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:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 April 2022
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0036790

About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 38 long-term places and eight respite care places. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy. The centre is currently undergoing a redevelopment programme and is now providing accommodation for 28 residents. The respite and convalescent placements have been temporarily relocated to other centres located nearby with the respite placements returning once the works have been completed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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
Thursday 28 April 2022	08:45hrs to 19:20hrs	Niamh Moore	Lead
Thursday 28 April 2022	08:45hrs to 19:20hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Overall, most residents and visitors spoken with were happy with the care and services received within Dalkey Community Unit, however many discussed the limited access to private space available within bedrooms and communal areas. Residents were observed to be content in the company of staff. This inspection identified a number of areas that required action. These findings will be discussed under their relevant regulations.

On arrival to the centre, inspectors were met by a member of management, who ensured that a declaration of being symptom free, temperature checking, hand hygiene and mask wearing were completed on entry to the centre.

Following a short opening meeting, inspectors were accompanied on a tour of the premises. The designated centre is set out across two floors, with residents accommodation located on the first floor. Residents were accommodated in single, twin and four-bedded bedrooms. There was a separate dining area, communal space, oratory and a family room located on the first floor of the designated centre. Residents also had access to enclosed gardens, with access available from the ground floor and first floor. Inspectors observed a cat in one of these gardens and residents said they enjoyed spending time watching the cat.

Residents had access to either an en-suite or shared bathrooms. Residents' bedrooms were seen to be personalised with their personal possessions which included personal photographs and items such as bed linen. Inspectors observed that the personal floor space and storage facilities for residents in the shared bedrooms was not adequate. Feedback from staff was that within the twin bedrooms, if a resident required assistance with a hoist, they would have to ask the other resident to leave the room to allow them the space to complete their tasks within the space provided. Some residents also told inspectors that while they were happy with their bedrooms overall, they felt their bedrooms were "a bit tight for two beds".

Overall, the premises was warm and bright. The dining room had displays of resident's art work. However, inspectors observed some surfaces were unclean and there was a lack of storage space which resulted in inappropriate storage throughout the designated centre. This inappropriate storage limited residents' use of some communal areas and decreased the appearance of a homely environment.

Inspectors observed many visitors throughout the day of the inspection, however, feedback received from residents and visitors was that they would like more suitable visiting facilities. A family visiting within a single bedroom said they were happy to have the private space to visit their loved one. For resident's of the 16 multi-occupancy bedrooms, the family room was unavailable throughout the inspection due to the storage of equipment. Resident bedrooms which were shared did not provide sufficient privacy. Inspectors observed a visit to occur within the day room

while other residents were present watching television and another visit occurred in a corridor. Visitors also told inspectors that they were disappointed, following the building works over the last three years that there was still poor availability of private space. The designated centre overlooked a busy area within Dalkey and visitors said they felt residents would have enjoyed a nice area and window to look out from.

There was a relaxed atmosphere within the centre. Inspectors spent time observing staff and resident interactions and found that it was clear that staff knew the residents well. All of the residents who were spoken with were complimentary of the staff. One resident told inspectors that staff were kind and that one of the health care assistants had assisted them to do their hair which they were appreciative of.

Residents were seen to spend time in communal areas and some residents chose to spend the majority of their day in their bedrooms. Inspectors observed that resident activities were mostly individual. Some residents were watching television and others spent time together in smaller communal areas. There was no planned activity arranged for the day of the inspection. Residents told inspectors that they would like to see more activities taking place, including outings.

Menus were displayed outside the dining room. There was a choice available for the lunch time meal and also the tea time meal. Inspectors observed that staff provided residents with the level of assistance they required at mealtimes. Residents spoken with confirmed that they were happy with the meals provided. Residents were seen to be offered frequent drinks and snacks throughout the day.

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

Capacity and capability

This was an unannounced risk inspection carried out by Inspectors of Social Services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was conducted to follow up on actions from the last inspection in September 2021 and it included following up on information received in statutory notifications from the provider. The management system in place did not give assurances that the service provided was safe. Findings on the day showed that there was insufficient oversight of records, contracts for the provision of services, risk management and auditing systems. Inspectors also had concerns in relation to safeguarding, restrictive practices, residents' rights, the premises and infection control, which are outlined in the next section of the report.

The Health Service Executive is the registered provider for Dalkey Community Unit for Older Persons. The general manager for Community Healthcare Organisation 6

(CHO6) is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge works full-time in the centre and reports directly to the general manager. They are supported in their role by a unit manager, the day care manager and a team of clinical nurse managers. In addition, staff teams included nursing staff, healthcare assistants, activity staff, porters, household staff and kitchen staff.

Inspectors reviewed the worked and planned staffing roster and were assured that there were sufficient staff on duty to meet the needs of the residents living in the centre on the day of inspection.

Despite a clearly defined management structure, the provider's governance and management arrangements had failed to address key areas of concern. The findings of this inspection reflect the poor management and oversight of the service, resulting in significant impact on resident safety. For example:

- A number of repeat regulatory findings were found from the previous inspection report.
- The actions from management meetings were not addressed.
- There was poor record keeping.
- There was inadequate knowledge and response to safeguarding incidents.
- Management systems, such as audits, were not completed appropriately and therefore, did not facilitate the development of an appropriate quality improvement plan.
- Residents' contracts of care did not contain all the detail required under Regulation 24.
- There was poor oversight of restrictive practices.
- There was poor management of the resident's care environment.
- Failure to uphold residents' rights in relation to multi-occupancy bedrooms, access to activities and contributing to the running of the designated centre.

Inspectors reviewed records of management meetings within the centre. There was a variety of oversight arrangements and meeting forums which met on a regular basis, such as the General Manager Meetings with Directors of Nursing & Unit Managers, Quality and Risk Meetings and a Multi-disciplinary team meetings. Minutes showed discussions took place about key performance indicators and topics relevant to service delivery such as falls, complaints, the premises, COVID-19, infection control, visiting arrangements and policies. Inspectors were not assured that the current systems of management meetings and audits in place ensured that the service provided was safe and effectively monitored. For example, a senior management meeting in April 2022, discussed safeguarding incidents that had occurred, however they failed to put in place adequate actions to respond to risk identified. In addition, audits on care plans completed in April 2022 had findings between 95-100% which did not reflect findings of this inspection.

Inspectors reviewed a sample of three contracts for the provision of services and found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms of admission. For example, inspectors saw that while the contract detailed the room number of a resident, it did not record

whether this room was single or multi-occupancy.

Regulation 15: Staffing

On the day of inspection, inspectors found that the number and skill-mix of staff was appropriate with regard to the assessed needs of the 36 residents' in the centre. There were two or more qualified nursing staff scheduled on duty at all times.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of two staff records required under schedule 2. Inspectors found that one file did not contain the following information:

- A recent photograph
- A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Evidence of relevant nursing qualifications
- A record of the current registration details
- A full employment history
- Two written references of employment

In addition, inspectors observed that resident records were not stored safely on two occasions during the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the provider was not compliant in the overall governance and management of the centre. The provider had failed to ensure management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Safeguarding concerns were not correctly identified and managed, leaving residents at risk.
- While risk identification was in place, management systems had failed to respond and address risks on the centre's risk register. For example, there was a risk identified relating to harm to a person in the double occupancy

bedrooms due to a lack of space to undertake manual handling tasks safely. This risk was entered on the register in November 2020 with no appropriate action taken.

- Audits reviewed did not have any action plans developed to include a timeframe and a person responsible to respond to any required improvements. For example, although improvements were required within the Quarter 2 and Quarter 3 falls audit, this included 77% rating for a post fall review tool, there were no plans developed. Audit tools were not sufficiently robust or effective to identify findings that inspectors found on the day of inspection.
- Management meetings were not driving improvements. For example, while minutes of meetings in January and February 2022 discussed personal protective equipment (PPE) compliance and the adherence of wearing FFP2 masks, this was not seen to be in place on the day of the inspection.
- The findings of this inspection identified repeat findings of inspection held on 28 September 2021, including: Regulation 11: Visits, Regulation 27: Infection Control, Regulation 5: Individual Assessment and Care Plan, Regulation 9: Residents' Rights and Regulation 17: Premises.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

From a sample of contracts of care reviewed between the resident and the registered provider, inspectors found that they did not clearly set out the terms on which a resident shall reside in that centre. For example:

- The occupancy of bedrooms was not included.
- One contract was unsigned by the resident.

Judgment: Substantially compliant

Quality and safety

This inspection identified that significant action was required to meet the regulations for restrictive practices, protection, residents' rights, the premises and infection control. Inspectors also found that action was required to respond to issues with care planning, visiting arrangements and personal possessions. The findings relating to the governance and management of the designated centre are detailed in the previous sections of this report, where overall inspectors were not assured that residents were receiving safe and appropriate care and services in line with their

assessed needs.

There were some good infection control processes in place, for example residents and staff were monitored twice a day for signs and symptoms of infection. However, this inspection identified non-compliance. There was insufficient oversight of the premises and infection prevention and control, which were interdependent. For example, many areas of the premises was seen to be unclean and some items were in a poor state of repair. Further, fundamental gaps in infection control practice within the centre will be discussed under Regulation 27: Infection Control.

Inspectors were not assured that the observed design and layout of some of the multi-occupancy bedrooms within the designated centre met the criteria of Regulation 17: Premises. The impact of the layout of the multi-occupancy bedrooms also impacted on residents' right to privacy and to retain control over their belongings. For example, inspectors were told that laundry was completed for each resident once a week. Due to the limited storage space for residents, the storage of residents' dirty laundry remained in laundry baskets on display in resident areas, and one resident's belongings were kept in the family room. Feedback received on the day of the inspection from residents, staff and visitors all spoke about the limited private space these rooms had for residents and that the current set up did not meet residents' needs.

Inspectors found that residents had not been appropriately assessed prior to their admission to the designated centre and that care plans had not been reviewed in line with regulatory requirements. This is a repeat finding from the last inspection.

Residents had good access to medical and health and social care professionals. A general practitioner (GP) visited the centre Monday to Friday. There was a system of referral in place to specialist health professionals and residents also had access to local community services such as opticians, dentistry and chiropody.

Inspectors found that restrictive practice within the designated centre was not in line with national policy of the Department of Health *Towards a Restraint Free Environment in Nursing Homes* last updated on 26 October 2020. For example, from a sample of records reviewed, there was no evidence that each restriction in place had been risk assessed for safety and that the approach was the least restrictive solution to manage the risk. In addition, inspectors found that practice in the centre was not in line with the registered provider's policy on the use of physical restraints which outlined that the use of bed rails was a last resort.

Inspectors found that concerns of alleged abuse were not managed in line with the centre's own policy. This will be further discussed under Regulation 8: Protection.

There was an activity schedule displayed within the designated centre which detailed activities were planned for four out of seven days for the week of the inspection. Activities planned included exercise classes, relaxation therapy and mass. There were no activities taking place throughout the day of the inspection. Residents were seen to spend time watching television. Some residents told inspectors that they would like to see more activities taking place, including music

and outings.

Inspectors found no evidence that residents were consulted with. Despite this being a repeat finding of the September 2021 inspection, resident committee meetings had not re-commenced and a survey for residents had not taken place. A relative satisfaction survey had been completed in February 2022, which had a finding that 100% of respondents were happy with the care their relative was receiving. However, 63% stated they were not consulted with or were unsure about their relatives care plan.

Visits were being facilitated and managed in line with the centre's visiting policy. Inspectors observed many visitors throughout the day of the inspection. Feedback from many residents and visitors spoken with detailed that they would like improved visiting facilities within the designated centre.

The registered provider was the pension agent for 13 residents. Appropriate systems were in place to ensure the transparent management of residents' finances.

Regulation 11: Visits

The registered provider had not ensured that there was suitable communal facilities available for a resident to receive a visitor in a private area. While there was a designated family room within the designated centre, this room was not in use on the day of the inspection due to storage of residents' equipment and items. This was a repeat finding from the last inspection in September 2021.

Judgment: Substantially compliant

Regulation 12: Personal possessions

As a result of the layout of some of the multi-occupancy twin rooms and all four bedded rooms, some residents were unable to retain control over their belongings. Bedside lockers were seen located outside residents' floor space and as a result residents had to exit this private space to gain access to their clothing and belongings. There was inadequate storage space to allow residents to store their laundry in private.

Judgment: Substantially compliant

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with Regulation 17. A sample of multi-occupancy bedrooms were viewed by inspectors and found that they did not comply with the requirements of 7.4m2 of floor space for each resident of that bedroom, which area shall include the space occupied by a bed, a chair and personal storage space. For example:

- Inspectors observed that for nine individual bed spaces, they measured between 5.06 m2 and 7.3 m2.
- Due to the limited space within many of the double bedrooms, access to the wardrobe was blocked due to the location of a chair.
- For three residents, there were no chairs available within their private space.
- Due to the layout of some of the multi-occupancy rooms, access to residents' personal belongings in their bedside lockers were located outside their personal space.

Equipment and areas of poor repair were observed. For example:

- The bedpan washers within the designated centre had not been serviced adequately. These machines were due to be serviced in January 2022.
- The chairs and the floor in the dining room were badly worn and marked.
- The seal behind a hand hygiene sink within a nurse's station was worn and dirty.
- There was rust and damage seen on a radiator in a sluice room.
- There was wear and tear visible to paintwork including within the laundry room and family room.
- Ceiling tiles were loose and damaged within the smoking room and within a nurses' office.

Inappropriate storage was observed:

- A machine used to clean floors was charging in the corridor which blocked access to a resident seating area.
- There was inappropriate storage of oxygen cylinders seen, these cylinders were wall mounted in the dining room and on a corridor beside a radiator. There was no signage to demonstrate the storage of these cylinders.
- Equipment such as three electric heaters, three wheelchairs and one zimmer frame were seen to be stored in the day room. In addition, the storage of resident equipment such as wheelchairs, zimmer frames and laundry baskets blocked access to the family room for residents' and visitors use.
- An isolation room had inappropriate storage and the room had not been affectively cleaned to ensure it was available for use as an isolation room.
- Resident equipment such as commodes blocked access to the hand hygiene sink within a sluice room. Another sluice room had storage of items such as laundry baskets blocking access to the sink and bedpan washer in this room.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider failed to ensure compliance with the National Standards for Infection Prevention and Control in Community Services 2018. For example:

- Some staff were not wearing FFP2 face masks as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities.
- Storage of items created a cross-contamination risk. For example:
    - Many hoist slings were found hanging from pieces of equipment with no resident identifiers seen on these slings, indicating they were not resident specific.
    - Disposable unused food coverings were left on tables in the dining room which created a risk of cross contamination.
    - Shared bathrooms had open unused incontinence wear and residents' personal hygiene items such as shower gel, shampoo and baby powder stored within them which created a risk that items were not single use.
    - Communal items such as hairbrushes, a razor and hair rollers were seen in the hairdressing room which created a risk of cross-infection from one resident to another.
- Gaps were seen in cleaning schedules and processes:
    - Window ledges and skirting boards within the dining room were unclean. Some resident chairs were also unclean with residue.
    - The external windows were unclean.
    - The last signed deep clean of the family room occurred in August 2021.
    - A sluice room was unclean and the cleaning schedule for this room had gaps for three out of the previous seven days.
    - The smoking room was unclean. There was dirt and rust visible on the radiator, the extractor fan was visibly unclean and there were cobwebs on the ceiling.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that care plans met regulatory timeframes and had sufficient detail to guide staff on the resident's care needs. For example:

- Inspectors found that for one new admission, their care plans had not been developed within 48 hours of admission. This is a repeat finding from the last inspection.
- A resident who had a safeguarding need identified prior to admission to the

designated centre, did not have an assessment or tailored care plan in place to support and guide staff in their safeguarding requirements.
- Inspectors found that for one resident, all care plans had not been reviewed within four months.
- Resident photographs were not in place on missing person's profiles.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The Registered Provider failed to ensure that restraint was only used in accordance with national policy. For example:

- Cigarette lighters were held by staff for two residents with no risk assessment in place to evidence the restriction.
- A resident who had a bed alarm and bed rails in place did not have an assessment to evidence their use. The care plan did not reflect the bed alarm being in place. In addition, there was no risk assessment completed for the use of bed rails. Care records did not provide information in relation to other methods trialled prior to these restrictions being put in place or any reviews occurring to ensure the measures were appropriate.

Judgment: Not compliant

Regulation 8: Protection

Inspectors reviewed safeguarding documentation and found that alleged safeguarding incidents were not managed in line with the centre's policy. For example:

- Despite four incidents occurring, documentation relating to a robust risk assessment was not in place to detail the nature of the risk. In addition, measures identified within the care plan to manage the risk were not in place

on the day of the inspection and resulted in residents being put at risk.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. There were no activities occurring on the day of the inspection as inspectors were informed the activity coordinator was on annual leave. In addition, residents told inspectors they would like to avail of more activities, including outings.

Some residents' right to privacy was compromised by the location of hand wash sinks which required other residents or staff members to enter their personal space. In addition, inspectors saw two privacy screens which did not provide sufficient privacy to the resident and their bed space.

There were no residents' meetings or resident surveys taking place to ensure residents were consulted about or participated in the organisation of the designated centre concerned.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0036790

Date of inspection: 28/04/2022

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**
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All listed items will be placed in staff personnel files by DON on receipt of same. (The Provider Representative has escalated this issue nationally as there appears to be differing arrangements associated with the maintenance of staff records across different Centres. The review will include HR Departments defining a standard practice for same) • The DON has requested this information from HR / National Recruitment Service. (Once received all information will be maintained locally and available to HIQA upon request) • The DON and CNM's will continue to raise awareness of GDPR in relation to the storage of resident's records. • The Nurse Station storage on both wards has been reviewed, resident records are stored in locked filing cabinets at all times, all staff have been instructed that all residents records must be kept in the strictest confidence at all times in the Nursing Home, this includes records retained on electronic devices.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Action plans will be recorded in the minutes of meetings, with new templates to reflect this. This will include a named person responsible for the agreed actions together with expected timeframes in which such actions are to be undertaken. The PIC will review these actions and take the appropriate action arising from non-implementation including escalation to the General Manager and/or Provider Representative as required. • Management meetings will ensure all improvements and improvement plans are highlighted and acknowledged. • The PIC will ensure that each meeting commences with a review of actions arising from	

the previous meeting and that regular audits/reviews are undertaken to ensure such actions are effective and maintained.
• At each monthly Head of Department meetings in the Unit, audits will be added to the agendas and reviewed with persons responsible for key actions..
• The audits will be discussed and action plans developed to include timeframes and a person responsible to respond to any required improvements.
• The Safe Guarding plans regarding two residents highlighted at the time of inspection have been reviewed and strengthened through advices attained from the HSE Safeguarding Team.
o A staffing ratio 1:1 for 12 hours during the day has been allocated which is subject to regular review in line with reported incidents and general care plan updates.
• Communication and information sharing between the Local Placement Forum in CHO 6, Acute Hospitals and DCU have been strengthened.
o All safe guarding matters highlighted prior to any admission / placement will be shared with the PIC and consideration of same will be fatored into the admission of new or returning residents.
• The Reception Staff and CNMs have been informed of residents requests to not allow entrance/ visits from certain visitors. Reception staff maintains a list of these individuals in line with the expressed wishes of Residents and/or in accordance with the recommendations set of in the Safeguarding Plan.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• Accommodation descriptions have been added into all Contracts of Care, stating bedroom numbers and if the room is single or shared occupancy.
• All Contracts of Care are presently agreed/signed.
• Copies of Contracts of Care have been given all to NOK where appropriate.
• Financial arrangements are detailed in same correctly.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
• No Equipment shall be stored in the Family Room on Hill View Ward, signage to this effect is in place on the door of the Family Room.
• The Oratory's wooden folding door partition will be closed ensuring a private quite space for residents.
• The Oratory area will be cleared of any inappropriate furniture i.e. filing cabinets.
• The meeting room on the ground floor is available for any family visits.

• We shall continue to offer our Day Care for celebratory family events in the evenings i.e. Birthday Parties, Wedding Anniversaries.
• The privacy screen dividers shall be fitted with a closure / magnet closing device ensuring further privacy during visiting if screens are in use.
• Both Ward areas have access to a private small communal garden area that are easily accessible; same are used by residents and visitors on a regular basis weather permitting.
• All COVID 19 guidance in relation to visiting has been closely followed on this site, and information updates have been posted out to all relatives on four different occasions during the global pandemic.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• Following a review of the ergonomic flow within our double-occupancy rooms, it has been agreed that HSE Estates review the option of wall mounted curved lockable lockers.
• Following a comprehensive review of the double occupancy rooms by the Provider Representative, PIC and HSE Estates on 22/6/2022, consideration has been given to removing the privacy screens from the side wall(s) in some of the rooms; this would improve chair placement and access to wardrobes for residents. This measure would require the utilization of a robust privacy SOP. The DON shall develop same to support the decision in respect of the Compliance Plan to be submitted to the Authority.
• All redesigned lockers will incorporate a lockable space and open area's for storage of resident's personal possessions which are used on a daily basis.
• Laundry issues raised during the inspection shall be addressed by increasing laundry frequency to twice weekly for residents as required.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC and Unit Manager discussed this regulation with the Estates Project Manager on 26/5/2022.
• A walk around of the premises and meeting with the Provider Representative and Project Manager from HSE Estates took place again on 22/6/2022 on site to review all options pertaining to the protection of personal space for residents to ensure appropriate privacy and dignity when necessary and and/or when requested by the resident. The recommendations and actions purposed below arose from this meeting

1. Wall mounted lockers designed to incorporate lockable and open spaces to be designed for Double-Occupancy Rooms thereby enabling the removal of mobile lockers

from the floor area. These wall mounted units will be designed and placed in such a manner so as not to pose any falls risk/or to inhibit measures to prevent same for residents
2. Room side-mounted privacy screens to be removed and replaced by a central privacy screen(s) (between beds) thereby enabling the residents to share equally, their private space which would well-exceed 7.4sq mtrs as set out in the Regulations. Removal of the side panels will provide adequate space for a resident chair(s) and enable uninhibited access to the wardrobes located adjacent to the resident's bed.
3. With the proposed removal of the side privacy screens, it is proposed to have a robust operational care delivery policy which re-enforces the privacy of the residents when appropriate and/or when they choose to enable their private protected space. This will include key obligations for staff and further measures to ensure closure of privacy screen and room doors when requested by any resident. Glazing panels within room doors will also be privacy protected as part of these proposals. (detailed SOP attached)
4. In the deployment of privacy screens wall to wall between beds, cognizant would need to be taken for access to en-suite facility and wash-basin. The PIC will ensure that residents have a choice of residency in double-occupancy rooms where this obligation/protocol is clearly understood and agreed to by the resident(s)

• The Providers Maintenance Department shall address all deficiencies reflected in the Inspection report under the section "equipment and areas of poor repair"
• The Providers Maintenance Department have reviewed the dining room floor and all chairs have been reviewed and where necessary, repaired and/or replaced.
• The ceiling tiles mentioned in the inspection report have been fitted and secured safely.
• The oxygen cylinders and fixtures have been removed from the Dining room and Castle view ward corridor.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The Isolation rooms are ready for use, signage is in placed on the doors, all inappropriate items have been removed.
• The bed pan washers have been serviced 5/5/2022
• Rubbish and linen collections to prevent build up/storage in the sluice rooms have increased.
• Increased vigilance in relation to appropriate use of facemasks has been requested of all staff, note FFP 2 masks guidance has changed since the time of the inspection. The PIC and CNM's will be carrying our weekly audits in this regard
• Cleaning schedules for fridges and sluice rooms are being maintained correctly.
• The windows internal and external have been cleaned 6/5/2022.
• All inappropriate items have been removed from the communal bathrooms.
• All residents who require a hoist have their own labeled individual slings.
• The Unit Manager met with the supervisor of the cleaning company an re-enforced the necessity for continuous supervision and cleaning audits to drive improvement in line

with the HSE's contract of service with that Provider.

- Gaps identified in cleaning schedules have been addressed and are monitored weekly.
-The Dining Room and furniture have been deep cleaned 30/4/2022 and will be included in regular monitored cleaning schedules.
-The Smoking Room has been deep cleaned on 30/4/2022 and will be included in regular monitored cleaning schedules.
- SLA was updated to ensure daily cleaning of the Smoking Room and the Family Room was included and monitored.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• Care plan audits will be done by a CNM from another ward, this will prevent self audit. All audits will be discussed at the monthly meetings.
• Admissions will not be accepted or admitted unless the allocated key worker is on duty and is given the time required to write up the care plan within the 48 hour time (post admission) as set out in the Regulations.
• The PIC will ensure all pre assessments to admit take detailed account from the referral sources, CSARs, and clinicians known to the potential resident of any outstanding SafeGuarding issues to ensure a SafeGuarding plan can be in place from the time of admission.
• All care plans will be reviewed every 4 months, the DON allocates supernumerary time for this process to take place.
• All care plans for missing persons profiles have photo ID in place.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Restraint measures will not be applied to any resident without a full assessment by the MDT.
• Alternatives to restraint will be tried / tested and documented in the residents care plan prior to any application of restraint measures being introduced following MDT review.
• The DON continues to receive a daily restraint log from each ward. The restraint Register is kept centrally in the Nursing Administration Deptment.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• A safeguarding risk assessment is in place, and a special HCA has been allocated for 12 hours during the day, a special is not required at night. This update was information has been supplied to the HIQA inspector following the inspection.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Activites have been increased in DCU since the inspection; the PIC receives and reviews the activities plan with the appropriate staff for each monthly programme.
• Massage therapy and music sessions have been added to our weekly activites schedule.
• The National Concert Hall are providing an additional two music sessions a month.
• Our Catering Manager has introduced a list of planned events for residents to enjoy during the summer months. An Afternoon Tea Party took place in the garden for all the Residents on 27/5/2022. It is planned to host further events throughout the year, both indoor and outdoor – weather permitting.
• Bus outings will resume for residents when our Minibus is available; Note the Mini Bus Driver HSE recruitment campaign is in its final stages but as interim approval is in place with the Provider representative to hire appropriate vehicles to enable planned external activities.
• A Residents Meeting took place on 31/5/2022, minutes are available and displayed.
• A Residents Nutritional Circle Meeting with our Dietitian and Catering Manager took place on 2/5/2021.
• The PIC continues to ensure the resident’s data is correct and updated for the Electoral Register with the local County Council, and the 2022 Census was returned on all residents.
• Sage Advocacy Services are promoted in DCU, we look forward to welcoming our advocate back after he recovers from surgery.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(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.	Substantially Compliant	Yellow	29/06/2022
Regulation 12(a)	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	Substantially Compliant	Yellow	30/09/2022

	particular, that a resident uses and retains control over his or her clothes.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less then 7 years after the staff member has ceased to be employed in the designated centre concerned.	Not Compliant	Orange	31/07/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	29/06/2022
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	31/07/2022
Regulation 24(1)	The registered provider shall	Substantially Compliant	Yellow	29/06/2022

	agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	29/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	29/06/2022
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	29/06/2022

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate 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.	Not Compliant	Orange	29/06/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	29/06/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	29/06/2022

	that a resident may undertake personal activities in private.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	29/06/2022