



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Community Hospitals
Name of provider:	Health Service Executive
Address of centre:	St Columbanus Hospital, St Margaret's Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000568
Fieldwork ID:	MON-0034884

About the designated centre

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

Killarney Community Hospitals is located on the outskirts of Killarney town. There is a strong association between this healthcare setting and the local community of Killarney and the wider population of County Kerry. The centre is registered to provide care for 65 residents of various dependencies. The centre is divided into three wards: Fuschia, Hawthorn and Heather. Fuschia is a unit for residents diagnosed with dementia and can accommodate 18 residents and caters for all ranges of dementia and residents who need extra support and supervision. The service believes in maintaining effective communication and co-operation with residents, families and loved ones and other health professionals to ensure a happy experience for those we care for. Each resident is encouraged and supported to maintain links with family, friends and communities by flexible visiting policies and facilitation of excursions home and to community events.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Wednesday 15 December 2021	09:30hrs to 18:15hrs	Ella Ferriter	Lead
Wednesday 15 December 2021	09:30hrs to 18:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, residents reported that they were generally happy living in Killarney Community Hospital and they complimented the caring and compassionate staff. The Inspectors met the majority of residents during the inspection, and spoke in more detail to approximately ten residents. They also met a number visitors during the inspection, who were also complimentary about the care delivery and the staff providing the care.

Killarney Community Hospital is registered to provide care for 65 residents, and there were 61 residents living in the centre on the day of this inspection. On the morning of this inspection, the Inspectors completed a walk about of the centre, with the person in charge. The facility comprised of three separate wards, located over the ground floor, Fuschia, Hawthorn and Heather. The first floor of the centre comprised of offices, where the management team were based.

The majority of bedroom accommodation in the centre is in multi occupancy four bedded rooms. There are 13 rooms with four beds, three twin rooms and seven single rooms. There are also two palliative care rooms, one on Heather and one on Hawthorn. The Inspectors saw that the four bedded rooms had been reconfigured since the last inspection of this centre, where six residents had been living in these rooms previously. As a result of reducing occupancy, each resident now had additional personal space around their bed. Residents spoke positively about the additional space they had been afforded. They told the Inspectors that they " were delighted to have more room" and " felt less cramped". They also spoke about the additional furniture they had, which included a chest of drawers, and for some residents additional wardrobe space. However, the Inspectors saw that some residents had not been afforded new furniture and were still storing their personal belongings in small single wardrobes. Some rooms had also not had the privacy curtains realigned, which impacted on residents personal space. The Inspectors observed that there was still one bedroom where five residents were living, yet the privacy curtains in this room had been realigned to accommodate four residents. Therefore, one resident did not have any privacy curtain.

Fuschia Ward was designed to meet the needs of residents living with dementia, and there were 15 residents living there on the day of this inspection. The unit was decorated with features such as brightly coloured walls, artwork, sensory wall hangings and photographs. It was beautifully decorated for Christmas on the day of this inspection and Christmas music was being played on the corridors. There was safe access to a garden area off Fuschia, which residents were observed using during the day. As the day was quiet cold one resident was seen to sit by the open door enjoying the fresh air and the view of the garden. To limit close contacts, in response to COVID-19, residents were being nursed in pods, and there were three pods in Fuschia unit. The Inspectors were informed that only one pod attended the dining room daily, therefore, the other residents were not afforded a dining

experience on that day and had meals beside their beds.

The Inspectors observed some person centred activities on Fuschia Ward during the day, which included games and religious activities. The Inspectors saw some lovely interactions taking place between residents and staff, and it was very obvious that staff knew residents very well. There was very friendly banter and staff were seen to bring out the best in residents, by encouraging them to sing and recite poetry. The hairdresser attended Fuschia Ward on the day of this inspection, and residents were very much enjoying having their hair done and told the Inspectors they loved the feeling of freshly washed and styled hair. Photographs of residents enjoying various activities adorned the walls in Fuschia unit and very realistic pet cats were very popular with a number of residents and also doll therapy was popular.

During the walk around in the morning the Inspectors saw institutional practices, where a resident was brought to the bedroom of other residents, so that they could be observed there by staff. This did not uphold the rights of any of the residents present. This had been a practice in the centre in the past, however, Inspectors had been assured it was no longer practiced. A number of residents were also seen to spend large parts of their day sitting beside their beds in all of the areas, where they had their meals and snacks.

Hawthorn unit was home to 24 men on the day of this inspection and rooms in Heather Ward were allocated to ladies, except for one single room. In the afternoon the Inspectors saw that some group activities took place in the centre on Hawthorn and Heather Units. Residents on Hawthorn were observed enjoying a game of bingo and residents living in Heather were making Christmas cards. The Inspectors observed that the activities coordinators were very interactive with residents during these activities, and residents were really enjoying themselves. It was evident that they knew residents well and were seen laughing and joking with them, and assisting them if required to partake in activities. The lack of a safe outdoor space was also evident in Hawthorn and Heather units and this made it difficult for residents to sit out and enjoy outdoor activities.

Each unit in the centre had sufficient communal space for residents, which included a sitting room and dining facilities. These were furnished appropriately with couches and armchairs. However, the Inspectors noted that communal spaces were not used a lot throughout the day. Only a small number of residents ate in the dining rooms the day of this inspection. The Inspectors also observed between Hawthorn and Heather Wards there was only tables set for three residents, however, there were 46 residents living here. Therefore, these residents were not afforded a dining experience. Residents told the Inspectors that they ate beside their beds due to COVID. Staff told the Inspectors that residents had choice to eat in their rooms or in the dining rooms. This practice required review, which is discussed further under regulation 9.

There was a designated smoking area situated on Hawthorn Ward. The Inspectors noted that the odour of smoke was evident on the corridor, which may impact and affect residents who did not smoke. This is discussed further under regulation 17

and 9.

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 a one day unannounced risk inspection by Inspectors of Social Services, to monitor compliance with the regulations, and to follow up on the actions from the previous inspection, of June 2020. Overall, the findings of this inspection were that although there was a clearly defined governance and management structure in place, improvements were required in management systems and the oversight of staff practices, to ensure person centered care was delivered to all residents.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day to day running of the centre consists of a person in charge, and two assistant directors of nursing. This team also had responsibility for The District Hospital, a 34 bedded unit, situated across the road, which was not part of the designated centre. A Clinical Nurse Manager was also assigned to each of the three units Fuschia, Heather and Hawthorn. The management team reported to a General Manager, who represented the provider. There was also the additional support of a clinical development coordinator and an infection prevention and control specialist. The person representing the provider was in regular contact with the centre, and was office based on site. Governance meetings were held with the other HSE centres in the area, on a regular basis. Records of staff and management meetings provided to the Inspectors demonstrated that issues were discussed, and corrective actions were implemented as required.

Inspectors reviewed the staff rosters and found that the staffing levels were adequate to meet the assessed needs of the residents, considering the size and layout of the centre. Inspectors saw that staff responded to residents call bells promptly and that residents did not have to wait to have their needs attended to. In general, staff had good access to training in the centre, however, some practical training was outstanding, which is discussed under regulation 16. There were robust recruitment procedures in place and all staff files reviewed contained all information as required by the regulations.

The centre had a number of systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of monthly audits, and these audits were communicated to staff. However, these audits did not pick up on a number of the improvements required relating to the quality of life issues pertinent to residents. Key performance indicators were also collected on a weekly basis which included information in areas

such as wounds, falls, restraints, incidents and complaints.

The centre had recently recovered from an outbreak of COVID-19. Inspectors acknowledged that both residents and staff had been through a very difficult time, and had worked hard to ensure the health and safety of everyone in the centre. The provider had managed the outbreak well, clearly following the Health Protection Surveillance Centre national guidelines. The person in charge informed the Inspectors that they would be completing a review of the outbreak as recommended, to identify areas of good practice and areas of improvement, which would inform learning in the event of any future outbreaks.

Overall, there was a low level of complaints in the centre. From a review of the complaints log and from speaking with residents it was evident that complaints were investigated and managed in line with the centres own policy and procedures. Incidents occurring in the centre were well recorded and all had been reported to the Chief Inspector as required by the regulations.

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

An application to remove condition four of the registration had been submitted to the Office of the Chief Inspector prior to this inspection. This condition stated that the registered provider was to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, the registered provider shall take all necessary action to comply with Regulation 17, Premises and Schedule 6. This had been placed on the registration as it was found that the centre did not have sufficient shower facilities for residents. The provider had installed two additional showers, therefore, this condition on the centres registration was in the process of being removed.

Judgment: Compliant

Regulation 14: Persons in charge

There had been a change in the person in charge of the centre since the previous inspection. They had the required experience and qualifications in nursing and management, as required by the regulations. They also had responsibility for The District Hospital, which was not part of the designated centre. The Inspectors were not satisfied that this assured effective governance, operational management and administration of the designated centre concerned. Following the inspection the Inspectors received assurances that the current governance arrangements would be addressed.

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the needs of the residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose. However, the allocation of activities staff on Hawthorn Ward required review, which is discussed further under Regulation 9, Residents Rights.

Judgment: Compliant

Regulation 16: Training and staff development

Training records indicated that staff were supported and facilitated to attend training, and there was a high level of attendance at mandatory training in areas such as responsive behaviours, fire safety and safeguarding residents from abuse. However, training in manual handling was completed on line, and the practical component of the training had not yet been delivered for some staff. The management team informed the Inspectors that this would be delivered in the coming weeks.

Judgment: Substantially compliant

Regulation 21: Records

Records reviewed by the Inspectors were found to be well maintained. The Inspectors reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 of the regulations, including required references and qualifications.

Judgment: Compliant

Regulation 23: Governance and management

Current governance arrangements required review and improvement, as at the time

of the inspection it was found:

- the management team in the centre also had responsibility for an additional unit, The District Hospital. The Inspectors were not assured that this allowed for effective oversight of the designated centre. This was evidenced by lack of oversight of the residential service by the person in charge and management team. This was brought to the attention of the provider and they committed to addressing this and reviewing the current management structure immediately.
- the current auditing system did not effectively monitor the lived experience and quality of life of residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of purpose required updating to accurately reflect:

- the organisational structure of the centre including the staffing compliment.
- the description of the rooms in the centre, including their size and primary function, as they were found to be inaccurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a low level of complaints submitted in the centre. A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. The Inspectors reviewed the complaints logs which included details of the complaint, investigation and outcome of any complaints and also included whether the complainant was satisfied. All complaints viewed had been dealt with appropriately.

Judgment: Compliant

Quality and safety

Overall, resident's nursing and health care needs were being well met in a environment and premises that had improved. However, further improvements were required in the quality of life and lived experience for residents in the centre. Improvements were also required in fire safety.

Pre-admission assessments were conducted by the person in charge in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with the regulatory requirement. Care plans were personalized to residents individual needs, and provided good guidance on the care to be delivered to each resident. There was evidence of discussion with residents and/or their family members.

Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had good access to allied and specialist services such as dietetics, physiotherapy, occupational therapy and speech and language therapy. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

As mentioned previously in this report, the provider had made improvements to the premises since the previous inspection. This included the installation of two additional showers, painting of corridors and reconfiguration of bedrooms, which positively impacted residents. It was evident that some residents also had improved access to their personal possessions, as they had been allocated double wardrobes, however, for some residents storage space was limited and continued to require improvement, which is discussed further under regulation 12.

The centre was observed to be very clean on the day of this inspection, and there was evidence of good oversight of cleaning within the centre. Housekeeping staff were allocated to each ward and staff spoken with were knowledgeable about the decontamination processes. Some areas required to be addressed pertaining to infection control, which are discussed under regulation 27.

The Inspectors reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Residents all had personal emergency evacuation plans in place and these were updated regularly. Annual fire training was completed by staff and regular fire drills were undertaken. However, fire drills did not simulate the evacuation of an entire compartment, which is discussed under regulation 28.

Previous inspections of this centre found that there was a high percentage of residents with bed rails in place, which was over 50%. The Inspectors noted there was a reduction in the use of bed rails to 34% on this inspection and further reduction and alternatives to restraint were encouraged.

The Inspectors observed that residents were generally comfortable throughout the day and appeared very well cared for. Improvements were noted in the frequency of residents meetings since the previous inspection. Meetings took place on each unit and the minutes of these meetings showed that they discussed a range a topics, however, there was not always evidence that where suggestions were made they were implemented. Although there were opportunities for residents to participate in meaningful activities, and there had been activities coordinators allocated since the previous inspection, this inspection found that on some days in the centre there were limited activities, which is discussed further under regulation 9.

Regulation 11: Visits

The visiting arrangements were being managed in line with the current guidance from the Health Protection and Surveillance Centre. Visitors were screened on arrival for symptoms of COVID-19 and provided with surgical masks. Residents and visitors who spoke with inspectors confirmed that there was sufficient time and access in place for visits.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors saw that although improvements had taken place in the reduction of occupants in the multi-occupancy bedrooms, which afforded residents more personal space for their belongings. Further wardrobe space was required. A large number of residents continued to only have one very narrow wardrobe, and it was noted that particularly in the male side, this contained shelving only. Therefore, for these residents there was no hanging space to hang a jacket, shirts or coats.

Judgment: Substantially compliant

Regulation 17: Premises

Notwithstanding that the provider had invested in improvements to the premises and had reduced the occupancy of six bedded rooms, the following areas pertaining

to the premises required also to be addressed:

- the lack of sufficient outdoor space for residents of Heather and Hawthorn wards. The only outdoor space available was at the front of the building, where the car park was situated. This area was not secure and did not have sufficient seating.
- the location of the existing smoking room, which was situated in Hawthorn ward. There was an odour of smoke evident on the corridor on the day of this inspection, which may impact other residents living in the centre.
- some bedrooms had not been reconfigured as of yet, to reflect the decrease in occupancy.
- the Inspectors saw that some bedrooms and door frames required painting, as paint was chipped.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register. The policy identified the measures in place in relation to the identification, assessment, and management of risk within the centre. A review of the accident and incident log identified that incidents were investigated and mitigating measures were put in place to minimise the risk of recurrence.

Judgment: Compliant

Regulation 27: Infection control

The Inspectors found that there was good practices in relation to infection control at the centre, however, the following areas required improvement:

- equipment was inappropriately stored the shower rooms.
- there was a requirement for more hand sanitizers to be placed at appropriate locations throughout the centre, to promote hand hygiene.
- the post COVID-19 outbreak review was yet to be commenced.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was required to take urgent action to provide the Chief Inspector with assurances regarding residents' safety in the event of a fire in the centre. At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire, evidenced by:

- There were large compartments in the centre, where 10 residents were accommodated. The Inspectors were not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations had been completed. An immediate action plan was submitted to the provider. The provider submitted a fire drill report following the inspection, which provided assurances. However, further drills were required to ensure the competency of all staff and that appropriate evacuation times could be achieved.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the Inspectors were generally personalised, and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. Care plans were reviewed four monthly, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents' overall healthcare needs were met. A review of a sample of resident's files found that residents were appropriately referred for medical and allied health care professionals. The recommendations from this team were documented in the residents progress notes weekly and incorporated into the residents care plan, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The number of residents who were allocated bed rails was 35%, which had reduced since the previous inspection. Resident records reviewed contained evidence of multidisciplinary discussions and appropriate risk assessments being carried out prior to use. It was evident that alternative options that were considered were

documented. A record of all bed rails in use was well maintained and risk assessments were reviewed on a regular basis, to ensure usage remained appropriate.

The Inspectors reviewed care plans for a number of residents with 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). These care plans were detailed and person centred. They described the behaviours, potential triggers for such behaviours and identified strategies to guide staff to help these residents feel less distressed. Regular review by psychiatry of old age was in place, to support management plans.

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed in relation to the rights of residents living in the centre:

- residents meetings were taking place three monthly, however, there was not evidence that were suggestions had been made by residents these had been actioned.
- residents on Hawthorn ward did not have access to activities on Tuesdays and Thursdays.
- a large number of residents were not afforded a dining experience, and therefore, spent a large portion of their day beside their bed, where they had their meals and social events. This did not afford residents choice to move from their bedrooms daily and this practice was institutional rather than person centered.
- the Inspectors saw that some residents were brought into other residents bedrooms to be supervised, this practice did not uphold the privacy and dignity of residents.
- the Inspectors saw that there was still one bedroom where five residents were living, yet the curtains had been realigned for four residents. Therefore, one resident did not have any privacy curtain.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Killarney Community Hospitals OSV-0000568

Inspection ID: MON-0034884

Date of inspection: 15/12/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>As the current Person in Charge also has responsibility for the 34 bed rehabilitation unit, an application to change the Person in Charge to the Assistant Director of Nursing has been submitted to HIQA.</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>Access to face to face manual handling training offsite has been limited due to Covid 19. Two of our staff have recently undertaken a Level 6 in Manual Handling Training and are now qualified to train their peers. We have secured the equipment required to set up the Clinical Training Room, and face to face training will commence onsite in February 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- The Director of Nursing is currently the PIC. As stated under Regulation 14 an application has been made to change the PIC to the Assistant Director of Nursing. Should this application be accepted, the ADON will take over as PIC from 31st January
- A Quality of Life Audit tool is available on our electronic audit system and has been completed twice in 2021. This audit tool flags any actions required, however we will monitor the lived experience through residents forums and will follow up on any issues identified.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The Statement of Purpose has been updated to include changes to the organizational structure and description of rooms.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 Wardrobes in Hawthorn had been shelved at the request of male residents as shirts, trousers etc. are returned from the laundry folded not hung. We will review requirements for each resident individually and hanging space will be provided as required. Further wardrobes will be purchased as required

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 In consultation with maintenance, we are looking at creating a space at the end of Hawthorn by using large planters to create a private outdoor space.
 Date for completion 31/03/22
 The inside smoking room is being removed and converted to a single bedroom. An outside smoking area will be provided for residents who smoke.
 Two bedrooms in Hawthorn require curtains to be reconfigured from 6 to 4 bed spaces. As the contractor has to travel from Dublin, both rooms will be reconfigured together

once room 16 is converted to a bedroom and all 3 wards will have curtains fitted/realigned.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The linen trollies stored in the shower room will now be stored in the large store room when not in use. One linen trolley will remain in the sluice room for use during the day. • Hand sanitizers were removed from the corridor in Fuchsia while repair work was being done to the walls. These have now been replaced. • A post Covid review is due to commence on week commencing Monday 24th January when all relevant staff are back on duty (large staff absence due to Covid and close contacts). 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Simulation Fire Drills are completed quarterly. A Fire drill in May 2021 successfully evacuated the largest compartment in the appropriate timeframe, however 3 residents were not in their rooms, so only 7 of the 10 residents were evacuated. This drill was repeated on December 17th and all 10 residents were safely evacuated well within the allocated timeframe of 4 minutes.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents meetings will now include issues to be actioned and a follow up on these actions going forward • An activities therapist will now be provided from 10:30 am to 16:30 Mon – Fri in Hawthorn and evenings Mon- Sun (to facilitate weekend visiting). • At the beginning of the Covid 19 pandemic residents were advised to mix only with the residents in their pods and meals were taken in their bedrooms. As residents are now fully vaccinated we are advising them to eat in the dining room but remain in their pods 	

of 4 at one table. Residents and staff had both become comfortable with the practice of eating in their bedrooms, but we are committed to reintroducing the dining experience as a social experience in the dining room.

- One resident was brought into another bedroom for supervision purposes due to a risk of falls, while staff were busy with the morning routine. Staff understand that while their intention was to supervise the resident at risk of falls, this practice did not uphold the privacy and dignity of other residents in the room and all residents will now remain in their own rooms until morning care has been delivered and staff are available to assist them to walk to the sitting room and supervise them there.

- We have now naturally reduced to 23 residents in Hawthorn and as per Regulation 17 , all wards will be realigned and all multi-occupancy rooms are occupied by a maximum of 4 residents

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2022
Regulation 14(4)	The person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of	Substantially Compliant	Yellow	31/01/2022

	the designated centres concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2022
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	31/01/2022
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.	Substantially Compliant	Yellow	31/01/2022
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	31/01/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	17/12/2021

	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/01/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	07/02/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/01/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	06/01/2022

	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.	Substantially Compliant	Yellow	06/01/2022