Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Joseph's Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0025909

About the designated centre

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

St. Joseph's Hospital is a designated centre for older people. Residents are accommodated in single and multi-occupancy shared accommodation bedrooms. The centre is divided into four units. The Ash unit can accommodate 24 male and female residents. The Hazel unit is a 42-bedded female only unit. The Alder unit is a 42-bedded, male only unit. The Holly unit is a 12-bedded dementia specific unit. There is a refurbished corridor that links the Ash, Alder and Hazel units with a variety of communal rooms provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ennis town. Residents have access to enclosed garden area. The centre provides accommodation for a maximum of 120 male and female residents, over 18 years of age. Each resident's dependency needs are regularly assessed to ensure their care needs are met. There is a chapel in the centre and residents have access to the community and a wide range of activities.

The following information outlines some additional data on this centre.

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	96

How we inspect

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
16 January 2019	08:30hrs to 19:00hrs	Una Fitzgerald	Lead
16 January 2019	08:30hrs to 19:00hrs	Brid McGoldrick	Support
16 January 2019	08:30hrs to 19:00hrs	Geraldine Jolley	Support

Views of people who use the service

Resident feedback was complimentary of the service they received. Residents spoke positively of the staff who were looking after their care needs. Residents were happy with the quality and quantity of the food served and had plenty of choice. Residents enjoyed a varied activities schedule and informed inspectors that there was sufficient activity in the centre and that their social needs were met.

Residents knew the management team and informed inspectors that they would not hesitate to make a complaint.

A common complaint of dissatisfaction arose in the Alder and Hazel units. Residents said that when there were more than four residents in a bedroom their quality of life deteriorated. They described having less space to move around and feeling crowded. Residents had insufficient space to store and manage their belongings. Relatives who spoke with inspectors concurred with this view and explained that when the rooms have more than four residents the quality of life for all residents in the room is directly impacted in a negative way. The inspectors observed first hand instances whereby residents' personal dignity was compromised as a result of the limitations of space for care staff when delivering care to residents in these rooms. In addition, visitors confirmed that when care was delivered to other residents in these rooms they are asked to leave. This in turn means that their time spent with loved ones is reduced.

Residents informed the inspector that formal complaints had been made to the management team about multi-occupancy rooms. Although the management team had formally acknowledged the complaint, residents expressed frustration that nothing had been done to address the issue of overcrowded bedroom accommodation.

Capacity and capability

This was an unannounced inspection carried out by the Office of the Chief Inspector. The inspection was triggered following the receipt of three separate concerns from relatives. The concerns described the negative impact experienced by residents when more than four residents were admitted into the multiple occupancy bedrooms.

In December 2018 the Office of the Chief Inspector issued the centre's management

with a provider assurance report requesting information on how residents' concerns were being addressed and how the centre is meeting regulatory requirements. The response received did not provide the necessary assurance that the complaints had been appropriately investigated and resolved. During this inspection, the concerns were followed up and inspectors found that the concerns were substantiated.

This centre has a prolonged history of poor regulatory compliance with key regulations associated with residents' quality of life. The findings of repeat inspections were that regulatory compliance, and consequently the quality of life for residents, improved when the number of residents living in the centre reduced. In December 2017, following protracted engagement, the Office of the Chief Inspector registered the centre for 120 residents but with additional restrictive conditions. These conditions required the Health Service Executive (HSE), as the registered provider, to notify the Office of the Chief Inspector within 72 hours if the number of residents in the designated centre exceeded 100, or fell below 100. A further condition required the HSE to ensure that if the number of residents accommodated in the centre does exceed 100, this does not impact negatively upon the lived experience and quality of life of residents. The rationale for this condition particularly referenced the occupancy of the multi-occupancy rooms in the Hazel and Alder wards exceeding four residents.

The centre has four units. The Ash unit can accommodate a total of 24 residents. The Holly unit can accommodate a total of 12 residents. Both the Alder and Hazel units can accommodate 42 residents; however, staff reported that current practice is not to admit more than 35 residents to either the Alder (male unit) and Hazel (female unit). On the day of inspection there were 96 residents in the centre,

- 9 residents in the Holly Unit
- 24 residents in the Ash Unit
- 28 residents in the Hazel Unit
- 35 residents in the Alder Unit

This meant that there were multiple rooms that had more than four residents while other rooms within the centre had vacant beds and less that four residents.

Inspectors observed that the rights and dignity of residents in multi occupancy rooms when the number went above four residents, was not respected. On the day of inspection, inspectors observed several examples of how having more than four residents in a bedroom impacted on the privacy and dignity of the residents living in the rooms. The limitations of the space available meant that residents were not afforded basic rights, such as sitting at their own bedside without interruption. Residents could not freely access their wardrobes at all times. Residents could not have personal belongings at their bed side, such as photos or personal objects, or be assured that they would not be moved to make space whenever care was delivered. Residents could not receive visitors with assurance that their time would not be shortened or disrupted due to other residents' requirements for care needs to be met. Residents spoke about their inability to get a good night's sleep due to the close proximity of their bed space to their neighbour who frequently got up during

the night.

Inspectors reviewed the management of admissions. The issue of the number of residents sharing a room going above four residents per room only effects the residents in the Alder and Hazel units. Both units do not admit more than 35 residents although the registered capacity of each is 42. Inspectors reviewed the complaints record. Residents and relatives had made direct complaints describing the impact that more than four residents in a multi-occupancy room was having, causing distress to residents and their family. The management response to this complaint was based on the calculation of capacity, with the reply sent to the complainant outlining that the centre is registered for 120 residents. Management highlight that the contracts of care signed by residents on admission informs them that at any time the capacity of the room may be up to six residents. The response does not address the issues that underpin the complaints. From the documentation reviewed and conversations the inspectors had with the management team, there was no evidence that a solution was being explored. There was no evidence that management was actively looking to address residents' concerns. The provider assurance report sent to the Office of the Chief Inspector on this issue stated that ''Residents have the choice to transfer from the facility at any point should they choose to''.

The management team informed the inspectors that resident dependency and care needs are factored into the decision to admit a fifth or sixth resident into the multi-occupancy rooms. The single rooms are prioritised for residents who are approaching end of life, who have responsive behaviours or those residents with infection risks. This limited availability of single rooms also contributed to the negative impact experienced by residents in multi-occupancy rooms and caused disruption to those residents who occupied the single rooms. For example, residents in single rooms are moved to make way for residents with a higher priority for example end-of-life care. The inspectors found that one resident was transferred in and out of a single room six times over a six month period.

The management of resident admissions into multi-occupancy rooms was discussed at length at the feedback meeting. The management team informed the inspectors that they accept that the admission of more than four residents into the rooms will be ongoing. Insectors did not find sufficient evidence that the complaints and concerns raised are being explored in a manner that will ensure a satisfactory response to the issues raised. The repeated non-compliance will be addressed in the compliance plan response which will be completed by the management team that attended the feedback meeting.

Residents spoke very highly of the staff and felt that they were well cared for. There is an internal and external recruitment drive underway as there are a number of vacancies across multiple staff roles and grades. Inspectors found there is an over-reliance on agency staff to cover short-term and long-term absences. Inspectors found that while a number of agency staff employed were working frequently on some units, their working arrangements were not always regularised due to unplanned absences and unit requirements. The consequence of these arrangements put additional pressure on unit management teams who had to

constantly update staff on changes.

Inspectors were informed that agency staff are scheduled to attend training if they are at work on the day the training is provided. The service agreement between the agencies and the centre ensures that all staff have up-to-date mandatory training and have Garda vetting in place.

Inspectors were informed that the management team were actively working to find a solution to the staff shortages. In addition, the nurse management team was exploring the possibility of redeploying internal staff to ensure that there was continuity of care for residents. Inspectors were informed that this management plan did include postponing new admissions if staffing could not be stabilised to ensure residents' care needs were not compromised. The risk presented by staff shortages was included on the operational risk register that is kept under review by the person in charge.

Regulation 15: Staffing

Inspectors found there was a was a good ratio of nurses and care support staff on duty. The staffing whole time equivalent is currently supported by the use of agency staff due to the difficulties in recruitment. On the day of inspection on one unit, 50% of the staff were agency staff due to staff shortages. Due to ongoing reliance of agency staff, inspectors were concerned about the sustainability of person centered care ensuring that residents care needs, likes and dislikes were known to the staff. Inspectors found that the staffing vacancies was impacting on the service delivered. This was evidenced by:

- resident morning medications were not always administered in line with the prescribed time.
- Inspectors found there was insufficient cleaning staff on duty to ensure appropriate hygiene standards throughout the building. For example, staff allocated to cleaning the designated centre were also required to assist at meal times.
- Inspectors observed that cleaning staff could not keep up with the cleaning requirements in some units as staff had to be alerted by residents that some shower and toilet areas required attention. The deficits in cleaning staffing availability is a repeated action from the last inspection.
- A review of the provision of clerical support was required to assist unit management. Inspectors observed that the unit manager was constantly responding to telephone calls which took away from her other duties.
- There was evidence of a backlog of documentation for filing.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training records were reviewed. Records indicated that all regular staff had received fire training. Inspectors requested that the provider put in place a system to ensure that all agency staff have completed fire training specific to this centre to ensure staff knew what to do in the event of a fire. Minor gaps were found in relation to training on manual handling and safeguarding training. The management team was aware of the number of staff who required training and had scheduled staff to attend upcoming training days to ensure full compliance with statutory training obligations.

Appropriate supervision of staff was not always in place. Staff supervision meetings were not completed. Inspectors observed that unit management staff did not have time to supervise the systems and practices for cleaning in the designated centre and were regularly responding to cleaning needs highlighted by residents.

Copies of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013 and the standards for designated centre were not available to all staff as per regulatory requirements.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the systems in place to manage issues that directly affected residents rights and dignity when accomodated in the multi occupancy bedrooms were not sufficiently coordinated. For example, unit managers told inspectors that they were not consulted about the management or possible consequences of admissions into the multi-occupancy bedrooms. In one unit the manager informed inspectors that they were instructed by senior managers to admit more than five residents to the bedrooms and to allocate one room for respite care. This meant that on multiple occasions the respite rooms were under occupied while other bedrooms had more than four residents. Inspectors were concerned that there was no clear plan in place to address the issues that were raised by residents and relatives through the compliants process.

There was an established governance structure and staff were familiar with the roles of senior staff and their lines of accountability. Inspectors noted that the impact of staff vacancies and staff illness absence was borne by staff in particular units. Clinical nurse managers were managing the shortfalls, the admission and discharge activity, as well as the concerns of residents about the facilities. The

inspectors saw that local unit managers were extremely busy responding to the general day-to-day business of their units. Inspectors observed that nurse managers spent considerable time reacting to the consequences of staff shortfalls of inadequate cleaning due to the deficit in time allocated to this role.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was under review at the time of inspection to reflect recent changes in the management team. In addition, the management team was reviewing the descriptions of all rooms and facilities to ensure they reflected the floor plans and that the information meets the requirements outlined in Schedule 1.

The statement of purpose of the service was to enable and empower all residents to live the healthiest and most fulfilled lives possible in an environment which is cognisant of their needs, care, dignity and privacy. The inspectors found that the constraints of the premises did not facilitate the delivery of quality care or support the purpose of the service as outlined in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place and on display. Residents and visitors spoken with were aware of how to complain and raise issues of concern. The role and contact details for the confidential recipient were also displayed prominently around the centre and in individual units.

The complaints management process within the centre is adhered to. However, from a review of the complaints received, inspectors found clear evidence that all complaints were not addressed. The person who makes the compliant is contacted and the complaint is acknowledged. However, the replies from management to some complaints did not address or resolve the issues raised. This was particularly

evident in relation to the complaints about restricted space and lack of privacy in bedrooms. As previously stated, the Office of the Chief Inspector had received three complaints specific to the management of admissions into multi-occupancy rooms. The concerns raised are substantiated as evidenced throughout this report and the inspectors did not find that efforts were being made to resolve the issues in a meaningful way.

Judgment: Not compliant

Quality and safety

Inspectors walked through the premises on arrival at the centre. As a result of the unsolicited information received by the Office of the Chief Inspector, inspectors concentrated on the Alder and Hazel units. Overall, the communal rooms and corridors were welcoming and warm. The communal rooms were a hub of activity and residents were seen chatting and enjoying each others company and relaxing in the seating areas that are placed along the corridors. Despite the challenges of the physical environment the provider had made progress to maximiase on the space available. However, on closer examination of the individual units, inspectors observed that further improvement was required to how the available space was used to ensure residents had adequate privacy and a good quality of life.

As highlighted in the capacity and capability section and described in previous inspection reports, residents had inadequate storage facilities and space to keep their personal possessions. The communal layout of bedrooms in the Alder and Hazel units and the small size of the single rooms available do not meet residents' needs. Staff made good efforts to address issues such as deficits in storage space in individual bedrooms, and have provided residents with extra lockers, wardrobes and shelves so that residents can keep personal items near their beds. However, due to the space limitations most residents have to use window sills, bed tables and lockers to display their personal items. Consequently, some areas looked cluttered and items were constantly moved to facilitate cleaning and the delivery of personal care. The inadequate space and storage arrangements meant that residents could not have a reasonable amount of personal possessions or clothing near their bed space.

The inspectors found that the standard of cleaning was not adequate and did not ensure that all areas and equipment were appropriately clean at all times. The inspectors observed the bedrooms to be cluttered, making cleaning difficult and time consuming as furniture, equipment and personal items have to be moved to facilitate cleaning. A commitment to protect the allocated cleaning hours had been made by the management team. However, inspectors judged that there was insufficient staff allocated to ensuring good standards of hygiene throughout the designated centre. Staff allocated to cleaning duties were required to change from this activity to provide assistance at meal times. During the review of resident files the inspectors observed that there was a high number of residents

with infections. The inspectors were not assured that the cleaning standards observed on the day provided effective infection control measures and judged that the management of infection had not been brought into compliance since the last inspection. The designated centre would benefit from an infection control audit to include a review of all residents with infections, their accommodation and the cleaning practices in the centre.

In some units there were complaints about missing items of clothing or clothing items not returned to the resident they belonged to. Clothing and bed linen is sent to a laundry off site and staff acknowledged that there had been problems with inadequate labelling and loss of items. The unit managers were addressing this concern. One unit manager had sourced a labelling system which was being introduced to rectify the problems.

There were comprehensive assessments of residents' needs and good interventions to ensure that residents had access to appropriate health and social care. The centre had a regular doctor who visited daily and residents said that when they had health problems they were seen promptly. Inspectors found that care records required improvement as reviews and evaluations of care did not convey if the interventions in place were having a good outcome or if alternatives needed to be introduced to ensure a better outcome. For example, pain assessments were not always carried out prior to the administration of pain medication. Once the pain medication was given it was not always clear if the medication had been effective.

Overall, inspectors found that care plans in place to guide staff where residents displayed behaviours associated with dementia or other conditions were of a good standard. The inspectors saw that good arrangements were in place to protect these residents' privacy and dignity. Staff were well informed about how to intervene and manage behaviours to ensure the wellbeing of residents.

The management of restraint was reviewed by inspectors. Risk assessments and care records showed that bedrail use was reviewed regularly. There were arrangements in place to ensure that when bedrails were used they were checked regularly and checks were recorded. The number of residents using bedrails in the Alder and Hazel units that were reported to the Office of the Chief Inspector did not evidence a reduction. Inspectors were told that bedrails were in use to protect residents from falls. In addition, some bedrails were put in place at the request of family members without a specific reason being outlined. Inspectors noted that records lacked information on why bed rails were introduced in the first place. In most instances the assessments for bedrail use were completed by the nursing team without contributions from other members of the multidisciplinary team. The inspectors saw instances where residents were lying against the bed rails during the morning and there were no bumpers or protection in place to protect them from injury. Bedrail use needs proactive management to ensure that restraints are only put in place when all other measures have failed to protect residents from the risk of injury.

The management of risk required improvement to ensure residents' wellbeing and safety. Risk management was the responsibility of all staff. The person in charge

held a risk register in the head office that was regularly reviewed and items were added as risk was identified. Inspectors found evidence at unit level that there was a range of risk assessments and prevention measures described in residents' care records to ensure appropriate protection for residents. For example, where residents were vulnerable to pressure area problems there were position change schedules in place and these were supplemented by specialist equipment. However, the evidence of poor hygiene standards, the use of bedrails without protectors and the lack of shower and bath facilities in some units all indicated that risk management procedures required more rigour to ensure safe outcomes for residents.

Fire management was examined by inspectors and a number of local practices required review. All permanent staff had completed fire training. Inspectors were informed that agency staff were orientated to the building and had been talked through local fire management procedures. A fire drill had not taken place to include the night time staffing levels and the largest compartment where residents are accommodated. The purpose of the fire drill is to test the centre's fire procedures and familiarise staff in the use of evacuation aids.

At the feedback meeting, the inspectors requested that a simulated fire evacuation be conducted with the details of this forwarded to the Office of the Chief Inspector. This document was received following the inspection. In addition inspectors requested that a risk assessment is conducted to examine the varying number of residents in each fire compartment and the night time staffing levels to ensure that residents can be safely evacuated. Inspectors advised that given the number and frequency of agency staff employed and current frequent changes in staffing assignment, more fire drills should be carried out to ensure that all staff are clear on how to evacuate residents in a timely manner in line with residents' personal emergency evacuation plans. Inspectors observed that a number of fire doors and exit routes were obstructed by linen trolleys and equipment during the inspection. The arrangements in place for residents who smoke required review. Inspectors observed at least two residents who smoked on the day of inspection, one was observed smoking outside unsupervised.

Regulation 11: Visits

Residents and visitors interviewed said that visiting times were flexible. They said that staff accommodated their individual choices and the times they wished to visit which meant that they could visit more frequently. Some relatives came in at meal times to assist residents who needed support and they said that this contributed positively to the experience of their relative and ensured they could still contribute

to their care.

However, visits are often interrupted or shortened when residents have visitors in the multi-occupancy rooms, as visitors were asked to leave when residents required personal care. As highlighted throughout the report, the limitation of space in the multi-occupancy bedrooms meant that visits between residents and relatives were not conducted in private. For example, the conversation could be easily overheard by all people in the room.

There are areas where residents can meet with visitors more privately but these areas are not designated visitors' areas, are located away from the units, are used for multiple purposes such as activities and dining and are not always accessible. The inspectors saw that many residents were too frail to move to these areas when they had visitors. Consequently,residents met their relatives and friends in their bedrooms. Facilities where residents can meet with their visitors in private and that are accessible to all residents are required in accordance with Regulation 11(1) and 11 (2) (b).

Judgment: Not compliant

Regulation 12: Personal possessions

There are inadequate storage facilities available for personal possessions. Residents were pleased that staff had made efforts to provide them with additional storage. However, given the limited space available, it was not possible to provide adequate storage space for all residents, particularly when more than four residents are accommodated in a multi-occupancy bedroom.

Judgment: Not compliant

Regulation 17: Premises

As stated in previous reports inspectors found that the use of multi-occupancy rooms, the accommodation of more than four residents in cubicles, deficits in shower and bathing facilities, lack of storage facilities and a lack designated space to see visitors were aspects of the premises that collectively indicate that the layout does not meet residents' needs in a satisfactory way. Inspectors observed multiple examples during the inspection that showed that residents' rights to privacy were compromised. For example, an inspector sat at a bedside of one resident while care was delivered to another resident within the room. During this time, the inspector observed that the resident's dignity was compromised as there was insufficient space behind the curtain for the staff to deliver the care without exposing the resident. The resident in the middle bed in this cubicle could not sit at their bedside

or access their personal belongings during this time. The residents in the other beds could not enter their bedroom. Staff and residents confirmed that this situation is a daily occurrence and not an exception in practice.

As stated, inspectors concentrated on the Alder and Hazel units. The limitations and insufficient space is particularly evident in these two units. In the Alder unit there were six cubicles that accommodated five residents. In the Hazel unit there were three cubicles that accommodated five residents. As well as the limited space and storage issues, the following premises deficits required attention:

- The privacy curtains around beds do not maximise privacy within the shared space. The restricted space in the five bed areas, bed tables, chairs and personal items limit the effective use of curtains to protect privacy.
- There is inadequate provision of showers in the Hazel Unit with just two showers available for 27 residents. There is also inadequate provision of showers and bathing facilities in the Alder unit with two showers located at the end of the unit one of which was leaking when inspected. The location of showers meant that residents had to travel a long distance through the hallway to access the showers and some toilets. This arrangement impacts seriously on the dignity of residents.
- Residents have very limited choice if they wish to have a bath as there is only one accessible bath available and this is located in the dementia unit- Holly. This means that resident would have to leave their own units to have a bath.

Other areas that required attention included:

- Some toilets had raised toilet seats that were not fixed and this presented a risk to residents with mobility problems
- Several toilet areas were unclean at varied times of the day
- The floor in the toilet and shower area in the Alder unit was stained and damaged
- One shower was leaking
- Water outlets in showers needed more effective cleaning
- Some wheelchairs were not in a clean hygienic condition
- Some urinals were discoloured and required replacement

Judgment: Not compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under constant review. The most recent risk identified and added to the risk register and risk rated related to the risk presented by staff

shortages.

Improvements were required to risk management to ensure that all risks were identified, assessed and measures put in place to control the risks identified. A number were identified for attention

- The use of bedrails without protection and residents were observed lying against the bedrail.
- The door of the janitors cupboard in the Alder unit opens into the hall which presents a risk to anyone walking past.
- Some toilets had raised toilet seats that were not fixed and this presented a risk to residents with mobility problems.
- Risk assessments were required for residents who smoked to include practices and equipment to reduce risk of clothing burning
- The placement and transfer of residents with infections in the centre and the resources provided for cleaning required assessment and action
- The dependency level of residents in a compartment and the adequacy of the plans for safe evacuation.

Judgment: Not compliant

Regulation 27: Infection control

On the day of inspection the inspectors were not assured that procedures and practices consistent with good practice standards for the prevention and control of healthcare-associated infections were implemented by staff.

There were staff allocated to cleaning duties. The same staff were also engaged in care duties and the service of meals at meal times. It was evident that the time allocated to cleaning was not adequate to ensure a hygienic clean environment. For example, the toilets and shower areas in the Alder unit required attention throughout the day. The nurse in charge frequently had to interrupt the task she was engaged in to advise on where cleaning was needed. Some individualised equipment used by residents was not clean for example, wheelchairs.

The proximity of beds in the five bed areas presented a risk of cross infection. The provision of one wash hand-basin also contributed to this risk.

Judgment: Not compliant

Regulation 28: Fire precautions

On the last inspection, inspectors confirmed that the centre had engaged with a

suitably competent company to ensure that fire safety regulations were adhered to. During this inspection, there were a number of areas identified for improvement:

- Personal Emergency Evacuation Plans (PEEPs) required updating to ensure that changes are included and that the PEEPs contain accurate information. For example, where a resident's condition changes or the resident changes room, this needs to be described in the PEEP to avoid confusion in an emergency. The inspectors found evidence in some of the PEEPs reviewed that the evacuation method was in conflict with the aids required for moving and handling.
- A fire drill had not taken place with the night time staffing levels only or including the largest compartment where residents are accommodated.
- Inspectors found that a number of ski sheets were not fitted correctly or were not in the correct position.
- Inspectors found residents who were on air mattresses and who also had a ski sheet fitted. The person in charge reported that this risk had been identified and would be addressed and that an alternative evacuation aid is being examined.
- Inspectors observed that a number of fire doors and exit routes were obstructed by linen trolleys and equipment during the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A review of medicines management administration was required. On the day of inspection, inspectors observed that the morning medicine round on one of the units did not finish until 11am. This time lapse from the time that medicines are directed to be given on the prescription chart and the time it was administered was outside best practice guidelines.

A lock on a fridge was broken since November 2018. Attempts made to source a suitable key were unsuccessful. A replacement fridge had not been provided. This action is restated from the last inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall inspectors found that care plans were person -centred and guided care. Documentation on pain assessments were not always updated to take account of changes in medicines to respond to pain.

Judgment: Substantially compliant

Regulation 6: Health care

The centre had good medical and multidisciplinary staff input to ensure residents' health care needs were met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were care plans in place to guide staff where residents displayed behaviours associated with dementia or other conditions. The inspectors saw that appropriate arrangements were in place to protect residents' privacy and dignity. Staff were well informed about how to intervene and manage behaviours to ensure the wellbeing of residents.

Inspectors were informed that the centre promotes a restraint free environment. This inspection did not find that restraint use in the Alder and Hazel units had reduced. Further development is required among the team to ensure involvement from all stakeholders in the assessment of need for the use of bedrails. For example: inspectors were informed that bedrails were put in place as a response to the family's request. This is not in line with National policy.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicion of abuse. The centre had access to a safeguarding and safety officer. Staff had received appropriate training. While some staff training was overdue, the centre management confirmed that dates had been booked to ensure that all staff have training.

Judgment: Compliant

Regulation 9: Residents' rights

The communal rooms in the centre are a hub of activity and residents told inspectors that they are happy with the communal facilities for activities and the variety of activities on offer. Residents also told inspectors they enjoyed attending daily Mass in the church in the centre. It offered them an opportunity to meet and socialise with people from the local community and the church also provided space for quiet time and prayer.

As highlighted in previous reports, residents' rights to appropriate standards of privacy and dignity are hindered in the Alder and Hazel units due to the provision of insufficient space and storage. Residents do not have adequate space or privacy and, as described throughout this report, it is difficult for staff to protect and maintain dignity. The provider has repeatedly failed to ensure the space available is appropriate to provide care safely. When resident numbers were low, the residents in the multi-occupancy rooms can utilise the empty spaces. However, the number of residents in the rooms is subject to regular change due to admission activity or transfers from single rooms when priority care needs take precedence. This constant unknown is a source of stress for residents, and residents outlined this several times to inspectors.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Joseph's Hospital OSV-0000613

Inspection ID: MON-0025909

Date of inspection: 16/01/2019

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Staffing Whole Time Equivalent:
• A number of new Staff Nurses have been successfully recruited by a HR Campaign and are due to commence duty within the designated centre on the 1st April 2019, greatly reducing the need to support the nursing roster with agency staff.
• A significant recruitment campaign continues to recruit Household Staff to alleviate the requirement of agency staff. Current vacant positions have agency staff regularized into these roles to facilitate a consistent delivery of service. A new roster for the Household Support Staff will come into effect on the 8th April 2019.
• There are no vacant positions for Healthcare Attendant staff currently within the centre.

Agency Staff:
• Agency Staff are regularized to each unit and each unit has four core staff for Hazel/Alder/Ash and three to Holly Unit allocated within their roster. The remaining available staff all work regular hours within the designated centre and have done for some time, with the exception of a minimal staff provided by the agency in times of severe staff shortages.

Household Staff:
• Household Staff are the staff that are involved in the Cleaning and Catering duties within the centre.
• Roster – A full review of the current roster was conducted and a newly revised roster was developed, which will be rolled out on the 8th April 2019. This proposed roster will allow for protected cleaning hours to the Hazel/Alder/Ash/Holly Units and will be supported by a dedicated cleaning team. The new roster also protects catering hours for catering and delivery of meals service and eliminates the need for any staff cross over between cleaning and catering duties.
• Dedicated cleaning equipment specific to floor cleaning, to support the revised cleaning schedule within the residential units has been purchased. This equipment will be

manned by a dedicated cleaning team and will be available in line with the roll out of the new roster on the 8th April 2019.

Clerical Support:
• Clerical Support allocated to the units has been reviewed and restructured on a trial basis of three months to facilitate a more efficient service to the units.

Agency Staff:
• A Unit whereby 50% of staff were agency had experienced a significant reduction in staffing due to emergency situations, three senior staff members had been rendered unfit for duty due to the sudden onset of illness in the days preceding the unannounced inspection. The agency staff allocated to the unit on the day of the inspection were all agency staff who provide a regular and efficient service to the centre.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Fire:

Checks:
• Nurse Management – complete a full fire site inspection on a daily basis inclusive of equipment and exits on a daily basis.
• Unit Mangers/Senior Staff – complete a full daily check of equipment and fire exits and also report three times daily to the Nurse Management office with regards to fire exits
• A number of fire drills to familiarize staff with fire evacuation procedures have been conducted on site and will continue as a routine element of our fire safety.
• All staff within the centre have completed fire education training on site for the year 2018. This training has been scheduled for 2019 with all staff to attend same.
• A maintenance schedule of all fire equipment is maintained.
• In order to demonstrate Agency Staff awareness of all local fire evacuation procedures a "fire evacuation awareness" checklist has been devised which is completed with all agency staff working with the centre and maintained by Nurse Management.
• A request for a Simulated Fire Evacuation managed by night staff availability, was completed as requested by the Inspectors on the day of the inspection within 48 hours of the inspection having been completed.

Training:
• A full schedule of training is available on a quarterly basis for 2019 and staff are notified of same.
• All units hold an up to date "training matrix" to outline compliance with mandatory training requirements.

• The centre has fully qualified instructors in the provision of MAPA, CPR training and Hand Hygiene training with access to Manual Handling, Safeguarding and Infection Control training within CHO3.

Regulatory Compliance Documentation:
• All regulatory Compliance Documentation is available on all units within the centre at this time.

Supervision of Staff:
• Each duty i.e. day or night commences with a full report for all staff on duty involved in the direct provision of resident care. A daily safety pause, as reported on the quality and safety form is conducted each morning with all staff on duty in attendance discussing any matters arising.
• Bi-monthly ward meetings are conducted to ensure staff are up to date in all practice.
• A schedule of staff meetings has been issued to all units within the centre and are chaired by the Director of Nursing and are open for all staff to attend. .
• The current revised cleaning schedule within the residential units has a component added to ensure the Nurse in charge checks and accounts for the cleaning completed on a daily basis.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Governance and Management:
• As previously advised in this compliance document, one unit had experienced a significant reduction in staffing due to emergency situations, whereby three senior staff members had been rendered unfit for duty due to the sudden onset of illness in the days preceding the unannounced inspection. Staff nurses have since been reassigned to said unit in order to reduce the level of deficit and increase consistent service provision.
• The HR recruitment campaign will address the vacant positions within the residential unit .
• Senior management, more notably senior nurse management, have a comprehensive and robust communication system with all Unit Managers and staff within the centre. There is a fortnightly Senior Nurse Management Meeting chaired by the Director of Nursing with a full agenda and minutes recorded with information provided, disseminated to unit staff via their Unit Manager/CNM2.
• Senior Nurse Management undertake rounds in all units within the residential centre daily and facilitate attendance at unit level meetings should a request be made ensuring there is no disconnect between senior management and local unit mangers.

• Each unit communicates via a Quality & Safety Report to the Nurse Management Office three times a day.

Admissions:
• All residents are advised at the point of inquiry with regards to Long Term Care of the services provided by the centre. These include the offer only of multi occupancy bedrooms. Once a resident has accepted to avail of the services provided and meet the criteria for admission as set out in the Statement of Purpose/Admission Policy the Unit is informed of the impending admission.
• The Unit staff/Nurse in Charge are also informed of the residents needs based on the pre-admission assessment which is completed on all residents admitted to the designated centre.
• The practice of maintaining a separate bedroom for the Admission of Respite and Short Stay residents is continued within the centre and the Statement of Purpose is also reflective of this practice.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of Purpose:
• A fully updated Statement of Purpose has been completed and is available throughout the centre.
• The Statement of Purpose clearly outlines the facilities and premises as it currently stands within the centre.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Complaints Procedure:
• The centre has a local complaints policy and information on the HSE "Your Service, Your Say" complaints procedure is readily available to all residents and visitors alike.
• There is a regional complaints manager for "Your Service Your Say" available for advice to staff on complaint management .
• There is also information with regards to the Confidential Recipient throughout the

centre.

Regulation 11: Visits	Not Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Visiting:
• The centre operates an open visiting policy, up to 8pm at night. Visitors are actively encouraged and welcomed to the residential centre. Visitors can spend time privately with their family members if they so choose, either in the bedroom or within the communal rooms provided within the centre.
• There are a number of designated rooms available for residents such as The Sun Room, which is a sitting room with tea and coffee making facilities and a TV available for residents and visitors use.
• The Relaxation Room provides comfortable seating and a radio again is available for residents and visitors use.
• There are other rooms available should residents and families wish to avail of same, such as the Seomra Cuitre and also a dining room opposite Hazel Unit and a dining room opposite Alder unit. These rooms were all upgraded in 2018.
• The Ash unit accommodates a large sitting room and dining room as part of their facilities
• The Holly Unit also accommodates a lounge and a foyer area which provides seating and quite space for residents to spend time with their visitors within the unit.
• All units have an annex area housed within the unit with seating provided. Any resident wishing to spend time with their visitors outside of their bedroom are facilitated and assisted to do so by care staff.
• Only 2 rooms, out of a maximum of 5 rooms, are utilized by the activity team at any one time. Therefore, there is always availability of rooms for visits.
• There are several outdoor prize winning garden areas which can be easily accessed by residents and families/visitors.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Personal Possessions:
• Over the past number of years, management within the centre have made a concerted

effort , and continue to do so , to improve the storage facilities available to residents with the purchase in recent years of wardrobes, lockers or chest of drawers for the purpose of maintaining and managing residents personal possessions.
• Staff on the units and management continuously review the available storage for residents in order to maximize availability.
• A review of the current labeling system for resident's clothes is underway to ensure all resident property is labeled sufficiently going to the laundry with follow up by the Health Care Assistance for the return of such laundry.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Premises:
• Currently, within the centre, all multi-occupancy bedrooms accommodate four residents with the exception of one bedroom which accommodates five, thus increasing the available space for care delivery within the multi-occupancy bedrooms at this time.
• The provision of showers on the Hazel Unit remains as it has been for the past number of years within the centre with the addition of bathing facilities available if desired and care plans indicate residents hygiene needs are adequately provided for within the current provision.
• Maintenance have reviewed all shower units and the leak within the Alder Unit has been rectified. All showers have been in working order during and since the inspection.
• Residents have the option to either attend group activities or partake in activities at Unit level. Any resident who does not wish to partake in activities at all are visited by the activity staff and offered individual activities such as assistance with newspaper reading or hand massage etc. Also, only 2 rooms out of a maximum of 5 are utilized by the activity team at any one time. Therefore, there is always availability of rooms for visits.
• Roster – A full review of the current roster was conducted and a newly revised roster was developed for the provision of household duties. This roster is due to be rolled out on a trial basis on the 8th April 2019.
• This proposed roster will allow for protected cleaning hours to the Hazel/Alder/Ash/Holly Units and will be supported by a dedicated cleaning team. The new roster also protects catering hours for catering and delivery of meals service and eliminates the need for any staff cross over between cleaning and catering duties.
• Dedicated cleaning equipment specific to floor cleaning, to support the revised cleaning schedule within the residential units has been purchased. This service will roll out in line with the new proposed roster on the 8th April 2019.
• The cleaning schedule on each unit has been revised to demonstrate cleaning completed and inspected on a daily basis and signed off the nurse in charge.
• The equipment cleaning list has been updated to include wheelchairs.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Risk Management:
• Within the centre the Director of Nursing holds a risk register for the site with each Unit maintaining a local risk register for issues identified at local level. These registers are reviewed and maintained on a regular basis.
• The centre is serviced by a newly appointed Health & Safety Officer and is also supported by a Quality, Risk & Patient Safety Department.
• Risk management training is provided for all staff to attend and all clinical nurse managers have had this training.

Environmental Risks:
• The door of the janitor's cupboard in the Alder Unit has a hazard sign on the door to notify of the risk attached to same.
• All residents that require the use of restraints i.e. bedrails have an assessment completed to identify if there is a need and all residents that have a need identified have "release and restraint" checks maintained. A release and restraint check is a two hourly check on all residents with a bed-rail in-situ while on bed rest.
• The number of residents requiring bedrails is reviewed on a weekly basis and documented in nursing notes .
• Each resident who requires the use of a restraint device has to sign or have their next of kin sign a consent form to allow for use of such device within the context of their care needs.

Smoking:
• All residents who choose to smoke while within the centre are afforded the right to do so as this is their home. However, all residents who choose this lifestyle choice sign a smoking indemnity form. They are also provided with a smoking apron which they are actively encouraged to wear should they choose to do so. They have a risk assessment completed and also are provided with a designated smoking external area in which to conduct this practice.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.
Infection Control:
• The centre is supported by a team of Infection Prevention and Control Clinical Nurse Specialists.
• Annual Hand Hygiene training is completed on site, supported by in-house Hand Hygiene trainers.
• There is Infection Prevention and Control (IP&C) training provided on site.
• There is a schedule of IP&C audits which are conducted throughout the site with each unit reporting all infections of residents to the IP&C team monthly by ward surveillance documents.
• On the 13th March 2019 the National Quality Assurance and Verification Division of the HSE conducted an audit under the umbrella of infection prevention and control specifically looking at CPE compliance and we await the official report of same.

Staff Crossover
• There is a new proposed household roster which will allow for protected cleaning hours to the Hazel/Alder/Ash/Holly Units and will be supported by a dedicated cleaning team. The new roster also protects catering hours for catering and delivery of meals service and eliminates the need for any staff cross over between cleaning and catering duties.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Precautions:
• Nurse Management – complete a full fire site inspection inclusive of equipment and exits on a daily basis.
• Unit Mangers/Senior Staff – complete a full daily check of equipment and fire exits and also report three times daily to the Nurse Management office with regards to fire exits
• Each resident has a personal emergency evacuation plan (PEEP) which is held on site in each unit and describes the needs that each individual resident would require to assist with their safe evacuation from the building in an emergency response to an event such as a fire. The PEEP's are updated monthly or if there is a significant change in the resident's condition.
• Also in line with fire regulations, the centre's management have conducted a number of fire drills to familiarize staff with fire evacuation procedures. All staff within the centre, inclusive of agency staff working within the centre will partake in fire evacuation training on site booked for 2019 (20/03/2019, 28/03/2019). All HSE staff working within the residential centre have completed fire training for 2018.
• A maintenance schedule of all fire equipment is maintained with timeframes added to same.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medication Fridge:
• Since the date of the inspection three new Drug Fridges have been installed in the Alder, Hazel and Ash Units and a weekly audit is completed to ensure compliance with local medication management policy.

Medicines Management Administration:
• The three large residential Units Ash, Alder and Hazel are conducting an audit which commenced on Monday 4th March 2019 for four weeks to ascertain the time required to complete drug rounds on these Units.

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:
Individual assessment and care plan:
• There is currently a robust care planning system in place for all residents who require analgesia or experience pain through the course of their admission. The ongoing assessment of pain experienced and the success of interventions is further monitored using an assessment guide.
• The assessment of pain has been referred to the Drugs and Therapeutic Committee who will explore same and advise.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Managing Behaviour that is challenging:
• Within the centre, all staff have training in respect to Safeguarding Vulnerable Adults (SVA) and also there are 4 designated officers on site with the support of site of the SVA Social Worker.
• All staff and volunteers within the centre have full up to date Garda Vetting.
• All residents that require the use of restraints i.e. bedrails have an assessment completed to identify if there is a need and all residents that have a need identified have "release and restraint" checks maintained. A release and restraint check is a two hourly check on all residents with a bed-rail in-situ while on bed rest.
• The number of residents requiring bedrails is reviewed on a weekly basis.
• Each resident who requires the use of a restraint device has to sign or have their next of kin sign a consent form to allow for use of such device within the context of their care needs.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Residents Rights:
• The Residents Forum chaired by the Activity Co-ordinator meets the first Tuesday of every month and is attended by a cohort of residents of all units within the centre. These meetings are minuted and issues arising are actioned accordingly.
• A number of our residents within St. Joseph's partake in community activity within the local area.
• The activities roster is inclusive of many outings outside the residential centre to facilitate social inclusion within the local community.
• There is a resident's newsletter published quarterly for all residents and their families to keep up to date with life within the centre. The Residents contribute greatly to the content of the newsletter.
• Residents have the option to either attend group activities or partake in activities at Unit level. Any resident who does not wish to partake in activities at all are visited by the activity staff and offered individual activities such as assistance with newspaper reading or hand massage etc. Also only 2 rooms at a maximum out of 5 are utilized by the activity team at any one time.

Environment:
• Currently, all multi-occupancy bedrooms accommodate four residents with the exception of one bedroom which accommodates five.
• As described within the Statement of Purpose the practice of maintaining a separate

bedroom space for Respite or Short Stay admissions in order to minimize disruption to the bedroom accommodation of Long Stay Residents has continued.
• Should a situation arise whereby for whatever care need, such as end of life care, a resident requires single room accommodation this will be provided in so far as possible in line with safe care needs.
• There are a number of designated rooms available for residents such as The Sun Room, which is a sitting room with tea and coffee making facilities and a TV available for residents and visitors use.
• The Relaxation Room provides comfortable seating and a radio is again available for residents and visitors use.
• There are other rooms available should residents and families wish to avail of same such as the Seomra Cuitre and also a dining room opposite Hazel and a dining room opposite Alder Unit.
• The Ash unit accommodates a large sitting room and dining room as part of their facilities
• The Holly Unit also accommodates a lounge and a foyer area which provides seating and quite space for residents to spend time with their visitors within the unit.
• All units have an annex area housed within the unit with seating provided. Any resident wishing to spend time with their visitors outside of their bedroom are facilitated and assisted to do so by care staff.

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(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	27/03/2019
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Not Compliant	Orange	27/03/2019
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	27/03/2019

	that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.			
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.	Not Compliant	Orange	27/03/2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	08/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/05/2019

	training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	27/03/2019
Regulation 16(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.	Substantially Compliant	Yellow	27/03/2019
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	27/03/2019
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	27/03/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Not Compliant	Orange	11/02/2019

	the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	27/03/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	27/03/2019
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	27/03/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/05/2019
Regulation 28(1)(d)	The registered provider shall make	Not Compliant	Orange	31/03/2019

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored	Substantially Compliant	Yellow	27/03/2019

	securely at the centre.			
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	01/04/2019
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	11/02/2019
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Not Compliant	Orange	27/03/2019
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	30/04/2019

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	27/03/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	27/03/2019
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	27/03/2019