk of cross contamination within the centre
- Residents' toiletries were being stored in a communal bathroom which posed a risk of cross contamination
- Open-but-unused portions of wound dressings were observed in the centre's treatment room. Reuse of 'single-use only' dressings is not recommended due to risk of contamination
- There was no clinical hand wash sink available in the house-keeping room
- Some clinical hand wash sinks did not comply with current recommended specifications for clinical hand hygiene sinks
- Prepared cleaning chemicals were not labelled and dated to ensure the recommended shelf life did not expire
- Inspectors observed that some staff were not wearing face masks correctly
- Equipment and boxes were seen stored on the floor of the treatment room, meeting room and some storage rooms, this meant the floor surfaces could not be adequately cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some actions had been addressed in relation to fire safety management. However, the following actions are repeated at this inspection:

- Some staff required refresher training in relation to fire safety
- Some staff who spoke with inspectors were unable to articulate what to do in the event of a fire.

Additionally, inspectors were not assured that the provider had made adequate arrangements for the maintenance of fire equipment, particularly in relation to the emergency lighting system. Faults in relation to approximately 20 emergency lighting fittings had been identified by maintenance staff in the centre since 25 July 2022. This had been escalated to senior management for review, however the emergency lights had not been repaired or replaced at the time of the inspection and no additional measures had been put in place to mitigate the risk this would pose in the event of a fire emergency.

Judgment: Substantially 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 nutritional assessment for a resident who was losing weight failed to identify that the resident was at risk of malnutrition, this had a poor outcome for resident who was not referred to a dietitian as a result
- A wound care plan had not been updated to include changes to wound dressing frequency and the most recent advice from a tissue viability nurse specialist
- A skin integrity care plan had not been updated for a resident with a wound and contained information which contradicted the care interventions detailed in the residents care wound plan.
- A number of resident care plans were not formally reviewed at four monthly intervals, as required under the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were not assured that residents had access to additional professional expertise where required or that evidenced-based care was consistently provided to residents in line with allied health care recommendations. For example:

- A resident who had developed a pressure area was required to wait two months for a seating assessment due to limited access to Occupational Therapy services
- Inspectors found that recommendations made by a speech and language therapist regarding food consistency were not integrated into a resident's plan. Staff spoken to were unaware of the recommendation and the food which the resident was being offered was not in line with the instructions given by the speech and language therapist.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices were monitored appropriately. Residents who expressed responsive behaviours were well supported by staff.

Judgment: Compliant

Regulation 8: Protection

While there were safeguarding systems in place, a review of an incident report did not provide assurances that appropriate measures had been implemented to safeguard residents. This was raised with the person in charge following the inspection.

Some staff required refresher training in relation to safeguarding.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured that there were sufficient activities available to

residents, in line with their interests and capacities:

- A staff member was assigned each day to the centre's sitting room to supervise residents and facilitate activities. Staff who spoke with inspectors explained that the staffing allocation meant that they prioritised the provision of personal care, drinks and snacks before lunch time, and did not have sufficient time to carry out activities with residents until the afternoon. Inspectors observed this to be the case on the day of the inspection, as meaningful activities didn't take place until after residents returned from their main meal
- Residents were not provided with opportunities for outings, unless family members or friends arranged this on an individual basis. Staff who spoke with inspectors could not provide a clear rationale for this, but stated that this was to generally minimise the risk of residents contracting COVID-19. This was not in line with current national guidance. Staff also highlighted that prior to the COVID-19 pandemic, the centre maintained links with a local school and the community, and regularly arranged activities with external service providers.

Some practices did not ensure that residents' dignity and choice was always respected:

- Some residents were given drinks in paper, disposable cups throughout the day of the inspection. Additionally, all residents were provided with paper clothes protectors at mealtimes. No clear rationale was provided regarding the use of these items
- Residents in shared bedrooms did not always have access to their own television which meant that could not choose what they wanted to watch if the other resident was using the television
- Residents who required assistive equipment could not easily access a toilet near the communal rooms. Some bedrooms were a distance of 40 metres away from the communal rooms and residents were required to wait for assistance from staff in order to mobilise to their bedrooms each time they wished to use a toilet. This practice did not enhance resident independence and it did not ensure resident dignity could be always be maintained.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0036385

Date of inspection: 23/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A Clinical Nurse Manager 2 has been appointed with a start date of 12/12/2022. • Actively recruiting to fill Nurse Vacancies through International Recruitment (Interviews were held in Sept 2022) and a Bespoke Campaign, interviews were held on 1st Nov 2022 from which a panel has been formed. Successful applicants are now being processed. • Vacant HCA positions are been processed. • Continue to use Agency to fill long term sick leave, other leave • New posts have been recreated as part of CHW Recruitment Plan. It is envisaged that these new posts will replace the use of Agency in the future. • Bed numbers will only increase when there are sufficient Permanent Staff available. 	
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"> • Manual Handling training booked 30/11/22. • Fire Training completed on 30/11/22. 	

- Safeguarding Training on HSELAND assured by staff that it will be completed on 30/11/2022.
- IPC training arranged onsite for 10 /11/22, and on HSELAND all staff will have completed by 30/11/22.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Provider is in compliance with Regulation 17 Schedule 6 part 3 sanitary facilities as there is sufficient numbers of accessible toilets to meet the dependencies of the residents within the Designated Centre.
- Maintenance will review the dining room facility with a view to removing the conservatory window and other works required such as flooring, painting etc. by the end of December 2022. In the interim the Conservatory is an accessible space that can be utilised by residents should they wish to use it.
- Deputizing arrangements a Clinical Nurse Manager 2 has been appointed and is due to commence on the 12/12/22. Please note that it is part of the Nurses role and responsibility to assume responsibility for and coordinate the Management of the unit in the absence of the PIC.
- All audits for 2022 will be up to date by 31/12/22.
- Confirmation obtained from Fire Prevention Officer in the HSE and submitted on the 17/10/22, is that the existing lights are in working order, an issue with the units are lack of support on the product, the lights themselves however are working as a standalone Emergency light.
- All radiators have a thermostatic valve and can be adjusted manually at radiator. The heating system is centrally controlled by the Building Management System, pre-determined set points restrict Radiators from getting too hot
- All risks are up to date.
- SOP has been amended to reflect current Management structure 17/10/22
- Actively recruiting Nursing Staff through International Recruitment and bespoke campaign. EOI has been sent out to the bespoke panel.

- Vacant HCA positions in process from existing HCA panel.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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:
 Statement of Purpose was amended and submitted on 17/10/2022

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:

- Environmental Restraint - main door is now open
- Chemical Restraint – After a review of all medication charts, all medication prescribed for residents are to treat an identified medical condition, which does not constitute as a restraint according to Health Information and Quality Authority – Guidance for Designated Centres, Restraint Procedures (2016) PRN psychotropic medication have been prescribed, but have not been administered. Notification to HIQA under Regulation 31 will be sent if these medications are administered.
- Bedrails – All residents that have bedrails in use have been made aware of the potential risks that bedrails may pose so that they can make an informed choice and decision. Documented in residents care plan, restraint/enabler register maintained, risk assessed and alternatives reviewed regularly which provides the opportunity to eliminate or reduce same.
- Going forward any occurrence of any form of Restraint will be notified to HIQA.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • All staff will complete the HSE Effective Complaints Handling on HSELand by 31/12/22. • All complaints will be logged in the Complaints Register and entered onto the Complaints Management Database via NIMS with immediate effect. • A request for Complaints training for all staff has been submitted to the Consumer Affairs Area Officer 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Replacement of all grab rails that are damaged will be finished by 31st January 2023 • A tender process to repaint the whole building will be completed by the end of December 2022. • The Parker bathroom has been cleared out and is now accessible to residents • The Provider is in compliance with Regulation 17 Schedule 6 part 3 sanitary facilities as there is sufficient numbers of accessible toilets to meet the dependencies of the residents within the Designated Centre. There are 21 bedrooms with ensuite facilities and 2 communal accessible toilets.' <p>The third toilet has been reassigned and is accessible to residents.</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • There will be no staff crossover on the roster between departments in the same shift 	

effective immediately. If in the event of an emergency that there is cross over IPC guidelines will be adhered too.

- Residents toiletries are now stored in their individual bathrooms.
- All opened unused dressings have been discarded.
- All prepared cleaning chemicals are labelled and dated
- All boxes stored on the floor have been removed
- Maintenance will review the all clinical hand hygiene sinks in the unit with a view to submitting a replacement plan by the end of December 2022.
- Training on the correct mask wearing has been given to all staff.

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

- Fire Training of all staff has been completed on 30/11/22.
- Weekly Fire Drill in process, where different staff members are asked questions e.g. what to do in the event of a fire, how to raise alarm, reading the panel, different fire extinguisher use, where the assembly point is, zones and compartments, PEEPS and evacuation. To ensure that all staff are aware of what to do in the event of the fire.
- Fire evacuation drills performed regularly using different staff members each time. Discussion on what worked well and what needs improving at the end of drill.
- Confirmation obtained from Fire Prevention Officer in the HSE and submitted on the 17/10/22, is that the existing lights are in working order, an issue with the units are lack of support on the product, the lights themselves however are working as a standalone Emergency light. Works on the emergency lighting commenced on the 21/11/2022 and will be completed by 7/12/2022

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:
 Ensure each resident care plans and assessment is reviewed at interval of 4 monthly or sooner if residents condition changes. This will be monitored through audit.
 All Care Plans are up to date

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All referrals to Allied Health Professionals will be sent in a timely manner.
- Approval has been given to use agency AHP dietician and OT services until positions are filled through recruitment.
- All recommendations will be documented in residents care plan and will be communicated to all staff by the nurse on duty on the day of assessment.
- The Residents Special diet list will be updated and given to the catering department and a copy will be filed in the flow chart folders which are accessible to care staff.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Information requested was submitted on 17/10/22.
- All Safeguarding training has been completed 30/11/22.

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

- The daily Activity Plan has been revised after consultation with the residents. All residents are given the opportunity to participate in activities according to their interests and capacities.
- Art therapy commenced 08/11/22.

- It is the resident's choice and preference to use a disposable paper clothes protector at mealtimes. There are other alternatives available and are offered at mealtimes.
- Alternative to paper cups are being sought.
- The residents in shared rooms have voiced no concerns in relation to having a shared television. All residents have access to a television As per 9 3c (ii) of the Health Act 2007 In so far as reasonably practical, ensure that a resident may communicate freely and in particular have access to radio , television, newspaper and other media.
- All mobile residents have access to the toilet beside the dayroom. They are assisted in a timely, dignified and appropriate manner according to their care needs. Residents that wish to walk to their bedrooms are facilitated to do so.
- Residents that are non - weight bearing, require the use of adaptive equipment and hoists would be taken to their bedroom which has sufficient space to cater for the assessed needs of the individual which would also maintain their privacy and dignity. Having to return to their own bedrooms does not impact on our residents. By not using a communal toilet it enhances their privacy, dignity, Infection Control and it is the preference of our residents. The distance to travel is negligible in the context of care.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	12/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
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	Substantially Compliant	Yellow	31/01/2023

	purpose prepared under Regulation 3.			
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	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/11/2022

	published by the Authority are implemented by staff.			
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	30/11/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2022
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	Substantially Compliant	Yellow	30/11/2022

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	17/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	17/10/2022
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 out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	05/11/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	31/12/2022

	<p>procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 34(2)	<p>The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.</p>	Substantially Compliant	Yellow	30/11/2022
Regulation 5(1)	<p>The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).</p>	Substantially Compliant	Yellow	15/11/2022
Regulation 5(4)	<p>The person in charge shall formally review, at</p>	Not Compliant	Orange	15/11/2022

	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.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/11/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	30/11/2022

Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/11/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	17/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2022