



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	22 & 23 February 2018
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0020752

About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building is bright and well lit with natural light on all upper floors. The building was originally built as a community hospital in the 1950s and the physical layout retains an institutional presentation, with accommodation and facilities laid out along a single corridor on each floor. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room. A separate room to receive visitors in private is also available. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. Storage areas for equipment and supplies are located variously throughout the centre.

The following information outlines some additional data on this centre.

Current registration end date:	29/06/2018
Number of residents on the date of inspection:	40

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
22 February 2018	10:00hrs to 17:00hrs	Mairead Harrington	Lead
23 February 2018	10:00hrs to 17:30hrs	Mairead Harrington	Lead

Views of people who use the service

Residents who met with the inspector spoke openly about their experience of living at the centre and commented on the helpful attitude of staff and management. The inspector spoke with several residents on each floor and met with them either in their own rooms, in the dayroom or sitting area, or as they moved between floors through the centre and outside. Some residents had been outside to walk around the grounds or to visit a local day centre.

Feedback from residents was consistently positive about care and communication with staff at the centre. Residents likened it to a 'home from home' and confirmed that they felt they had good choice around how they spent their day, when they got up and what they liked for breakfast for example, or whether they would participate in the music and activities that were provided, or rest in their room. A resident said they enjoyed a yoga session on the first day of inspection and that it was a regular weekly activity. Residents who shared a room spoke of the positive experience they had when choosing a new wardrobe and described how staff helped them with the necessary arrangements for delivery and to keep it tidy. Several residents commented on how much they liked the location of the centre and being on upper floors where they could look out over the local countryside with good views from the windows of their rooms. Residents also mentioned enjoying the grounds and the orchard in finer weather. There was evidence of consultation with residents and relatives including regular meetings. Satisfaction questionnaires had been completed in April and September 2017. Feedback on these indicated that, overall, residents were satisfied with the service and provided positive feedback on staff being helpful, activities and a safe environment. Areas for improvement were identified in relation to activities, such as more outings, and privacy arrangements including the availability of single rooms.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered. However, some improvements in relation to the layout of facilities had not been addressed since the last inspection - these are further detailed under the 'Quality and safety' dimension.

There were clear lines of accountability and authority in place at the centre, with an appropriately qualified person in charge responsible for the direction of care. The person in charge was supported by a nursing and healthcare team, as well as administrative staff. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Quality

management measures such as reviews and audits were in place to demonstrate that the service provided was safe and effective. Incident recording and investigation processes included an assessment of individual circumstances with evidence of learning and revised practice taking place. For example, a falls review resulted in providing a low bed for a resident.

Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. Senior staff attended regional meetings to share learning and ensure oversight of incidents reported across the services. A comprehensive annual quality review had been completed, reflecting the national standards and outlining initiatives in areas of quality improvement, such as training for staff on therapeutic activities and gerontology studies. There was evidence that the quality of key areas of care was monitored as a series of audits had been undertaken in areas such as falls, the use of restraint and the use of psychotropic medicine. Recording and reporting systems were in place to notify key events and circumstances in keeping with regulatory requirements.

Residents were made aware of the facilities and services available and the centre provided a comprehensive residents' guide that included information on residents' rights and the complaints process. Residents were provided with contracts on admission to the centre which reflected these arrangements.

Appropriate resourcing arrangements were in place as evidenced by a review of staff training and duty rosters which showed staffing levels and qualifications were in keeping with residents' assessed needs. There was evidence that staff received training appropriate to their roles including on the management of responsive behaviours, dementia care, medication management and infection control, for example. The inspector found members of staff were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. A planned and actual staff rota was in place and staffing levels were in keeping with the size of the centre and the layout over four floors. Staff numbers and skill-mix were appropriate to meet residents' assessed needs. Supervision was implemented through monitoring procedures such as audits and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Resident records such as care plans, assessments, medical notes and nursing records were complete. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. Verification of appropriate insurance cover was available. Personnel files were provided on request and a sample reviewed were found to contain all the necessary documentation in keeping with Schedule 2 of the regulations, this included information on staff appraisals and a training needs analysis. An Garda Síochána (police) vetting documentation was available in the sample of staff files assessed

and the person in charge confirmed that all staff were appropriately vetted. Volunteer records included a description of the person's role and responsibilities, and Garda vetting was also in place for volunteers. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews.

However, non-compliance issues that had been identified during the previous inspection had not been fully addressed by the provider, and the action to address the layout of bathroom facilities and infection control remains outstanding.

Regulation 14: Persons in charge

There had been no change to the person in charge since the previous registration cycle. The person in charge held appropriate authority and accountability for the role and was qualified and experienced in keeping with statutory requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements were planned and documented. Staffing levels and skill-mix for the centre were in line with those described in the statement of purpose and consistent with the needs and dependencies of residents. A qualified nurse was on duty at all times to provide supervision.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in keeping with the responsibilities of their role and as appropriate to residents' needs and dependency levels. Staff were appropriately supervised and a system of appraisal was regularly implemented. Copies of the standards and regulations were available and accessible to all staff.

Judgment: Compliant

Regulation 19: Directory of residents

A comprehensive directory of residents that included all the required statutory information was maintained and available for reference as necessary.

Judgment: Compliant

Regulation 21: Records

A sample of records as required in accordance with Schedules 2, 3 and 4 was reviewed and found to be maintained in a manner that ensured completeness, accuracy and ease of retrieval. Appropriate measures were in place to maintain records and documentation in keeping with regulatory requirements. Nominated administrative staff implemented systems that demonstrated records were accessible, current and securely maintained.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had access to resources to ensure a safe and effective service was provided as described in its statement of purpose and in keeping with the profile of residents. A clearly defined management structure was in place that identified staff with responsibility for systems of administration and quality management to ensure the service was safe, appropriate and effectively monitored. An annual quality review was in place that referenced consultation with residents and their families and included a quality improvement plan.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care did not fully reference the terms relating to bedroom accommodation or occupancy levels for residents.

Judgment: Substantially compliant

Regulation 30: Volunteers

Documentation was in place for volunteers that described their role and responsibilities. Original Garda vetting documentation was also retained on file for reference.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation on the recording and management of incidents and accidents was maintained and available for reference. Organisation-wide systems to record, report and review incidents and accidents were in place. A review of records confirmed that incidents requiring notification to HIQA were being returned as appropriate. Effective processes around quarterly returns were also in place and information was being submitted in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure on the management of complaints that addressed both written and verbal complaints. A summary of the procedure was clearly on display at the entrance to the centre. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. The procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the appeal process. Documentation on the management and monitoring of complaints was in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

A comprehensive suite of policies was in place in keeping with Schedule 5 of the regulations. A sample was reviewed by the inspector and found to be relevant, current and regularly updated. Relevant policies and procedures were maintained in the nurses' stations on each floor and were readily available and accessible to all

staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to accurately reflect the description of each room in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that, overall, met their needs. Improvements were required to the layout of facilities and storage, as also identified on previous inspections. The centre provided accommodation for residents in mainly single and twin rooms, each of which was equipped with a wash-hand basin and provided appropriate storage facilities including a wardrobe and personal locker. One room accommodated three residents. All rooms had good natural light and many bedrooms on the upper floors overlooked local countryside. Rooms were individualised to varying degrees and residents spoken with by the inspector referred to photographs and personal items in their room. All rooms had a TV and radio, as well as a calendar and clock for reference.

Actions identified on the previous inspection in relation to poor infection control arrangements had not been addressed. These areas for improvement included inadequate storage arrangements and the layout of bathroom and sluice facilities. In particular, some toilet facilities could only be accessed through a sluice facility on two of the residential floors. Staff were seen to implement good infection control practice in relation to cleaning routines, using hand-sanitisers and personal protective equipment appropriately.

Person-centred care was demonstrated by management and staff who ensured that residents were supported in recreation, interaction and exercise. Residents were supported to engage in activities outside the centre, including local day services and independent access to the nearby town and facilities. Information on each care plan was recorded daily in this regard. Residents engaged in activities over the course of the inspection including yoga and music. Art and craft sessions took place weekly and works by residents were displayed throughout the centre. Residents were also

seen to spend time in their rooms as well as the communal sitting areas, sometimes watching TV or listening to the radio. Some residents had favoured places they liked to sit by the window and take tea and staff were familiar with individual preferences. A local community group regularly attended the centre for prayer gatherings and mass took place weekly in the chapel. Residents spoke with the inspector about outings they had been on with family and how they had choice around how they spent their day and that staff were helpful to them.

Residents were supported in their personal development and sense of wellbeing. For example, several residents described how they were supported to go out visiting with friends and relatives, and how arrangements were made for them to stay away overnight if they wished. Others described arrangements to attend family celebrations and how staff and management were helpful and provided assistance with these engagements. Staff understood the importance of providing meaningful activities for all residents. Staff were seen to encourage residents to engage in exercise and activities appropriate to their abilities and assessed needs. Residents were familiar and confident when engaging with staff, reminding them of preferences and verifying their expectations around arrangements such as visits and outings.

The inspector found a very good standard of care was evident in meeting residents' healthcare and nursing needs. Care plans were individualised and staff spoken with had a well-developed knowledge and understanding of the needs and personal circumstances of individual residents. Appropriate resources were available to support residents' needs; medical practitioners attended the centre regularly and related health services, such as physiotherapy and speech and language therapy, were available as necessary. Regular assessments took place using standardised tools, and reviews were routine or according to changing needs. Documentation in care plans was well maintained and information was easy to identify.

Residents' rights were appropriately taken into consideration through the processes of communication and consultation that were in place. Contact information for an independent advocate was displayed in the centre. Staff spoken with by the inspector understood their responsibilities as advocates for residents in the first instance. An advocate regularly attended the centre and also consulted with residents on an individual basis. Regular resident meetings took place in each unit every month and were an opportunity to feedback on areas such as activities and meals. Resident feedback was also sought through questionnaires. The person in charge confirmed that there was open communication with residents with informal consultation daily. The centre provided facilities for residents to meet with visitors in private, and visitors spoken with by the inspector said that they were able to visit their relative freely and that staff were helpful in providing them with information.

Nursing staff demonstrated an effective understanding of safe administration of medicines to residents. Controlled drugs were appropriately stored and the monitoring of stock and administration was documented. Medication management audits were in place and the use of psychotropic medicines was monitored. The person in charge confirmed that appropriate arrangements were in place in relation to pharmacy services. The inspector reviewed documentation around prescribing

and administering medicines and noted that all records were maintained in keeping with requirements. However, in some instances instructions on crushing medicine was not signed off by the prescriber and the date of opening on an opened medicine had not been recorded. Appropriate consideration had been given to the management of hazards that might present a risk to residents; for example policies and procedures relating to risk management and health and safety were site-specific and up-to-date. There was a plan in place for emergencies and a personal emergency evacuation plan for each resident. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Call-bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed.

There was a culture that promoted the welfare of the resident in the centre, supported by appropriate policies and procedures for the prevention, detection and response to abuse. The person in charge was qualified to provide safeguarding training and staff spoken with were clear in their understanding of what constituted abuse and the procedure for reporting information. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. Residents could retain control over their personal belongings and secure storage was provided in residents' rooms for the safekeeping of personal items. Where the provider acted as an agent for residents' money, records were appropriately maintained with receipts retained and documentation counter-signed. The centre actively promoted the independence of residents and where restraints, such as bedrails, were in use appropriate risk assessments had been undertaken. Care plans contained assessments and consent forms, and a restraint register was in place that reflected regular monitoring.

Regulation 11: Visits

Appropriate arrangements were in place for residents to receive visitors, with private visiting space also available for use. Visiting times were generally unrestricted unless circumstances, such as an infectious outbreak, presented a potential risk.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to maintain control over their belongings and each resident had a property inventory on their care plan that was regularly updated. Rooms were provided with adequate and secure storage. Residents had personalised their rooms to varying degrees and where residents shared a room individual storage space was provided. Residents confirmed that the laundering of

their clothes was well managed and that garments were cleaned without damage and safely returned.

Judgment: Compliant

Regulation 20: Information for residents

Residents were provided with a colour illustrated guide that provided comprehensive information on the facilities and services provided by the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy that appropriately referenced the measures and controls in place to address risks to residents including abuse, the unexplained absence of any resident, accidental injury to residents, visitors and staff, aggression and violence and the risk of self-harm. There was an active risk register that was regularly monitored and reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre and documentation confirmed this was regularly maintained and serviced.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Centre-specific policies on medication management were in place that included the ordering, receipt, administration, storage and disposal of medicines. Medicines were securely stored in a locked cupboard or medication trolley. Controlled drugs were

securely stored as required and verification procedures were in place to control stocks and administration. However, in one instance an open medicine did not have the date of opening recorded. The inspector also found that directions for crushing medicines or covert administration were not clearly signed off by the prescriber.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The arrangements to meet each resident's needs were set out in a personalised care plan, in keeping with relevant assessments around physical and cognitive abilities and that reflected individual interests and backgrounds.

Judgment: Compliant

Regulation 6: Health care

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care with appropriate and timely access to allied and medical health care as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Appropriate policies and procedures were in place to guide staff in the management of responsive behaviours and all staff had received related training. Staff spoken with by the inspector demonstrated a well-developed knowledge of residents' needs and could explain behavioural strategies to support residents who might be experiencing anxieties.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place on the prevention, detection and response to abuse. The person in charge was qualified to provide training on safeguarding and

all staff were appropriately trained.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Consultation processes were in place to support resident engagement in the management of the centre. Residents had access to the services of an independent advocate and were provided with information in relation to rights and consultation as part of the residents' guide and statement of purpose. Regular resident meetings took place. Residents were supported to engage in the community and had access to pastoral services according to their needs.</p>
Judgment: Compliant
Judgment:
Regulation 27: Infection control
<p>The design and layout of facilities did not support effective infection prevention and control practices. As identified on previous inspections access to a toilet facility on both the second and third floor could only be gained by entering through a sluice area. Cleaning equipment was co-located in a designated sluice area. On the first floor access to an area for storing cleaning equipment could only be gained by entering through the consultation room. A clinical waste container in one sluice room prevented the door being closed properly. Access to sluice areas generally was unrestricted. There was also cracked lino and leaky toilet bases in some bathroom facilities. Laundry skips were seen stored in bathroom facilities. These circumstances presented a potential hazard and risk in relation to the effective management of infection prevention and control</p>
Judgment: Not compliant
Regulation 17: Premises

The design and layout of the premises did not meet the needs of residents. Residents had access to communal bathroom facilities only and in some instances the toilets available were not wheelchair accessible. One wheelchair accessible toilet was too low to be used in some instances, and residents still had to use a commode in this space. Several toilets were laid out as adjacent stalls that could not facilitate wheelchair access or the safe use of assistive equipment such as a hoist. Storage space for equipment was inadequate and a consultation room on the first floor was being used for general storage.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 27: Infection control	Not compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0020752

Date of inspection: 22/02/2018 and 23/02/2018

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Each resident on admission will be provided with a written contract outlining the services provided and the terms and conditions the resident shall reside in. It will also include the room the resident will occupy, this will be discussed with the resident or their representative on admission .The accommodation consists of single, double or multiple occupancy. The room number and accommodation type and date of occupancy are now recorded on the contract of services. This information has been added on to the contract for the provision of services on the 30/4/18.</p> <p>Resident may be moved from this room for reasons where their Nursing needs can no longer be met i.e. require closer observation, or the room is required by another resident i.e. end of life care. Residents will be consulted in advance of any move and will have access to an advocate/family member.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A written Statement of Purpose has been up dated on 9/6/18. It accurately describes the aims, objectives and the services provided included registration details ,services and facilities including accurate bed occupancy, management and staffing levels residents well being and safety. The Statement of Purpose is made available to staff and is in place in all units as of 10/6/18. The number of residents in the residential centre is 42. The management structure graph was reviewed on the 9/6/18 to include senior</p>	

management.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

On the 30/4/18 all Nursing staff were made aware that Medication Management policies and guidelines are to be implemented to manage safe and appropriate prescribing, this including all Covert/Crushed Medication must be individually prescribed on drug charts, dispensing including liquid medication in use and creams should be dated and signed by Nurse when commencing same and should be discarded in 1 month. Pharmacy information re medicine interventions is recorded and nurses follow these instructions. All nurses are made aware of this policy and instructed to follow same on the 30/4/18.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: Structural works are to be undertaken in the interim to meet shortfall highlighted in Regulation 27 . In St Camillus ward 1st floor

(1) Requires cleaning room. Propose to change toilets in room 14 and converting it into a cleaning room and add key pad, to be completed by the 30/11/18

(2) Require store room,

Propose to change Store room on ground floor for St Camillus ward use only, completed on the 30/4/18.

(3) The clinical waste container in the sluice room was removed to allow the door to close and key pad added .completed on the 30/2/18

(4) Cracked lino was removed and replaced and toilet repaired. Completed on the 29/3/18

(5) Laundry skips to be removed from shower room and stored in sluice room, completed on the 24/2/18

In Clyda ward second floor

(1) Require cleaning room, proposing to remove toilet in room 13 and use as a cleaning room add equipment plus key pad. Proposed date for completion is the 30/11/18

- (2) Room 14 used as sluice room add key pad, completed 30/3/18
- (3) Dirty laundry skips to be removed from shower room and stored in sluice area .completed 30/3/18
- (4) Require store room, proposed that room 10 be used as a store room only, add key pad. Proposed date for completion is 30/6/18.

In Avondhu ward top Floor,

(1) Require sluice room, proposing to remove toilet in the sluice room 16 and use as a sluice room and add key pad. Proposed date for completion is 30/11/18.

(2) Dirty Laundry skips to be removed from shower room and stored in sluice area. completed on the 30/3/18

Require cleaning room, proposed to convert the staff toilet room 21, into cleaning room add equipment and key pad proposed date for completion is 30/11/18

Structural works will need to be undertaken to meet the shortfall highlighted in this regulated, proposed completion date is the 30/11/18

This will be of great benefit as it would maintain infection prevention and control efforts within the service as all wards will have a separate sluice room, cleaning room and store room area.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

(1) Toilet facilities in 2nd floor and 3rd floor will now have 2 wheelchair accessible assisted toilets. The second assisted toilet in 3rd floor will be completed by 30/11/18. The assisted toilet in 2nd floor now has a raised seat added to assist resident .completed on the 30/3/18

(2) The two ordinary toilets in both floors will be upgraded in the next phase of the building

As mentioned in the earlier report a design team appointed by the HSE is in the process of working through to achieve regulatory compliance. Works in the hospital will initially be brought to stage 1 in mid August 2018 and a Capital Submission for funding will be required to advance the works further.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/18
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	30/11/18
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission	Substantially Compliant	Yellow	30/4/18

	of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/18
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/4/18

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	10/6/18
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