



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

## Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	25 August 2022
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0035202

## About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh a short walk from the shops and business premises. It is registered to provide care to 48 male and female residents over the age of 18 and accommodates residents from the local area that includes Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms.

The centre is a purpose built single storey building. It also includes a day hospital. There are 35 places allocated to long term care, respite, convalescent, palliative or rehabilitation services in the older part of the building. There is also a 13 bedded new unit to accommodate short-stay residents. The philosophy of care as described in the Statement of Purpose is to "embrace positive aging and place the older person at the centre of all decisions in relation to the provision of the service"

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
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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
Thursday 25 August 2022	10:05hrs to 16:50hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector noted that the provider had failed to progress the refurbishment work of the building in line with their compliance plan since the previous inspection. In addition, the provider had not made necessary arrangements to prevent residents and staff from accessing the unmaintained and unsupervised parts of the designated centre, and as a result, residents and staff were found accessing these unsafe areas.

The designated centre is located in Falcarragh town adjacent to the Falcarragh Health Centre and has two units, namely Tory and Gola wing. The centre can accommodate 11 residents in the centre in Gola wing, and there were 11 long-stay residents in the centre on the day of inspection. The Tory wing was supposed to be closed down for renovation works, however, the inspector observed that the residents were allowed to access this area and were not supervised.

The inspector observed that the provider had not made arrangements to maintain the premises of the designated centre, and as a result, several bedrooms, corridors and communal areas of the Tory wing were in a poor state of repair and were visibly unclean. A store room that was used to store residents' personal care products was dirty, and plants from the adjacent courtyard had grown through the room's broken window frames. In addition, the inspector found that bin liners were used to seal the broken window to prevent draught and water from entering the store room. As a result, the provider's arrangements to store clinical equipment and personal care products in these unmaintained areas of the building were found to be inappropriate and unhygienic.

Moreover, a room which was used to accommodate a resident with higher dependency was found to be small and did not support safe moving and handling of the resident, who needed to use assistive equipment such as a hoist. In addition, there was no space to keep wardrobes in the room to store the resident's clothes, along with the resident's other personal belongings. As a result, the resident's clothes were stored in a wardrobe kept in another room used by other residents. This arrangement was unsuitable and did not support the needs of the resident.

In addition, the layout and design of the floor space in a multioccupancy room did not support the safe moving and handling of a resident and access to the room's window. For instance, the bed was placed close to the wall, and the configuration of a wardrobe near the bed would make it difficult to use assistive equipment such as a hoist. Furthermore, one resident's access to the windows in the multioccupancy room was restricted due to the placement of beds and privacy curtains. As a result, a resident in the multioccupancy room did not have access to natural light or see out of the window when the other residents chose to close their privacy curtains.

The inspector spoke with a number of residents during this inspection, and the residents' comments included; "the food is great here", "a lot of food is available

here", and "activities are great". Overall the residents' feedback was that the care provided to the residents was of good quality.

The inspector observed that the staff interactions with residents were found to be kind and respectful. Adequate explanations were given to residents before any care procedures, and staff were seen accessing the residents' bedrooms only after gaining consent. Staff who spoke with the inspector were found to be knowledgeable about the procedures to be followed in the event of any safeguarding concerns, such as abuse occurring to the residents in the centre.

However, the staff who spoke with the inspector said that they did not have access to the residents' care plans in the centre and were not always knowledgeable of the care needs of some residents. The person in charge told the inspector that the care staff in the centre were not given access to the residents' care plans, and this had always been the situation in the centre. The nurses were only provided access to the residents' care plans. While the care plans were recorded electronically in the centre, they were unavailable for the inspector to review due to a technical failure. Even though contingency plans to address technical failures were in place, they were found to be insufficient, and the residents' care plans were inaccessible to staff on the day of inspection.

The inspector saw that an activities coordinator was involved in providing activities for the residents in the centre, and there was a planned activity schedule for each day. The inspector found that many residents engaged in meaningful activities on the day of the inspection. However, the residents with higher needs who spent most of their time on their own and those who stayed in their own rooms had very limited staff interaction, and this was a repeated finding from the previous inspection.

Furthermore, the inspector noted that the access to the centre's outdoor garden areas was found to be keypad locked, and the residents required staff assistance to access this outdoor space. The outdoor garden area led to the outside of the facility, and there was a gate to secure the garden. However, the lock to secure the garden gate was found to be damaged on the day of the inspection, and as a result, the residents were not supported to access the outdoor areas in the centre.

During this inspection, the inspector found that the residents were complimentary about the food in the centre. The inspector observed that the meals served to residents were unhurried, and meal times were social occasions. Residents were found chatting with each other and staff during meal times.

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

## Capacity and capability

During this unannounced inspection, the inspector found that the provider had failed to start the refurbishment works in Tory as set out in their compliance plan and to fully address the non-compliances identified in the previous inspection in November 2021. The governance and management of the centre required significant improvement to ensure that the quality and safety of the service provided to the residents in the centre is of a high standard.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. The person in charge worked full-time in the designated centre and was supported by clinical nurse managers and a team of nurses, carers and support staff, and is responsible for the day to day running of the centre. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection and the information submitted by the provider and the person in charge.

There was a clearly defined management structure in place with lines of authority and accountability. The person in charge met regularly with the representative of the registered provider and compiled weekly and monthly management reports, which were then submitted to their senior managers. These include risks and incidents, audit reports, and complaints, however, the inspector found that although key issues such as storage, repair and refurbishment of the premises of the designated centre had been highlighted by staff working in the centre, these issues had not been progressed by the provider. As a result, the equipment and personal care products that were in use by the residents, staff and visitors were unhygienically stored in the unmaintained areas of the Tory wing.

Even though the centre has a risk management policy in place, the provider had not identified several risks the inspector identified on the day of inspection. Several risks arising to residents due to residents' access to the unmaintained and unsupervised areas in the designated centre were not identified and included in the centre's risk register. As a result, the unsupervised and unmaintained areas in the centre posed an injury risk to the residents.

In some occasions, even though control measures were put in place for those risks which were identified, they were not always implemented. For example, while record keeping of hard copy records was identified as a control measure to manage information communication and technology (ICT) failure occurring in the centre, they were not implemented. As a result, residents' care plans were not available and accessible for all staff on the day of inspection.

## Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses on duty at all times in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had failed to utilise their resources appropriately to provide optimal delivery of services. For example:

- The provider had not provided the resources that were required to refurbish and maintain the premises and to ensure that the residents have access to a good standard of living.
- The provider had not made sufficient arrangements to ensure that the staff who provided direct care for the residents in the centre have access to care plans on a daily basis. As a result, some staff were not knowledgeable of the care needs of a resident.

Even though there were management systems in place, the quality assurance systems failed to ensure that the care provided in the centre was safe and effective. For example:

- The provider had not made sufficient arrangements to ensure that the staff have access to residents' care plans and the centre's own residents' hospital transfer document in the event of an ICT failure.
- The provider had failed to ensure that the residents in the centre did not have access to several unsupervised areas of the Tory wing, which was in a poor state of repair and posed an injury risk to the residents.

Judgment: Not compliant



## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception.

Judgment: Compliant

## Quality and safety

Overall, the residents were supported to receive good quality care in the centre. However, improvements were required to ensure that the service provided to the residents in the centre was safe and effective.

The provider's arrangements were found to be insufficient to maintain the centre's premises and storage of equipment in the centre. In addition, the rooms which were allocated for the residents to store personal care products were not maintained, and the inspector found that the incontinence products used for residents were unhygienically stored in a store room.

The inspector found that a resident's access to their personal belongings was insufficient, and this is further discussed under Regulation 12.

The provider's arrangement to ensure that the centre meets the infection prevention and control process to meet the national standards was insufficient. Several areas in the centre, including the clinical equipment used for residents' use, were visibly not clean.

Furthermore, on the day of inspection, the inspector noticed that the fire safety precautions in the centre required some improvements, which is further discussed under Regulation 28.

Inspector observed that some residents did not receive sufficient opportunities to engage in meaningful activities on the day of inspection in line with their preferences and capabilities. In addition, the provider's arrangements to ensure residents' independent access to the outdoor garden in the centre were insufficient.

## Regulation 11: Visits

There were procedures in place to protect residents and visitors unfamiliar with

public health guidelines on safe visiting. Alternative areas to residents' bedrooms were available and used to facilitate residents to meet with their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

There was insufficient storage space in a resident's bedroom to store their personal clothes. As a result, residents' clothes were placed in a wardrobe in a multi occupancy room nearby, however, this arrangement did not support the resident concerned to maintain control over their clothing.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises of the centre did not conform to the matters set out in Schedule 6 of the regulation, and this is a repeated finding from the previous inspection. This is evidenced by:

- The premises were in a poor state of repair. For example, the floor linings, walls and ceiling of corridors and a majority of the bedrooms in the Tory wing were visibly damaged.
- The premises were in a poor state of decoration and required repainting and refurbishment.
- The layout and design of a three-bedded room were not appropriate to the needs of the residents. For example:
  - The layout of a bed space in a three-bedded room was not suitable for residents with higher dependencies.
  - In addition, the layout of the three bedded room meant that when the two residents in the bed space near the window pulled their privacy curtain, the third resident in the bedroom could not see out of the window.
- There were insufficient grab rails installed in a bathroom in Gola wing. As a result, the provider's current arrangement did not support independent and safe mobility for residents while accessing this toilet area.
- The provider's arrangement to secure the centre's outdoor garden for residents' use was insufficient. As a result, residents did not have independent access to the outdoor areas in the centre.
- The provider had not made satisfactory arrangements to effectively store the clinical equipment in the centre. For example:
  - The sluice room was cluttered with equipment such as a commode, and this arrangement prevented staff from accessing the sluice

facilities in the centre.

- In addition, there was insufficient racking system to store urinals and bedpans in the sluice room.
- The provider had not identified a dedicated storage area in the centre. Several clinical equipment and items for personal care, such as incontinence wears, were stored in Tory wing in an unsafe manner.
- There was no shelving system available in the housekeeping room to store personal care and hand hygiene products effectively. As a result, the inspector found that a stock of toilet tissues was placed directly on the floor of the housekeeping room, along with housekeeping equipment and posed a risk of infection to those who use the personal care products.

Judgment: Not compliant

### Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by:

- The inspector was not assured that all areas of the designated centre were cleaned to a high standard. For example, several areas in Gola and Tory wing used for residents and staff were not included in the centre's cleaning schedule and were visibly dirty. As a result, the providers' arrangements posed a significant cross infection risk to residents and staff accessing the area.
- In addition, the provider's arrangement to clean the clinical equipment was not effective. For instance:
  - Several specialised chairs stored in the bedroom were visibly dirty.
  - Hoists stored in the rooms were unclean.
  - The inspector was not assured that the hoist slings stored in communal areas were cleaned after each use and found that the hoist slings were shared between residents. In addition, the cleaning and

disinfection process for cleaning hoist slings was ineffective.

Judgment: Not compliant

### Regulation 28: Fire precautions

The centre's arrangements to review the fire safety risks and precautions were not effective, and records showed that the centre's weekly and daily fire checks had not identified several fire safety risks the inspector identified on the day of inspection. For example:

- There was insufficient running man signage in a corridor in Tory wing to guide residents and staff in the event of a fire emergency.
- One running man signage was not illuminated near a fire exit in Tory wing.
- The review of the centre's fire drill records indicates that the provider had not included Tory wing in their regular fire drills.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff who spoke with the inspector were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Measures were in place to facilitate all staff to attend safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

Some residents in the multi occupancy bedrooms did not have access to a television in their room to watch their choice of television programs in private. The inspector noted that the door to the outdoor garden was locked, and this restricted residents' independent access to the garden. The residents required staff assistance to access the garden area.

Furthermore, some residents with higher cognitive needs in the centre did not receive sufficient opportunities to engage in meaningful activities on the day of inspection in line with their preferences and capabilities.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0035202

Date of inspection: 25/08/2022

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider and PIC in conjunction with Estates Dept. remain committed to the pre-existing plans and resources allocated to ensure the provision of high quality, person-centred, safe and effective residential services. Deployment of these resources will ensure the Designated Centre is providing a good standard of living for all residents in accordance with the statement of purpose and will support full compliance with Regulation. The capital project for the refurbishment of Tory wing is due to commence in Q1 2023. The Provider has submitted an application to renew the registration of the center on 16/09/22 – expiry date of current registration is 18 March 2023.</p> <p>Immediate actions taken following the inspection:</p> <ul style="list-style-type: none"> <li>• The provider and PIC, together with CNM2 reviewed the system in place to effectively manage the risk of ICT failure. The contents of Designated Center’s ICT failure contingency folder has been revised and all resident care plans are now printed in hard copy and accessible to all staff. Documents are stored in compliance with GDPR. – completed 12/09/22. The provider and PIC remain committed to promoting and strengthening a culture of quality and safety for all residents.</li> <li>• The PIC completed a risk assessment on the closure of the unsupervised and unsafe areas of Tory wing. The risk assessment describes the risk to the residents and controls in place to mitigate this risk. The risk assessment and controls were quality assured by the provider before submitting to the inspector on 29/08/22. Access to the unsupervised areas of Tory Wing is now limited for fire safety purposes and essential maintenance. The risk has been added to the risk register and will be reviewed at least 3 monthly or more often if required. Risks are reviewed at management and staff meetings. All areas/rooms accessible to residents and staff are included on the Designated Centre’s cleaning schedules.</li> </ul>	



Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The PIC, in consultation with the resident, has had a wardrobe fitted in the resident's room to provide storage for their personal belongings. This will assure that the resident maintains control over their personal belongings at all times and uphold their dignity and privacy. This was confirmed with the Inspector on 12.9.2022</p> <p>The Provider and PIC together with Estates Dept. have reviewed the refurbishment plans for Tory wing to ensure that the planned accommodation for the residents will be compliant with Regulation 12, when completed.</p> <p>The Capital refurbishment will assure the privacy and dignity of each resident being respected and improve the quality of care and the lived experience of residents. It will also improve the physical and psychological wellbeing of all residents by creating a more homely and accessible environment with adequate physical space to meet each resident's assessed needs.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider and PIC in conjunction with Estates Dept. remain committed to the pre-existing plans and resources allocated to ensure the provision of high quality, person-centred, safe and effective residential services. Deployment of these resources will ensure the Designated Centre is providing a good standard of living for all residents in accordance with the statement of purpose and will support full compliance with Regulation. The capital project for the refurbishment of Tory wing is due to commence in Q1 2023.</p> <p>The provider and PIC have ensured that access to the noncompliant, unused, areas of Tory wing identified in the report has been restricted as detailed in the risk assessment submitted to the inspector on 29/08/22.</p> <p>Actions relating to layout and design of a three-bedded room</p> <ul style="list-style-type: none"> <li>• The PIC and CNM2 ensure that the day to day delivery of care is carried out in a safe and effective manner and that it supports the assessed physical needs of all individual residents. There is a robust system of bed management in place to ensure the available</li> </ul>	

bed space/accommodation correlates with the risk assessed, person centred health and social care needs of all residents. Care plans are in place which reflect each resident's current health and wellbeing status. Each care plan is updated at least 3 monthly and more often if there are changes to the residents' status.

- The provider and PIC have engaged with Estates Dept. who will prepare a proposal to ensure all three beds receive natural light regardless of the status of adjacent privacy curtains. The proposal will be discussed with the residents and once the preferred solution is identified it will be actioned. This is likely to be by addressed by installing a window, with privacy blind, on the wall adjacent to the head of the 3rd bed looking into the glazed corridor and beyond to a green outside space. Scoping of this work to be completed by building contractors and work to be completed by 31/12/22.
- In order to assure independent and safe mobility for residents while accessing the toilet in the assisted bathroom in Gola Wing, the PIC has removed the grab rails as identified by the inspector and replaced them with Blue coloured hinged grab rails which are secured to the wall - completed 12/09/22.
- All residents have unrestricted and safe access to an outdoor space following installation of wave exit hardware onto the exit/entrance door to the outside courtyard - Completed 12/09/22 and photographic evidence emailed to inspector confirming same. The safety gate at the end of the courtyard is connected to the central fire alarm system - completed on 16/09/22.
- The PIC has sourced and installed an external storage facility which will mitigate the noncompliance associated with a lack of dedicated and appropriate storage facilities within the Designated Centre. This storage facility is also included in the Designated Centre's cleaning schedules.
- Compliant racking has been installed in the sluice room. This was notified to the inspector on 12/09/22.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The PIC has completed a risk assessment on the closure of the unsupervised areas of Tory wing. The risk assessment describes the risk to the residents and controls in place to mitigate against this risk. The risk assessment and controls were quality assured by the provider before submitting to the inspector on 29/08/22.

Immediate actions taken following the inspection:

- The PIC completed a risk assessment on the closure of the unsupervised areas of Tory wing. The risk assessment describes the risk to the residents and controls in place to

mitigate the risk submitted to the Inspector on 29/08/22. Access to Tory Wing is now limited for fire safety purposes and essential maintenance.

- The PIC in conjunction with the Clinical Nurse Manager, IPC link nurses, MEG audit link nurse and Cleaning link staff member have reviewed the cleaning and disinfection arrangements for the Designated Center to ensure that all areas/rooms accessible to residents and staff are included on the cleaning schedules. This will ensure that care is provided in a clean and safe environment which will reduce the risk of transmission of Healthcare Associated Infection. The system for disinfection and cleaning of resident care equipment and the recording of same, has been reviewed and strengthened. Residents assessed as requiring the use of a hoist for transfers have their own individual slings which are disinfected, cleaned and stored in their personal wardrobes. Completed 12/09/22.
- The PIC has sourced and installed an external storage facility which will mitigate the IPC noncompliance associated with a lack of dedicated storage within the Center. This storage facility is also included in the Designated Centre’s cleaning schedules.

The PIC monitors infection prevention and control practices and standard precautions on a daily basis and corrective action taken whenever necessary. This includes, maintaining a visible presence in the Designated Centre, with regular unplanned walkabouts and spot checks.

The PIC ensures the staff have the competencies, training and support to carry out their assigned duties.

The provider in conjunction with the PIC will ensure that the HSE IPC policies, procedures & guidelines and HIQA National Standards for IPC in the community (2018) are implemented in the Designated Center ensuring a safe and effective delivery of person centered care for all residents.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The provider and PIC have reviewed the Designated Center’s Fire Safety arrangements and have taken the following immediate steps to remediate the Fire Safety risks identified during the inspection process:

- Additional running green man fire exit sign installed above the closed door on the Admin corridor - completed 30/08/22. This has been confirmed with the Inspector.
- Running green man fire exit sign above Tory wing fire exit, which previously only illuminated when central fire alarm system was triggered, has been replaced by a

continuously illuminated sign. Completed 30/08/22 and Inspector informed of same by email.

- Closed Tory wing is now included in the regular monthly fire drills and this is audited by PIC. Completed 30/08/22.

The provider and PIC remain committed to operating a safe and effective fire strategy in the Designated Centre, which is implemented by competently trained staff to manage fire related risks and to protect residents from risk of harm. The Designated Centre's fire safety strategy adheres to HSE procedure, policy & guidelines, relevant legislation and HIQA Fire Safety Handbook (2021).

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider and PIC ensure that all residents' rights are protected and respected. All health and social care in the Designated Centre is delivered using human rights based approach underpinned by the principles of FRED A – Fairness, Respect, Equality, Dignity & Autonomy as per HIQA guidance on Human rights (2019).

The PIC and staff support encourage each individual resident to go about their daily life as they wish – with due regard to balancing risk taking, current public health guidance and resident's level of physical and cognitive functioning. All residents are treated equally and the level of support provided is dependent upon their assessed needs and their personal choices.

Staff make every effort and use all opportunities to support all residents, regardless of their cognitive or physical needs, to participate in activities which are meaningful to them.

All residents have a social assessment completed and associated care plan in place which takes account of their likes and dislikes. Assessments and care plans are available to all staff.

On any given day or at any given time a resident has the right to withdraw themselves from communal and/or personal activities and staff must and do respect the resident's wishes. Alternatives are made available, which the resident may also choose to opt out of. This is acknowledged in Standard 4.2.5 of HIQA National Standards for residential Care Settings for Older People in Ireland (2016)

The PIC has made arrangements for all residents to have access to a personal TV thus ensuring they are able to watch their choice of TV programs in private. Completed 30/09/22.

All residents have unrestricted and safe access to an outdoor space following installation

of wave exit hardware onto the exit/entrance door to the outside courtyard - Completed 12/09/22 and photographic evidence emailed to inspector confirming same. The safety gate at the end of the courtyard is connected to the central fire alarm system - completed on 16/09/22.

## 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(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 particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	12/09/2022
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	Not Compliant	Orange	12/09/2022

	and other personal possessions.			
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	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/09/2022
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	Red	26/08/2022
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	Not Compliant	Orange	12/09/2022

	Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/08/2022
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)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/09/2022