



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

Issued by the Chief Inspector

Name of designated centre:	St Ita's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gortboy, Newcastlewest, Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	15 December 2020
Centre ID:	OSV-0000664
Fieldwork ID:	MON-0031474

About the designated centre

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

The service at St Ita's Community Hospital is provided by the Health Service Executive (HSE) and the centre is located in Newcastle-West, Co. Limerick. The centre is registered for an operational capacity of 66 residents, providing respite and palliative care as well as continuing care for long-stay residents. Nursing care is provided mainly for older people over 65 years of age with needs in relation to age related and degenerative neurological diseases. Care is provided across three residential units for residents with dependency levels ranging from low to maximum. Dementia-specific care is provided in a separate unit that accommodates up to 12 independently mobile residents. Care plans are developed in accordance with assessments and residents are provided with access to a range of allied healthcare services. Private accommodation is provided where possible within the constraints of the existing building which is over 100 years old in some parts. Residents are provided with opportunities for activation and social interaction including engagement with local community activity groups.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Tuesday 15 December 2020	10:00hrs to 18:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that staff generally promoted a person-centred approach to care and were found to be very kind and caring. The inspector met with several residents on the day of the inspection.

The inspector arrived to the centre in the morning having advised management on the previous day of the planned inspection. Staff guided the inspector through the infection prevention and control (IPC) measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector was accompanied to the clinical area by a member of nursing management.

The centre was set out in three different units, Bluebell, Camelia and Orchid, all of which are on the ground floor. Resident bedroom accommodation comprises twelve single bedrooms, eight twin bedrooms, two 3-bedded rooms, and eight 4-bedded rooms. Thirty two of the sixty six residents are accommodated in bedrooms that have en suite facilities. The bedrooms in Orchid were personalised with memorabilia and photographs and this was supported by the nature of the bedrooms which were predominantly single rooms. From a review of the bedrooms it was evident that single and twin bedrooms were more personalised than the three and four bedded rooms.

The inspector spoke with residents regarding their experience of living in the centre. Due to visiting restrictions as a result of the COVID-19 outbreak, no visitors attended the centre on the day of inspection and so the inspector was unable to gather information in this way. On the day of the inspection all residents in Camelia were confined to their bedrooms due to an ongoing outbreak of COVID-19 and due to this the inspector was unable to speak to many residents here. Most residents in Bluebell also spent most of the day in their rooms and only two to three residents availed of the sitting room on the day of the inspection. Residents in Orchid were seen to move about freely but due to cognitive impairment it was difficult to ascertain their views of the centre.

Residents that did speak to the inspector with were very complimentary about of staff. They said they were very grateful to the staff who worked so hard to keep them safe. The inspector saw positive interactions between residents and staff and it was obvious staff knew residents well and that residents were relaxed in the company of staff. Residents told the inspector that the current visitor restrictions were difficult but understood the necessity of the restrictions associated with visiting and were very grateful to the staff who cared so well for them.

Residents reported that staff facilitated social interaction and activities with them. The inspector saw, and residents confirmed, that staff assisted residents to keep up their appearance. Residents were grateful for mobile phones and video call

technology which they said helped them stay in contact with their families and the local community. The centre had a number of electronic tablets for use by residents. While there was WiFi in some parts of the centre, it was not available in others. The electronic tables, however, had data cards and were therefore not dependent on WiFi.

Capacity and capability

This was a one day, short notice announced, risk inspection. The centre was in the midst of an outbreak of COVID-19 on the day of the inspection. This inspection was carried out to monitor ongoing compliance with regulations and to review two units proposed to be used for isolation purposes for which the provider had submitted an application to vary the registration.

Overall, the findings of this inspection indicated that management and staff had made every possible effort to put safe systems in place to care for and protect residents and staff in the centre. Undoubtedly, the constraints of the premises posed a challenge due to the multi-occupancy nature of the bedrooms, which limited the options available for isolating residents. Improvements were noted in the premises from the previous inspection and bedrooms that previously accommodated five residents now had the occupancy reduced to a maximum of four residents in any room.

The centre was managed by an appropriately qualified person in charge, responsible for the direction of care. She was supported in her role by two Assistant Director of Nurses (ADON), a number of Clinical Nurse Managers (CNM), nursing and health care teams as well as administrative, catering and household staff. The person in charge reported to the Registered Provider Representative (RPR), who visited the centre regularly and was available for consultation daily by phone and email. On the day of the inspection some members of the management team were self isolating, as they had either tested positive for the virus or were considered close contacts of a person that had tested positive.

While there was a contingency plan in place for isolating residents that involved cohorting residents in an area adjacent to the centre, the provider had not submitted an application to vary the conditions of the registration in advance of the outbreak. Hence, residents were accommodated for a brief period in an area of the premises that was not registered to accommodate residents. The inspector, however, accepted that this was done in the best interests of residents but the provider should have applied to registered these units in anticipation of a potential outbreak.

A significant number of staff tested positive for the virus but many were nearing the end of their isolation period and some were due to return to work in the days following this inspection. There were adequate numbers and skill mix of staff to care for residents. This was facilitated through staff redeployment and the use of agency

staff. Staff were knowledgeable of residents and were committed to providing a high standard of care to residents. there was a comprehensive programme of training and the effectiveness of training was monitored through ongoing audits of practice.

There were organised systems and processes in place to monitor the quality and safety of care received by residents. This was through regular audits, in areas such as medication management, restraint, falls and complaints. Findings of audits were discussed at staff meetings and used to inform and improve practice.

Regulation 15: Staffing

On the days of the inspection the centre was adequately resourced in terms of staffing. The centre had been significantly impacted by a COVID-19 outbreak and a large number of staff had tested positive for the virus. On the day of the inspection most staff had completed their isolation period and those staff that had fully recovered were planning to return to duty.

The inspector acknowledged that residents and staff, living and working in the centre, were still emotionally effected by the impact of the COVID-19 outbreak and the isolation brought about due to the visitor restrictions. To ensure adequate staffing levels, a number of staff had been redeployed from other areas within the HSE, such as rehabilitation services. There were also a number of agency staff, some of whom worked in the centre on a regular basis prior to the outbreak. There were also some new agency staff employed to ensure there were adequate staff in the centre to meet the increased needs of residents

Multi-task attendants (MTAs) were employed for caring, catering and cleaning duties. Previously the inspector was informed that there were discussions underway in relation to a complete segregation of caring and cleaning roles. This had not yet concluded, however, unlike on previous inspections, these duties were segregated on a daily basis so that an MTA only carried out either caring, cleaning or catering duties on any one day.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was in place and made available to the inspector. It was evident that staff were facilitated and supported to attend training relevant to their role. Recent training included relevant topics such as COVID-19 related infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE). There were systems in place to ascertain if training was effective through frequent audits in areas such as hand hygiene that demonstrated

a good level of compliance.

Records indicated that there was good compliance with attendance at mandatory training in areas such as manual and people handling, fire safety, safeguarding people from abuse, and responsive behaviour.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge and management team were willing and proactive in response to the actions required from previous inspections. A comprehensive training matrix was in place and substantial investment in training and education of staff was evident. Supervision of staff and care was supported by the presence of the management team on the units and of detailed information around residents' needs communicated at handover meetings.

As previously stated, the centre was subject to a significant outbreak of COVID-19 affecting both residents and staff. On the day of the inspection the centre was still subject to an outbreak, however, most residents and staff had completed the required period of isolation. In accordance with guidance, throughout the outbreak, there was an outbreak control team (OCT) in place to manage the outbreak, which met regularly.

Throughout the outbreak the inspector was in regular contact with the centre. The outbreak was confined to one of three units in the centre, Camelia Unit. No residents in the other two units tested positive for the virus. Following the confirmation of the first COVID-19 positive results, the management team acted swiftly and residents were segregated in accordance with their COVID-19 status. Residents that tested positive were cared for on one side of Camelia, residents considered close contacts were cared for in the other side of the unit and the remaining residents were transferred to an empty unit adjacent to the designated centre. Staff caring for each cohort of residents were segregated from other staff, each with their own staff entrance and changing facilities. Despite the early segregation of residents and staff, all residents in Camelia eventually tested positive for the virus and returned to the unit.

The provider had a contingency plan in place prior to the outbreak. The contingency plan identified units external to the designated centre as possible cohort areas, however, an application to vary the registration had not been submitted until the outbreak occurred. As a result residents were being accommodated in parts of the centre that were not registered.

Judgment: Substantially compliant

Quality and safety

Overall, the findings of this inspection were that improvements had taken place to enhance the quality of life for residents living in St. Ita's Community Hospital since the previous inspection. The management team had demonstrated a commitment to on going improvements, by reducing the number of beds in multi-occupancy bedrooms and the provision of secure outdoor space for residents in each of the three units. While the centre was significantly impacted by an outbreak of COVID-19, the outbreak was contained to one unit and every effort was made to comply with guidance issued by the Health Protection and Surveillance Centre (HPSC). Residents' quality of life could be further enhanced through the provision of additional space for personal possessions and by further renovations to the premises.

A sample of care plans were reviewed by the inspector. Some were found to be person-centred and individualised, however, improvements were required in some instances to ensure that assessments were completed in a timely manner, and care plans were in place for all residents. Residents had good access to nursing and medical care, and were referred as appropriate to allied health and specialist services.

The centre continued to be subject to a COVID-19 infection outbreak on the day of the inspection and most residents were self-isolating in their bedrooms. There was a good level of compliance with infection prevention and control processes and procedures and the centre was generally clean. Throughout the outbreak residents were isolated based on whether they had tested positive, had tested not detected but deemed close contacts or tested not detected and not deemed close contacts. Each unit was zoned and there was no crossover of staff or residents between the zones. The outbreak was successfully contained to one unit.

Staff demonstrated respect and empathy in their interactions with residents and made efforts to maintain residents' contact with their families through telephone, video calls and window visits, as visiting was prohibited due to the outbreak. Although, group activities for residents were currently suspended and most residents were self-isolating in their bedrooms, activity staff focused on facilitating meaningful one-to-one activities for residents in their bedrooms. Staff kept residents well informed regarding the COVID-19 pandemic and answered any questions they had. Families were communicated with regularly to keep them informed regarding residents' health and well-being.

The inspector observed positive interactions between residents and staff. Residents stated they felt safe in the centre and were complimentary in their feedback about the staff team and centre's management. A safeguarding policy was in place and all staff were appropriately trained in safeguarding residents from abuse.

While improvements were made to accommodation through a reduction in the number of residents accommodated in any room to a maximum of four, further

improvements were required. Even though there was now more space in some of the bedrooms, this space had not been maximised for the benefit of residents. There was a need for the bedrooms to be reconfigured, for example, by moving curtain rails and furniture so that the area around each bed was personalised for that resident. There was also a need for improved storage by providing additional wardrobe space and chest of drawers. In general, both Bluebell and Camelia required redecoration to make the environment more homely for the residents living there.

The HSE had submitted an application to add two units, Jasmine and Sunflower, to the designated centre to support with the isolation of residents during a potential outbreak of COVID-19. Jasmine Unit in particular had the potential to enhance the quality of life for residents as they were all single en suite bedrooms with adequate communal space for the size of the unit. Sunflower Unit comprised four 4-bedded rooms but was configured for five beds. Sunflower would therefore not be suitable for long-term care in its current configuration but could be used to support the isolation of residents for short periods.

Fire safety works had been completed since the last inspection and there was generally good compliance with fire safety requirements. A review was required of Jasmine unit of the impact on fire safety of two temporary structures located adjacent to Jasmine Unit.

Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them.

As identified on previous inspections the majority of residents in Camellia Unit were accommodated in multi-occupancy bedrooms. The number of residents accommodated in these rooms had been reduced from five to four residents resulting in additional space for each resident at their bedside. The bedrooms had not been reconfigured and the additional space was not being used for the maximum benefit of residents. For example, it was identified on previous inspections that residents did not have adequate wardrobe space and despite the additional space now available, larger wardrobes had not been provided. The inspector was informed that the reconfiguration of bedrooms was hampered by the COVID-19 pandemic and the need to restrict external personnel from entering the centre.

Improvements were noted in Bluebell unit and some additional wardrobe space had been provided to residents. Whilst these improvements are welcome they must be sustained to ensure residents in all parts of the centre can enjoy their personal space, see their family photographs and chat with their visitors in private. In this context, it would be very disappointing if residents were not afforded the opportunity to have the full benefit of the space made available by the reduction in occupancy.

Judgment: Substantially compliant

Regulation 13: End of life

The inspector found that when a resident was approaching the end of his or her life, the person in charge and staff had made every effort to ensure that appropriate care and comfort, which addresses the physical, emotional social, psychological and spiritual needs of the resident concerned was provided and that religious and cultural needs of the resident concerned were met in so far as could be achieved within the limitations of the physical environment. Following the death of a resident, the person in charge had ensured that appropriate arrangements in accordance with that resident's wishes were met.

Judgment: Compliant

Regulation 17: Premises

The centre accommodates sixty six residents in three units. There is a variation in the quality of accommodation in each of the units.

Orchid unit is the designated dementia unit and caters for residents that are predominantly independently mobile but have a cognitive impairment. There is a homely living room area where residents can sit during the day and participate in activities and have their meals at the dining tables provided. There is also another smaller sitting room and other seated areas throughout the unit. The unit was designed to promote mobility and support orientation with a corridor forming a central oval, around which residents could mobilise. There is good access to a garden that provides a safe environment for residents to spend time outside and is readily access through two doors situated at either end of the unit. The garden has a paved pathway made of soft material to minimise the risk of injury, should a resident fall.

Bluebell unit accommodates twenty four residents in two single bedrooms, six twin-bedded rooms, two three-bedded rooms and one four-bedded room. All of the bedrooms have an en suite shower, toilet and wash hand basin. Improvements were noted in some of the bedrooms and additional wardrobe space has been provided.

Camelia unit accommodates thirty residents in seven four-bedded rooms and two single bedrooms. Six of the four-bedded rooms have en suite shower, toilet and wash hand basin. The seventh bedroom uses a bathroom across the corridor, which is also shared by residents of the single bedrooms. These bedrooms have a shared bathroom containing a toilet and wash hand basin but does not have a shower. Communal facilities for Camelia comprise a large sitting room located next to the

nurses' station and a smaller sitting room located just inside the door to the unit. As there was an ongoing outbreak in this unit, residents were confined to their bedrooms and staff were using the communal facilities.

Work was ongoing to provide access to outdoor space for all residents. As stated previously, residents in Orchid unit had direct access to a secure and safe garden area. An area adjacent to Camelia has been enclosed with fencing and has shrubs and garden furniture. An area outside of Bluebell has also been enclosed with fencing but is still awaiting garden furniture and plant beds.

Jasmine and Sunflower Units are both vacant and have been identified as areas to support the isolation of residents should there be a further outbreak. Sunflower was used during the most recent outbreak for cohorting residents that had initially tested not-detected and were deemed not to be close contacts. These residents, however, subsequently tested positive for the virus and were transferred back to Camelia Unit.

Jasmine Unit comprises seven single bedrooms, all of which are en suite with shower, toilet and wash hand basin. One of the bedrooms is designed to be a twin bedroom but for the purposes of cohorting residents will only accommodate one resident. Sunflower Unit comprises four 4-bedded rooms, all of which are en suite with toilet, shower and wash hand basin. There is adequate communal space in both units in addition to ancillary facilities such as offices, store rooms, staff rooms, clinical rooms and sluice rooms.

While improvements were noted in the premises, such as the provision of secure outdoor space, some improvements were still required. For example:

- bedrooms that had their occupancy reduced from five to four residents had not been reconfigured to maximise the space available to residents and to facilitate personalisation through adequate placement of memorabilia and photographs
- there continued to be inadequate storage space for residents clothing at their bedside, particularly in Camelia unit
- some areas of the centre were in need of redecorating because of damaged plaster work; scuffed paint work on walls, doors and radiators; and stained floor covering
- the janitorial room in jasmine has running water and a sluice sink, but no separate hand washing facilities

Judgment: Not compliant

Regulation 27: Infection control

It is acknowledged that the normal Infection Prevention and Control (IPC) precautions in residential care settings are not commensurate with what is required for managing a COVID-19 outbreak. During and post a COVID-19 outbreak, the

provider must be assured that all IPC arrangements are in line with public health advice and the national HPSC guidelines.

This centre was subject to a significant outbreak and all 27 residents in Camellia unit tested positive for the virus. A significant number of staff also tested positive for the virus. Regular phone calls by the inspector with the person in charge indicated that management were following HPSC guidelines with regard to the segregation of residents and staff based on their COVID-19 status. Up to the date of this inspection, the outbreak was confined to one unit and no residents in the other two units had tested positive for the virus.

There were procedures in place for monitoring residents and staff for signs and symptoms of COVID-19, such as monitoring temperatures and ascertaining if they were symptomatic, to prevent a further outbreak in the centre. There were hand gel dispensers located at suitable intervals throughout the premises.

All staff had attended COVID-19 related infection prevention and control guidance and the inspector observed good adherence hand hygiene and PPE usage.

There was a room in Bluebell used by housekeeping staff. There was no running water in this room for preparing the housekeeping trolley in addition to the absence of a wash hand basin. The inspector noted that there were two mops stored with the mop heads on the ground, which is not good infection prevention and control practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety works had been completed in the centre in 2019 that included the upgrade of a number of fire doors.

Records were available demonstrating that fire safety equipment, the fire alarm and emergency lighting were serviced at the recommended intervals. There were daily checks of the means of escape and weekly sounding of the fire alarm. All staff had attended up to date training in fire safety. Fire drills were conducted regularly and some drills simulated a night time scenario.

Some clarifications were required in relation to Jasmine unit. There were two temporary structures located in the enclosed garden at the rear of Jasmine unit. These were placed there for use by staff in the event of Jasmine unit being used to isolate residents. The provider was requested to conduct an assessment of the impact of these structures on fire safety particularly in relation to the proximity of these structures to the main centre should there be a fire in the temporary structures. There was also a need for the provider to assure themselves that these structures did not impede the evacuation of residents in the event of a fire, particularly in the event that residents were being evacuated on an evacuation aid

such as a wheelchair or ski sheet.

The provider was also requested to review the fire exit across from Room 2 in Jasmine unit, to ensure the evacuation strategy took into the consideration the width of this door, as it was quite narrow.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs. Information collected about each resident on admission, and throughout the residents' stay in the centre was used to develop care plans. There was evidence of a multidisciplinary approach to care delivery. Documentation used was comprehensive and based on scientific tools to assess care. A sample of care plans reviewed varied in the level of detail and person-centredness. Although some care plans were informative and person-centred, it was also found that some residents' assessments and care plans were incomplete and did not have comprehensive assessments. For example, the malnutrition assessment tool for one resident had not been completed and the care plan on nutrition contained generic guidance on nutrition rather than guidance specific to that resident.

A review of a sample of care plans found that discussions had taken place with residents about end of life. There was a need for more detailed records of these discussions with residents and/or their relatives identifying the extent of medical interventions they would like in the event they become unwell. There was also a need to record the frequency of review of end of life plans.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the healthcare needs of residents were met to a good standard. Medical cover was provided by a local general practitioner (GP) who was contracted for a number of hours each week to provide GP services to residents. Staff members stated that the GP visited the centre regularly and medical records confirmed that residents were reviewed on a regular basis. Residents also had access to out-of-hour GP services at evenings and weekends. Specialist medical services were also available when required. Residents had access to psychiatry of older life and community mental health nurse services.

Judgment: Compliant

Regulation 9: Residents' rights

Staff kept residents informed in relation to COVID-19 infection prevention and control arrangements and the cessation of visiting.

Most residents were self-isolating in their bedrooms in Bluebell unit and all residents were self-isolating in Camellia unit. Residents in Orchid, the dementia specific unit, continued life as normal, though with every effort made to socially distance residents.

Group activities were currently suspended due to the COVID-19 outbreak in the centre. One to one activities were facilitated for residents in their bedrooms insofar as possible.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met. Staff were respectful and discreet when attending to the personal needs of residents ensuring their bedroom and toilet doors were closed when assisting residents with their personal care.

In line with guidance, visiting was on hold in the centre. Each unit had access to electronic tablets and arrangements were in place for relatives to maintain contact with residents through telephone and video calls. Relatives were update with the status of residents, particularly with any changes to residents' health and well being.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Ita's Community Hospital OSV-0000664

Inspection ID: MON-0031474

Date of inspection: 15/12/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Action completed :</p> <p>The registered provider has submitted to the Regulator an application 24/11/2021 to Vary the registration of beds currently registered in the centre for the management of COVID19. The application is for the opening of additional isolation beds required in the registered centre for the management of an outbreak of Covid-19. The isolation beds supports the Covid-19 contingency preparation plan in the designated centre. The application to vary is submitted to ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored and in the best interests of the residents. Additional information on fire safety on these units has been submitted as requested.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Action completed:</p> <ul style="list-style-type: none"> • New wardrobes in some units have been provided for the residents to accommodate personal belongings. • A review of wardrobe space and storage has been undertaken in consultation with each resident to ensure personal possessions and clothing of the resident is maintained. <p>Action to be completed:</p> <ul style="list-style-type: none"> • New wardrobes space and storage for personnel possessions will be in consultation with residents to be completed in Camellia unit as soon as level 5 restrictions are lifted. 	

- For completion 31/08/2021 (depending on Level 5 restrictions)

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Action Completed:

- Painting and refurnishing and new flooring has been completed in communal areas.
- New garden space has been completed.

Actions to be completed:

- Painting and refurnishing including flooring of Bluebell and Camellia Units.
- Janitorial room in Jasmine to have a hand washing sink installed

For completion 31/08/2021 (depending on Level 5 restrictions)

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Action completed:

- Removal of mop incorrectly stored on day of inspection, staff reminded of correct storage as per IPC procedures
- Environment IPC audit completed 1/02/2021.and time bound action plans in place were required.
- Safety pause completed on all units informing staff on correct storage of cleaning materials 01/02/2021

Action to be completed:

- Plumbing for running water to be installed for a handwashing basin and separate sink for emptying and filling floor washing buckets in housekeeper's room in Bluebell.

For completion 31/08/2021 (depending on Level 5 restrictions)

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire evacuation stimulation of both Jasmine and Sunflower Units was completed on the 30/1/2012 by an external fire officer. • The evacuation in Jasmine was conducted from rooms 1 to 5 using an evacuation aids from this area. • The external fire officer drill report has been documented. • The evacuation door across from room 2 commented by the inspector was not used during this drill, the external fire officer stated the door could be used for walking staff and residents safely ,however during this drill another compartmental evacuation route was used. <p>Actions to be completed:</p> <ul style="list-style-type: none"> • The two temporary structures outside of Jasmine Unit have been assessed and they are in the process of being removed. <p>This will be completed by 28th February 2021</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Actions completed:</p> <ul style="list-style-type: none"> • Care plan audits completed 30 & 31 of January. All care plan assessments up to date and reviewed. • Review of "End of Life" care plans and discussions with residents on "Will and Preference" undertaken and documented in residents individual care plans <p>Actions to be completed:</p> <ul style="list-style-type: none"> • Hospital End of Life committee will review at next meeting the impact of Covid on end of life preferences for residents and family. <p>To be completed 28/02/2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	31/08/2021

	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	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/02/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2021
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	Substantially Compliant	Yellow	28/02/2021

	and safe placement of residents.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	28/02/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/02/2021
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	Substantially Compliant	Yellow	28/02/2021

	that resident's family.			
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