



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bellvilla Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	03 May 2022
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0036568

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is located in south Dublin city and registered for 49 beds, all accommodation is located on the ground floor of a single-storey premises. The building is divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service is operated on the site but does not require entering the long-term residence to access. This service is currently suspended due to the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 May 2022	09:30hrs to 18:30hrs	Margo O'Neill	Lead
Tuesday 3 May 2022	09:30hrs to 18:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

On arrival at the centre inspectors were requested to complete infection prevention and control measures which included inspectors donning (putting on) face masks, temperatures being taken and recorded and hand hygiene performed. Inspectors met with the person in charge of the centre and one of the clinical nurse manager to discuss the format of the inspection and to request documentation to inform the inspection process.

During the inspection, inspectors took the opportunity to speak to a number of residents and visitors to gain insight about living in the centre and feedback about the service. Inspectors spoke with residents who wanted to engage with them, and spent time observing practice throughout the three units of the centre. The atmosphere in the centre was calm and relaxed and residents looked well cared for. Residents reported they were happy with the service and care provided to them and that they felt secure and safe.

Residents reported positively about the staff working in the centre and commented that staff were 'very good'. One resident said that the staff were superb and that they never had to wait for assistance. Inspectors' observed that staff appeared to know the residents' needs and preferences well and were respectful and kind in their interactions.

Inspectors found that the centre was warm, modern, well ventilated and was overall maintained to a good standard with the exception of a few areas. The single storey centre contained 19 single bedrooms and 15 double bedrooms, some of which had en-suite facilities.

Inspectors observed that residents' bedrooms were spacious, clean and contained appropriate numbers of chairs, lockers, lockable spaces and wardrobes. All had a wall mounted television for entertainment. Residents were encouraged to personalise their rooms with photos, paintings, personal memorabilia and bedding such as throws. Residents reported to inspectors their satisfaction with their bedrooms. Inspectors observed that the location of residents' wardrobes in some multi-occupancy bedrooms impacted on their ability to access their belongings within a private space; this will be discussed within this report under Regulation 9, Residents' Rights.

The shared bathrooms and en-suites facilities viewed by inspectors were found to have adequate space and facilities to allow residents to undertake personal care activities independently or comfortably with assistance if required. Action was required in some en-suites, however, to ensure that these were well maintained; for example, inspectors noted in some of the en-suites that the flooring had deteriorated and needed attention. It was also noted that some multi-occupancy en-suites storage available was not adequate to ensure that personal products could be

stored separately for each resident accommodated in the bedroom.

The centre had one dining room and two sitting rooms for residents to use, the sitting rooms were also used to hold group activities such as balloon tennis. Inspectors observed that the dining room was bright and contained furniture, such as, enable tables for wheelchair users to use at meal times. There were a number of seating areas located throughout the centre for residents to rest and relax at, these areas contained appropriate furniture to enhance residents' mobility and independence. The centre's communal areas were found to be clutter-free and inspectors observed that steps to de-emphasise non-resident areas such as exit and hall doors had been taken by decorating the doors with forest scenes. These measures were taken to enhance the safety of residents living in the centre.

There was a small oratory and a family room located near the entrance of the centre. On the day of inspection, inspectors found that these rooms were not available to residents or their families to use. For example, the oratory was being used for storage and as a break room for staff. The carpet was also found to be heavily stained and in need of attention. The family room only contained a bed; staff members informed inspectors this was used as an isolation zone when required for symptomatic residents. This was discussed with management of the centre who undertook to take action to address these issues.

Residents had access to a large, safe enclosed patio area. This area contained a number of seating areas with tables for residents to use and enjoy when weather permitted. This area also contained the centre's designated smoking area. Inspectors observed that although there had been work completed to enhance the outdoor areas, such as painting of walls with bright cheerful colours and the introduction of planting beds, this outdoor patio area required further attention. For example, inspectors observed that the patio area closest to the centre door was littered with cigarette ends. Inspectors were informed that a staff member was assigned 30 minutes a week to maintain this area. The management team undertook to review these arrangements to ensure this area was maintained regularly so that residents could enjoy all parts of the outdoor patio area.

There was a dedicated activity team within the centre with two full-time activity staff members who worked across the week, Monday to Sunday, to provide a programme of activities to residents. Throughout the day, inspectors observed various group activities being held. Residents were seen to enjoy these activities. Kind and friendly conversations were observed happening between residents and staff. There was a varied activity schedule which included floor games, bingo, card games, news and views, and meditation. Mass and Rosary were also available for residents who chose to participate. Mass was available on TVs in residents bedrooms.

Inspectors were informed that one of the activity persons provided hair styling and cutting service for residents in the centre's hairdresser salon on a weekly basis.

Inspectors observed that mealtimes were taking place in the dining room, sitting rooms, and bedrooms where people chose that option. It was noted the dining room was still operating with social distancing. The impact of this was that residents in the

Katie Barrett area were staying in that area all day, and meals were being served on tray tables in front of them. For some residents the height of the table meant they were picking up their plate or bowl to eat from it. Inspectors noted that many of the meals were only partially eaten by the residents, though those spoken with said the food was good. It was also noted that a loud cleaning machine was being operated at lunch time, which impacted residents' ability to speak with staff and other residents.

Visitors were observed coming and going throughout the day of the inspection, with most visits taking place in bedrooms. Visitors who spoke with inspectors were complimentary of the service that was being provided to their loved one and were positive regarding staff working in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall residents were receiving a good standard of care in the centre. Inspectors followed up on actions outstanding from the last inspection in 2021 and found that improvements had been made in relation to staffing for example. However, further action was required to ensure compliance in the following areas; complaints procedure, governance and management, training and staff development and registration Regulation 7 regarding applications to vary the conditions of the centre's registration.

The registered provider for the centre is the Health Service Executive and the provider had a clearly defined management and governance structure in place. The management team within the centre was led by the person in charge. Two assistant directors of nursing, seven clinical nurse managers and a catering manager all supported the person in charge in her role to guide and lead the day-to-day operations. On the day of inspection there were three vacancies in the senior management team, this included two clinical nurse managers and the catering manager position. These were being actively recruited for.

A draft annual review of the quality and safety of care delivered to residents in the centre during 2021 was made available to inspectors. This draft report did not reference that feedback from residents using the service had been collected and used to inform the report. Additionally, action was required to improve the management systems that monitored the service provided. This is discussed further under Regulation 23, Governance and Management.

The person in charge had started in the role four months earlier and through discussion with inspectors, informed them of the areas that they had identified and highlighted for particular focus and quality improvement. These areas included

recruitment and retention of staff, training and development of staff and residents' rights. The person in charge outlined changes that had already been implemented such as a change to the activity schedule, so that activities were available to residents seven days a week. Improvements in staff training and appraisals were also being rolled out.

From a review of the rosters, inspectors' observations and from feedback from residents and visitors, inspectors found that the number and skill mix of staff was appropriate to meet the assessed individual and collective care needs of residents and with due regard for the size and layout of the centre. There were six day-nurses and three night-nurses on duty and at least one supervisory clinical nurse manager was on site at all times to provide support and oversight to staff. Inspectors were informed of a significant number of care staff vacancies; although recruitment had been ongoing since January 2022, 22 care staff positions remained unfilled. Inspectors were assured that all shifts were being covered with agency staff. Inspectors were assured that there were robust recruitment processes in place and that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

There was a comprehensive mandatory training plan in place for 2022 and the records showed that the vast majority of staff were up-to-date with this training. Mandatory training included fire safety, manual handling, safeguarding and infection prevention and control. Inspectors identified, however, that action was required to improve access for staff to training in the management of responsive behaviours. Nursing and care staff were supported and supervised in their work by the clinical nurse managers with additional managerial support from the person in charge and the assistant directors of nursing who were available Monday to Friday and on-call overnight.

The person in charge was the designated complaints officer in the centre and had responsibility for managing complaints received and to ensure that complaints were responded to timely and appropriately and that records were maintained. The complaints procedure, with the required contact details for designated persons and bodies, was displayed in prominent positions to inform residents and visitors. The centre's complaints records from 2021 and 2022 were reviewed and it was identified that not all complaints or concerns received about the service were recorded in the centre's log. This required action to ensure that there was a record of all complaints maintained in the centre.

Inspectors were informed that the layout and function of a communal room had changed since the last inspection. An additional nurses' station had been created using part of the physiotherapy gym. The provider had failed to notify the Chief Inspector of this change through an application to vary the conditions of the centre, as required under registration Regulation 7, Applications by registered providers for the variation or removal of conditions of registration. This was discussed with the centre's management during the inspection.

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

The registered provider had undertaken and completed building works in order to create an additional nurses station in one of the designated centre's units. This resulted in structural changes to the premises. No application to vary registration condition 1, updated statement of purpose or amended floor plans had been received at the time of the inspection to inform the Chief Inspector of this change.

Judgment: Not compliant

Regulation 14: Persons in charge

The registered provider had an appropriate person in the role of person in charge of the designated centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of 45 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to improve access for staff to training in the management of responsive behaviours. No records were available to confirm that staff had attended and completed training in this area and from the care records inspectors reviewed these indicated that there were a significant number of residents who required support with responsive behaviours which they displayed from time to time.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not robust and did not fully meet the requirements of Regulation 23. Inspectors reviewed the management systems and found that:

- although there were some records that key performance indicators of care and quality of the service were collated, there was little indication that these were trended, analysed and benchmarked to identify gaps and risks in the service.
- incidents occurring in the centre were not reviewed and trended or analysed to inform future improvements in the service.
- records of audits completed were provided to inspectors however action was required to ensure that action plans were consistently developed and actioned to effect change and make improvement where needed.

Inspectors reviewed a draft annual review of the quality and safety of care delivered to residents in the centre during 2021. This draft report did not reference that feedback from residents using the service had been collected and used to inform the report.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required notifications were provided to the Chief Inspector within the required time frames as stipulated in schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

On reviewing governance and management documentation inspectors became aware that not all complaints or concerns received about the service were recorded in the centre's complaints log on the day of inspection. This required action to ensure that there was a record of all complaints maintained in the centre.

Judgment: Substantially compliant

Quality and safety

Residents were receiving care and support that met their needs. Residents were involved in the health and social care assessments that were completed, and reported that they felt well cared for in the centre.

Before being offered a place in the centre, an assessment was carried out to ensure the residents needs could be met. On arrival each resident had a comprehensive assessment carried out by the nursing staff. This assessment lead on to care plans being developed for the residents identified needs.

Care plans were seen to provide details about residents needs, and also their likes and preferences. For example, preferred time for rising, and breakfast preferences were detailed in the care plan. Each resident had their health and social care needs set out in their care plans. Activities care plans set out the resident's preferences, and also the type of activities they enjoyed. For residents who were not able to express their preferences, there were life story documents setting out previous interests, and also assessments of their physical abilities and the type of activities that would be beneficial to them. Care plans were reviewed every 4 months, and updated in relation to any changed needs or abilities. The care plans clearly set out the residents preferences and choices and what was important to them in relation to how they spent their time in the centre. Inspectors observed residents wishes being respected. Records showed that residents had met with staff and signed care plans, where able to. Meetings were also held with family members, with residents permission.

Some residents in the centre displayed responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans very clearly set out what might cause a resident to become anxious or upset and the type of behaviour they may engage in. They also detailed effective approaches to support them to become calm again. Staff spoken with during the inspection knew the residents well, and kept up to date with the care plans to ensure care was delivered that supported the resident to live a calm and settled life. While staff knew residents well, many had not undertaken training about how to manage responsive behaviours, and how to manage them within a service.

Residents' health care needs were monitored closely by the nursing team. A selection of recognised nursing tools were used to assess risk and changing need in a range of areas, including changes to skin integrity, risk of falls, risk of malnutrition and cognitive abilities. Where these assessments suggested a change this was acted on, and the steps taken were clearly recorded. Records showed that where residents needs changed, this was identified by the staff team, and appropriate referrals were made to allied health professionals such a speech and language therapy, dental, or physiotherapy. There was a physiotherapist employed in the centre, who provided ongoing support to residents in relation to mobility.

Inspectors spoke with staff about what steps they should take if an allegation of abuse was reported to them, or they observed or suspected abuse to have taken place. All were clear about the safeguarding policy, and correctly identified the steps they would take in relation to scenarios posed by the inspectors. All staff had undertaken a training course about the protection of adults at risk of abuse, and were seen to be putting the training in to practice. Where necessary, residents had safeguarding plans in place setting out how their needs were to be met.

Residents were seen to be moving around the centre as they chose, including using the outside patio area. Some residents were accessing the community independently. There was access to a program of activities that was varied, and took place in different places, and different size groups. There were also one to one activities for residents who did not like to join groups. There were staff available to support activities seven days a week.

Action was required to ensure that routine maintenance work was carried out regularly so that all areas of the premises were maintained to an appropriate standard. For example, inspectors observed that in a number of residents' en-suite bathrooms that flooring had deteriorated and required attention. Generally there was wear and tear noted on items of furniture throughout the centre and externally, although walls had been painted with cheerful colours, it was generally disorganised and required increased attention.

Inspectors were not assured that the layout of some multi-occupancy bedrooms facilitated access to residents' personal storage space in private. Management undertook to review these arrangements for all multi-occupancy rooms within the centre, and develop an action plan to address this so that all residents' right to privacy could be supported. Inspectors were also not assured that all rooms in the centre were being used in accordance with the centre's statement of purpose. This was discussed with management who outlined plans to review these arrangements and develop a plan for these rooms to ensure that residents would once again gain access.

Infection prevention and control policies were in place, and overall they were implemented effectively. For example, cleaning arrangements, hand hygiene and record keeping were managed to a good standard. A small number of issues were identified as set out under Regulation 27, Infection control.

Regulation 11: Visits

Residents were able to receive visitors at times that suited them. All residents spoken with reported they were pleased to see their families and friends again following the previous restrictions due to COVID-19.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises of the designated centre was appropriate and in accordance with the statement of purpose. For example; inspectors identified that two rooms, the centre's oratory and the family room were not available to residents to use as they were currently functioning as a storage and a designated isolation room respectively.

Maintenance arrangements required review to ensure that all areas of the premises were well-maintained to a good standard, including the patio area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to water and other drinks. There were meals provided three times a day, prepared off site, and given to residents as per their choice of the options. Where residents required support with eating and drinking it was provided discreetly.

Judgment: Compliant

Regulation 27: Infection control

While practices in the centre overall were of a good standard, a small number of issues were identified that did not fully comply with the requirements under Regulation 27:

- There were items stored on the floor in storage rooms, meaning the floors could not be cleaned effectively
- One sluice area had items blocking access to the bed pan washer
- Personal items in shared bathrooms were not identifiable per resident, increasing the risk of cross infection
- Examples were seen of damage to walls and door frames, peeling flooring and damage around sinks from water which impacted on effective cleaning

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were in place for residents, setting out their needs and how they were to be met. They were revised with the resident at least every four months, or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

Residents health needs were kept under review by nursing staff, who responded to any identified changes. The general practitioner carried out regular reviews, and links were in place with other medical teams as required, for example the gerontology team.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents needs were clearly documented, and staff knew the residents well. There were clear records in place where restrictions, such as bed rails, were in use. There was a multi-disciplinary team that reviewed any planned restrictions, and where they were agreed they were monitored on a four monthly basis, or more frequently as required.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to ensure the full workforce had undertaken safeguarding training. It included information on detection and prevention of abuse.

Where incidents occurred, they were identified and responded to correctly, following the National Safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

The configuration of some of the multi-occupancy bedrooms did not allow residents to access their personal belongings in private and out of sight of the other room occupant. For example, wardrobes were outside residents' private space. This required review to ensure that residents' right to privacy could be maintained.

While some residents were able to choose where to take lunch, and there was access to the dining room for each of the three units on a rotating basis, residents were not always able to eat a meal comfortably due to the furniture available and the layout of the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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	Substantially compliant

Compliance Plan for Bellvilla Community Nursing Unit OSV-0000438

Inspection ID: MON-0036568

Date of inspection: 03/05/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>An application to vary registration condition 1 based on the building works to create an additional nurses' station in the designated centre submitted the 23rd May 2022 to Chief Inspector along with updated statement of purpose, amended floor plans. Same displayed and communicated within the unit.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Managing actual and potential behaviour training course provided by NMPDU completed for staff. All staff (except four new staff) have successfully achieved a practice Certificate in Multi Element Behaviour Support (Positive Behaviour Support). Education officer of the unit will be trained as a train the trainer to ongoing onsite training on positive behaviour support area for staff. Targeted for completion 31st July, 2022</p> <p>Peer Support Responsive behaviour working group to be established at CHO 7 level by the 29th December 2022 seeking two representatives from each of the seven Public Community Nursing Units to offer peer support in promoting good evidence based practice in this area that can be shared across the residential services for older people.</p>	

Ongoing audit and review of the management of responsive behaviour by the ADON. This audit process will be reviewed in the centres monthly QPS (Quality Patient Safety) meetings.

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

Maintain and update records on the existing Key Performance Indicators (KPIs) of care and quality of the service records for the unit in particular incident management. Target for completion - ongoing monthly requirement.

A completion of a quarterly trending analysis on the current key performance indicators of care, quality of the service and incident management to identify gaps and risks in the services. The findings of this trend analysis to be presented at the unit's monthly QPS meeting and reviewed on by the CHO7 QPS advisor to generate a plan to address any gaps and risks. Target for completion – 31st August, 2022.

A key focus of the monthly QPS meeting is to ensure that action plans are consistently developed around auditing of the services and actions developed that promote change and make improvements as required. Supported by the inclusion of data reporting on quality of services as a line item on the agenda of the monthly QPS meetings. Target for completion - ongoing monthly requirement.

An annual review of these KPIs completed by the end of the year and each year going forward to support year on year comparisons for future improvement of the service. Target for completion - January 2023.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Review and maintain all records relating to all complaints or concerns raised relating to the services. Complaints and concerns received about the services reviewed at the units' monthly QPS meetings. Target for completion – 4th May 2022 with ongoing monthly review requirement.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Centre's oratory and family rooms cleared from inappropriate storage items to promote restoration of functioning of these rooms that promote residents and their families' requirements. Target for completion - 10th May 2022.</p> <p>Head of Service and General Manager of Older Persons' Services, Director of Nursing, HSE Estates, and Catering Manager completed a walk around of the service to review of oratory and family rooms and catering supports of service. Actionable outcome of this process was the completion of feasibility study to review options to enhance pantry supports for the service – Target for completion - 29th December 2022.</p> <p>Ongoing engagement with maintenance services to ensure all areas of the premises are maintained with a particular focus on wear and tear on walls, door frames and sinks Target for completion - ongoing monthly review requirement.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Inappropriate items stored on the floor in store rooms and items blocking access to sluice bedpan washer were removed with an ongoing monitoring plan put in place to prevent this issue arising in the future. Target for completion - 3rd May 2022.</p> <p>Personal items of the residents in shared rooms are stored going forward in identifiable baskets designated to individual residents on the following day of inspection. Target for completion - 3rd May 2022.</p> <p>Ongoing engagement with maintenance services to ensure all areas of the premises are maintained with a particular focus on wear and tear on walls, door frames and sinks to promote effective cleaning. Target for completion – 29th December 2022 supported by ongoing monthly review requirement.</p>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Work plan generated between management in collaboration with HSE Estates to configure the multi-occupancy bedrooms in support of SI 293 regulatory compliance enhancement and resident's rights relating to privacy and personal possessions Contractors visited site on the 10th February 2022 to develop a schedule of works to deliver on same. Target for completion - ongoing monthly review requirement with end of December, 2022 full completion date.</p>	

The centre's Multidisciplinary Team reviewed the layout of the residents seating area in the dining room and through the centre. Based on this review, furniture was repositioned or new furniture sourced for relevant areas on the day following the inspection in support of enhancing resident's capacity to eat comfortably. Dining room was open to all three wards on 4th June 2022 onwards.

Head of Service and General Manager for Older Persons' Services, HSE Estates, Director of Nursing and Catering Manager completed a walk around of the service to review catering supports of service for residents. Actionable outcome of this process is the completion of feasibility study to review options to enhance pantry supports for each individual unit – Target for feasibility study completion date- 29th December 2022.

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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Not Compliant	Orange	23/05/2022

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/12/2022
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.	Substantially Compliant	Yellow	29/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Substantially Compliant	Yellow	16/06/2022

	accordance with 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.	Substantially Compliant	Yellow	16/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/12/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and	Substantially Compliant	Yellow	01/01/2023

	whether or not the resident was satisfied.			
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.	Substantially Compliant	Yellow	29/12/2022