Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Gorey District Hospital
Name of provider:	Health Service Executive
Address of centre:	McCurtain Street, Gorey, Wexford
Type of inspection:	Announced
Date of inspection:	19 & 20 September 2018
Centre ID:	OSV-0000676
Fieldwork ID:	MON-0022355

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. Gorey District Hospital was built in 1940 to replace an old workhouse and originally provided maternity and medical services to the local community. In 1986 maternity services ceased and was replaced by physiotherapy services. The center was well located to all amenities in Gorey town near the bank, Garda station, post office and shops. While there have been many changes, renovations and improvements to the centre, the design and layout of the premises was largely reflective of a small hospital from this period in which it was built. The registered provider of the centre is the Health Service Executive (HSE). The centre now accommodates 23 residents both male and female over the age of 65 for short term care, for example, convalescence, respite and sub acute medical care. There are three palliative care suites in the centre which can accommodate persons above the age of 18 years who require palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy and chiropody. The hospital accepts level 1 (full dependency) to level 2 category residents including residents with dementia. Services are provided on the ground floor level and comprise of the following accommodation for residents; five single bedrooms (three of which are palliative care suites), three twin bedrooms and two six-bedded rooms, day room, dining room and hairdressing room. There was safe access to a landscaped garden at the rear of the centre.

The following information outlines some additional data on this centre.

Current registration end date:	04/02/2019
Number of residents on the date of inspection:	20

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 September 2018	09:30hrs to 17:45hrs	Liz Foley	Lead
20 September 2018	09:15hrs to 14:00hrs	Liz Foley	Lead
19 September 2018	09:30hrs to 17:45hrs	Vincent Kearns	Support
20 September 2018	08:00hrs to 14:00hrs	Vincent Kearns	Support

Views of people who use the service

Inspectors spoke with a number of residents and those that could not express their opinion were represented by a family member. Residents and family spoke positively about the centre and felt safe and well looked after. Residents and family were very complimentary about all of the staff, particularly residents that had had more than one admission. Residents stated they felt supported by all staff. Some residents spoke about the importance of the service to the local community in terms of the quality of the service provided, it's location in town and ease of access.

While there was no residents 'committee due to the short lengths of stay, a bi-annual satisfaction survey was carried out and results viewed were mainly positive. From the most recent survey two respondents would like an accessible smoking area and 90% of respondents knew how to make a complaint if needed.

Residents stated there was a choice of food and activities and they could choose what time to get up at and go to bed. Residents stated a range of activities were provided but their choice not to participate was also respected. Some residents enjoyed the fun and company provided by the activities.

Residents in shared accommodation said they can receive their visitors in the day room or the quiet room. Some residents said their sleep was disturbed at night due to noise from other residents in multi-occupancy rooms. Some residents said they would prefer a single room.

Two residents questionnaire's were returned to HIQA as part of this announced inspection, both were completed by residents. One resident felt there was not enough space in the bedroom and was unhappy about the amount of space for personal belongings. This respondent suggested that a smoking area should be available for residents and felt the dining room was too small. \Another resident was very complimentary about the garden but felt lunch was served too early. Both respondents were complimentary about staff.

Capacity and capability

Overall, a good service was provided to the residents. There was a robust governance structure in place which reflected the organisational structure described in the statement of purpose. The person in charge was a registered nurse who worked full time in the centre. Arrangements were in place for deputizing in the absence of the person in charge. The person in charge was supported by two clinical nurse managers who were actively involved in the day to day running of the centre.

Following a review of the staff rosters, and feedback from residents, inspectors were satisfied that, at the time of inspection, there were sufficient staff on duty to meet residents' needs. Staff files reviewed were complete with the exception of Garda vetting which was not in place for two long-term staff. Staff were confident and knowledgeable of the centre's policies and procedures. The person in charge told inspectors there were no volunteers attending the centre at the time of the inspection. Improvements were required in order to update staff training in end of life care and dementia care.

The statement of purpose was available to residents in a folder in the day room and outlined the aims, objectives and ethos of the centre including the facilities and services that were to be provided for residents. While the description of the centre's accommodation was inadequate this was amended during the inspection. Inspector's found that it accurately described the service that was provided in the centre and met the requirements of the regulations.

The person in charge assured inspectors that a contract for the provision of services was agreed with each resident and included additional fees and charges that the resident may incur for services agreed.

There was an annual review of the quality and safety of care for 2017 which informed ongoing continuous quality improvement in the centre. Inspectors viewed ongoing audits of key performance indicators for 2018, which included audits on falls, medication management, complaints and restraint. There was evidence of learning and action plans developed from the audits.

The complaints procedure was displayed and residents and visitors were aware of how to make a complaint. The recording of complaints had improved since the last inspection.

Registration Regulation 4: Application for registration or renewal of registration

Application and required documents submitted as per regulation 4.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider is reducing the number of registered beds from 27 to 23.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who exceeded the minimum experience as set out in the regulations. Garda vetting was in place and there was evidence of her commitment to continuous professional development. The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The number of staff matched the roster on the days of inspection. Recent shortfalls on the roster were discussed with the person in charge and were due to a recent retirement and unexpected sick leave. Agency staff were on duty to fill unexpected leave and were employed to cover housekeeping and caring. These agency staff stated they had been shown around the centre and were aware of procedures to follow in the event of a fire. There were also long term agency nursing staff identified on the roster. The provider representative assured inspectors that recruitment was advanced in filling vacant nursing posts. Inspectors were also assured that a recently vacated support staff role had been advertised. Staff in the centre had been working there for a number of years and were observed interacting positively with residents and visitors throughout the inspection. Staff had a very good knowledge of the residents' needs. There was good levels of supervision and assistance to residents observed. Staff spoke confidently about arrangements in the centre for safeguarding residents and were knowledgeable of the indicators of abuse and how to respond if they witnessed or suspected abuse. Staff were knowledgeable about individual residents' needs for social engagement and all care staff were involved in providing meaningful activities to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was viewed and an extensive list of mandatory training was provided to all staff appropriate to their role and included, training on fire, safeguarding, safe moving and handling techniques, basic life support, sharps management, open disclosure, medication management and hand hygiene. There was 100% compliance in fire training and 100% of the centre's own staff were trained in safeguarding. Two agency staff did not have safeguarding training

this is further discussed under regulation 8.

End of life care training had been completed by some staff in 2015. In light of the provision of palliative care services at the centre updating of this training was discussed with the PIC. The local hospice home care team provide ongoing support to staff in end of life care. Six staff had attended dementia training in 2015 and there were two dementia champions in the centre, both of whom completed their training in 2017. The ethos of care remained embedded in the medical model of care, for example residents were referred to as "patients" and there were no care plans to guide staff on the social and recreational needs of the residents. The PIC discussed a plan for further training this year.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was viewed and contained all of the information specified in paragraph 3 of schedule 3.

Judgment: Compliant

Regulation 21: Records

Records set out in schedules 2, 3 and 4 were available to and and viewed by inspectors. Inspectors examined all staff files and found Garda vetting was in place for all staff except for two long standing staff members. Both provider and PIC assured inspectors that the vetting in respect of these two staff members were in progress. All other records were present.

Judgment: Not compliant

Regulation 22: Insurance

Insurance documentation was viewed by inspectors.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were satisfied that the service was sufficiently resourced and a clearly defined management structure was in place in line with the centre's statement of purpose. All staff were aware of their roles and responsibilities. The provider representative was not based on site and confirmed that she spoke with the person in charge on a weekly basis at minimum. The provider representative was assured that the centre was well managed by quarterly review of key performance and quality indicators at regional level and further management meetings between the provider representative and the person in charge .

The person in charge was supported within the centre by two clinical nurse managers and a team of nursing and support staff. There was two days per week administrative support also. Minutes of management meetings and senior staff nurse meetings were viewed and action plans were found to be time bound and identified responsible persons; this was an action form the previous inspection. A comprehensive suite of audits was viewed with strong evidence of learning identified. There was a quality and safety summary completed in 2017 and this along with ongoing audits informed quality improvement in 2018. There was evidence of proactive management of complaints/concerns. Both clinical nurse managers had an excellent knowledge of the service and of the residents' needs, they were both actively involved in the day to day management of the centre.

While there was no formal appraisal programme in place, there was evidence of a robust induction programme, ongoing staff supervision and support. Agency staff who had recently come to work in the centre confirmed that they had been instructed on local fire procedures and on the daily routine of the centre before commencing work. They also confirmed they knew who to report any concerns to.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A current contract for for the provision of services was viewed by inspectors and found to contain all of the information as set down in regulation 24 (as amended in 2016).Terms relating to the bedroom including bedroom location and the number of other occupants in the bedroom were detailed: this action was completed form the previous inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not have sufficient detail with respect to the description and purpose of all of the rooms in the centre, this was found to be non-compliant on the previous inspection also. The statement of purpose was revised and amended during the inspection and met regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre had a positive notification history and was compliant with notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place and a record of complaints/concerns was viewed. The procedure for making a complaint was displayed on the wall in the front hall. Residents stated they knew how to voice a complaint if needed. Documented evidence was comprehensive and indicated a proactive approach to managing complaints. There was evidence that the complaints procedure was audited and communicated to staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

Polices and procedures as set out in schedule 5 were viewed by inspectors and were available to all staff to guide care.

Judgment: Compliant

Quality and safety

The centre was originally built in 1940 to replace to serve as a maternity and medical hospital for the community. While there has been alterations to the building since that time, the design and layout of the premises was largely reflective of a small hospital from the period in which it was built and were not suitable to meet the needs of residents. As has been identified on previous inspections the design, size and layout of the premises continued to not be suitable to meet the needs of residents. For example, the design and layout of the two bedded and six bedded rooms continued to be inadequate to protect residents' privacy and potentially compromised residents' dignity. The provider representative acknowledged these ongoing failings. Inspectors noted that the impact from the inadequate premises was somewhat mitigated by the short average length of stay for residents in the center. The average length of stay for most residents for the period of April 2018 to August 2018 was 17days. In addition, the average bed occupancy levels for the period 1st July 2017 to 31st August 2018 was 18. This meant there were up to five vacant beds available each month. which the person in charge explained allowed some flexibility in giving residents some choice of bedroom accommodation. This short duration of residents admissions was also confirmed by the provider representative, the statement of purpose and the admission policy. While there were some residents that stayed at the centre for longer than the average, theses residents generally had palliative care needs and in most instances, unless by choice, were accommodated in one of the five single bedrooms.

Overall a good standard of care was provided to residents. There were systems in place to safeguard residents form abuse and staff were knowledgeable of the indicators of abuse and how to report concerns. There were two agency staff that did not have training in safeguarding, 100% of the centre's own staff were trained. The provider was not a pension agent, nor did they manage any personal monies for residents. Residents felt supported and safe in the centre. There was a proactive and person centered approach to risk management in the centre, however some improvements were required in relation to environmental and smoking risks. Restrictive practices were at a minimum in the centre.

Inspectors saw that residents were served a variety of hot and cold meals throughout the inspection. Residents said they had a choice of meals and snacks and staff were aware of specialised diets for individual residents according to their assessed needs. The dietician was visiting some residents during the inspection. Changes to residents' nutritional needs and dietary modifications were communicated promptly to the care team.

Inspectors were assured that residents medical and nursing needs were met to a good standard. There was timely access to general practitioner and allied health professionals. Residents were assessed prior to admission and most had a clear discharge plan in place with ongoing re assessment throughout their stay. Inspectors were assured that residents were informed and consulted with about changes to their care plans. The ethos of care is grounded in a medical model and while some improvements have been made further improvements are required in assessing and care planning, in order to provide suitable and meaningful occupation and engagement for all residents.

Residents were able to and supported to exercise choice within the confines of the premises. Management and staff within the centre respected residents' rights, choices and wishes, and supported them to maintain their independence, where possible. In the absence of a residents' committee, satisfaction surveys were carried out at least bi annually and action plans informed improvements.

Regulation 11: Visits

Visitors outlined to inspectors how staff were proactive in keeping them up to date in relation to their loved one's needs, particularly if there were any significant changes. Visitors were seen coming and going in the centre at different times throughout both days of the inspection. Visitors to whom inspectors spoke to confirmed that they visited their relatives at different times without any restrictions. However, some improvements were required in relation to the documentation regarding visiting arrangements to the centre. For example, there was a sign on the front entrance door to the centre that appeared to restrict visiting to certain hours/periods. In addition, the centres visiting policy and residents information leaflet required review as they also appeared to restrict visiting to certain hours/periods; which was not in compliance with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Since the previous inspection there had been some improvements in the allocation of storage facilities for residents. For example, each resident had been provided with an additional wardrobe space. In addition, each resident had a bed side locker in their bedroom for the safekeeping of any small personal items. However, due to the design, size and layout of some of the multi-occupancy bedrooms; there continued to be a lack of space for residents to adequately store their clothes or personal memorabilia. This was particularly evident for some of the beds in the two six bedded wards where there continued to be inadequate storage space for residents' personal clothing or belongings. The impact of this reduced space was marginally mitigated by the short time frame that most residents stayed in the center. In addition, residents told the inspectors that their relatives regularly brought their laundry home so that it generally did not build up. The inspectors noted that this was the case in these bedrooms, on the days of inspection.

Judgment: Substantially compliant

Regulation 13: End of life

On the days of this inspection, there were no residents receiving end of life care. However, there was evidence of appropriate end of life care and comfort that was provided to residents which addressed their physical, emotional, social, psychological and spiritual needs. Staff who the inspectors spoke with demonstrated an empathetic understanding of the needs of residents and their families at end of life. There was three single occupancy bedrooms with en suite facilities available for palliative care provision. There were facilities for families to stay if required such as small kitchenette rooms and some overnight facilities that were made available for families within the centre. Staff confirmed that family members who wished to remain overnight were supported and made as comfortable as possible.

Judgment: Compliant

Regulation 17: Premises

The design and layout of two six-bedded bedrooms continued to be inadequate to meet the individual or collective diverse needs of the residents. In both six-bedded rooms there was a sub dividing wall with three beds accommodated on either side. Bed screens were provided, however space between beds was inadequate with some beds being only 60 inches apart. Residents in these multi occupancy rooms stated their sleep was disturbed at night from other residents making noise and care activities being carried out,. The major impact of the multi occupancy rooms on residents privacy and dignity is detailed further under regulation 9 of this report. Staff on night duty tried to mitigate noise and excess light by using bed screens and over bed lights rather than the main light in these rooms.

Improvements had been made since the last inspection and included; extra wardrobe space provided for residents in six bedded rooms, panting of parts of the centre, more dementia friendly signs and call bells installed in communal rooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

Overall residents nutritional and hydration needs were adequately met. Residents weights were monitored on a regular basis as appropriate. A recognised nutritional assessment tool was used and there were corresponding nutritional care plans in

place. Appropriate referrals to allied health services were documented. For example, there was evidence of referrals to dietitian, speech and language therapy and GP services. Residents were prescribed nutritional supplements by their GP as required and some residents were noted to have been recommended for fortification of food by the visiting dietitian. Inspectors met the dietitian who confirmed that she regularly visited the centre to review residents. Residents were very complementary about the food provided which was cooked off site and served in the dining room or in residents bedrooms. There was ample drinks available to all residents and inspectors noted that jugs of water and fruit juice were available in all residents bedrooms and the sitting room. Residents confirmed that snacks and drinks were provided at regular intervals and also available on request, at any time.

Judgment: Compliant

Regulation 20: Information for residents

There was a general information leaflet available for residents and visitors that gave an overview of the centre including directions on how to get to the centre. In addition, there was a residents' guide which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as fire, falls, and residents leaving the centre unexpectedly. An accident and incident log was kept in line with the HSE National Information Management System (NIMS). These records were retained in relation to any accidents regarding residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. However, some improvements were required in the hazard identification and assessment of risks in the centre. For example, risk assessments were required in relation to residents smoking cigarettes in the centre, the unrestricted access to the laundry room, a large free standing oxygen cylinder, the storage of clinical waste on a corridor and the unrestricted access to the kitchen area.

Judgment: Substantially compliant

Regulation 27: Infection control

The premises appeared to be generally clean and there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken reasonable measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. All staff had up-to-date fire safety training including attendance at fire evacuation drills in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, medications were stored, administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007). Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication fridge was monitored and recorded daily. The inspectors noted that temperature recorded on a number of dates was outside the acceptable range. However, these monitoring records had not been reviewed and there was no record of any remedial action taken in relation to these recorded temperature anomalies.

There was a system in place for the reviewing and monitoring of safe medicines management practices. For example, there were audits completed which examined a number of areas related to medicines management. Training records confirmed that training in medicines management had been facilitated for nursing staff in 2018. However, inspectors were informed that the majority of medications were supplied by an off-site hospital and that the pharmacist from this hospital had most recently visited the centre in October 2017. However, this arrangement required review to facilitate the pharmacist concerned in meeting their obligations to residents under any relevant legislation or guidance issued by the Pharmaceutical

Society of Ireland.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents care plans which reflected the overwhelming majority of residents' assessed needs. Comprehensive nursing assessments of each resident's health, personal and social care needs were carried out by an appropriate health care professional following admission to the centre. The person in charge outlined how on-going improvements in the residents care planning system was being implemented. Care plans were frequently reviewed as required. However, some improvements in care plans were required. For example, not all care plans viewed had an oral care plan or a care plan in relation to providing residents with suitable and meaningful activities, so as to inform and guide staff in their practice.

Judgment: Substantially compliant

Regulation 6: Health care

There was appropriate medical and health care, including a high standard of evidence-based nursing care provided for residents in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais. There was also evidence of good access to other specialist and allied health care services to meet the care needs of residents. For example, access to speech and language therapist, occupational therapy, psychiatry and chiropody services. On the second day of the inspection, inspectors met both a physiotherapist and dietitian who both confirmed that they regularly visited the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were effective supports in place such as staff training and suitable policies for the management of behaviours that challenge. However, there were no residents with behaviours that challenge on the days of inspection.

Judgment: Compliant

Regulation 8: Protection

There were clear systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. Residents spoken with stating that all staff in the centre made them feel as relaxed and as comfortable as possible. The inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Training records indicated that all HSE staff had completed initial or up-to-date training in the prevention, detection and response to abuse. However, two agency staff spoken to informed inspectors that they had not received elder abuse training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

As identified on previous inspections, the unsuitable design and layout of the two six bedded bedrooms impacted on the privacy and potentially dignity of residents. The inspectors observed that in each of these multi-occupancy bedrooms, residents had various levels of care needs and mobility. Some residents required bed rest, some had cognitive impairment and a number of residents required support with personal care and assistance to use a commode. It was evident that having up to six residents with such diverse health and social care needs in shared bedrooms accommodation inevitably impacted on residents' privacy and potentially on their dignity. Even with the use of bed screens provided; it was difficult to see how some residents with reduced capacity, mobility or high care needs could undertake personal activities in private. Since the previous inspection, management had made efforts to improve residents experience in living in these multi-occupancy rooms. For example, each resident had been supplied with headphones to facilitate choice when they wished to listen to the radio or watch one of the two available televisions in each of the six bedded bedrooms. However, the provider representative acknowledged that these six bedded bedrooms continued to be unsuitable and stated that the planned building works when completed, would significantly improve this issue for residents.

In addition, the inspectors noted that one of the shower room doors was not lockable and therefore potentially impacted on the residents' right to privacy when taking a shower. The person in charge immediately contacted the maintenance department to remedy this particular issue.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Gorey District Hospital OSV-0000676

Inspection ID: MON-0022355

Date of inspection: 19 and 20 September 2018

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Plan for further training is been developed to ensure that all aspects of Training is covered. Agency staff attending on contract will receive Safe Guarding training	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff have gone through the process of Garda Clearance and documentation is been held on the premises	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visiting Policy and information leaflet have reviewed and will be updated to reflect open visiting. The notice on the entrance door restricting visiting has been removed.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:	

New wardrobes have been put in place for all residents to provide space for personal processions . As per Regulation 17 there are future plans for development of the center to comply with the Standards which will ensure that there is better space and environment for all residents

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Funding was granted in 2017 to develop the unit to ensure compliance with Regulation 17 and design team is been appointed to develop the plans and seek planning permission in accordance with building regulations	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk assessments have been carried and Key pad locks have been supplied to all necessary doors and oxygen cylinders are situated in secure place.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Manager and PIC have commenced negotiations with the sourcing of a local community pharmacist to meet the regulation. This is to ensure that the obligations of Pharmacist to review medications for all residents are met, as per the guidance as issued by the Pharmaceutical Society of Ireland.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

Care Plans will be reviewed to document Oral care and a social care assessment will be developed to reflect meaningful activities.

Regulation 8: Protection	Substantially Compliant

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

All HSE Staff have completed training in Safeguarding Vulnerable Persons. Agency nursing staff who are working are being trained to ensure they have awareness of policy and procedure in relation to Safeguarding for Vulnerable Adults
This will also be incorporated in the induction process for all agency staff

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

PIC will, ensure that a resident may exercise choice by ensuring that ppeople are given dignity in carrying out personal care and that people can receive their visitors in privacy

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/09/2018
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	30/09/2018
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has	Substantially Compliant	Yellow	31/12/2018

	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.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20.11.18
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	31/12/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/11/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Substantially Compliant	Yellow	05/10/2018

	assessment of risks throughout the designated centre.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	31.01.19
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	31.10.18
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	17.11.18
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	Not Compliant	Orange	31/10/2018

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/10/2018