



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

Issued by the Chief Inspector

Name of designated centre:	Leopardstown Park Hospital
Name of provider:	Leopardstown Park Hospital
Address of centre:	Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	13 December 2023
Centre ID:	OSV-0000667
Fieldwork ID:	MON-0041853

About the designated centre

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

Leopardstown Park Hospital provides care for adults who have long term needs for residential care. The centre provides services for residents with low dependency through to those residents who are maximum dependency and require full time nursing care, including care for residents who have dementia and for residents who need end of life care. Accommodation is provided across four units accommodating 80 male and female residents. Clevis unit has 29 beds and provides accommodation and services for residents who have low dependencies. The other three units provide accommodation and services for residents with higher levels of need and are located within the main hospital building. Glencullen and Glencree commonly known as the Glens units provide accommodation for 27 residents on each, in a mix of single and multi-occupancy rooms. Orchard unit was recently renovated and provides accommodation for 20 residents. All three units are currently not at full occupancy due to a restriction on the registration of the centre. There are garden areas to the front and rear of the property with seating available for residents. There is a large car park to the front of the building with some disabled parking spaces available. The centre is currently being renovated to provide additional accommodation in two refurbished units Djouce and Avoca which will accommodate eight and 20 residents, respectively.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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 13 December 2023	09:00hrs to 17:20hrs	Bairbre Moynihan	Lead
Wednesday 13 December 2023	09:00hrs to 17:20hrs	Sheila McKeivitt	Support
Wednesday 13 December 2023	09:00hrs to 17:20hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Overall, on the day of inspection, inspectors observed residents being supported to enjoy a good quality of life by staff who were kind and caring. However, the premises still required work to ensure residents in all units lived in a comfortable environment that met the requirement of the regulations. Residents expressed that they were happy in the centre, were very complimentary about the care they received and reported feeling safe in the centre. The centre was tastefully decorated for the festive season with Christmas trees, decorations and lights.

Inspectors arrived at the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspection commenced with a brief introductory meeting with the chief executive officer and assistant director of nursing. Inspectors then visited the four units that were registered within the centre: The Clevis, Glencree, Glencullen and Orchard units.

Leopardstown Park Hospital is registered to accommodate 80 residents with 9 vacancies on the day of inspection. There was a reduction in the number of beds at the time of inspection as the registered provider was renovating two units, to ensure the premises met the requirements of the regulations. The renovation works were at an advanced stage and inspectors were informed that the completion was due imminently. Glencullen, Glencree and Orchard units are all on the ground level. Clevis is external to the main building and is laid out over two floors.

Glencullen and Glencree units:

The majority of the rooms in the two units were single and three bedded rooms with a mixture of en-suite facilities and shared showering and toilet facilities. Communal space included open plan sitting and dining rooms and visitor's rooms. Residents also had access to a church and coffee dock within the building. A resident informed inspectors that if he was offered another place to go to tomorrow he would refuse, as he was so happy in the centre. Residents had personalised their rooms with pictures, photographs and belongings from home. The dining and sitting rooms in both units were decorated with Christmas trees. The registered provider had endeavoured to repair the flooring in both units by patching damaged areas. However, multiple instances were identified where there was a break in the integrity of the flooring.

Orchard Unit:

The Orchard unit was recently renovated and contained a mixture of single and four bedded rooms. The unit was bright and airy. Residents had access to a large sitting and dining room and two visitors' rooms on the unit. Shared toilet and showering facilities were available.

Clevis Unit:

The Clevis unit is arranged as a supported living unit, rather than providing nursing care. Residents are generally independently mobile. On the day of the inspection, some residents were out with family, others were taking part in activities in the centre. One resident was enjoying time on an exercise machine, others were taking part in an exercise class. There was also a choir practice planned, and in the evening a trip over to the main building for a pub night. Mass was also streamed in the centre every day for those who wanted to take part.

The whole unit was decorated with trees and festive decorations. The dining room provided a bright and welcoming environment, with residents names embroidered on place mats. Residents were seen to be spending time in the entrance hall chatting with each other and visitors. Others were in communal rooms, and their own bedrooms. Bedrooms were spacious with plenty of space for storage and the display of personal items.

Some residents took a keen interest in gardening, with a men's shed in the grounds also. One resident had built garden furniture for the patio area and completed the planting of bulbs for spring flower displays.

All residents who spoke with the inspectors expressed their satisfaction with living in the Clevis unit, for example residents told inspectors 'this is home', 'I'm the happiest man in the world', and 'we are well pampered'.

The lunchtime was observed in three of the units. Residents described the food as 'very good'. They said they always enjoyed the food on offer and it was always served hot. Inspectors saw that staff were available at lunch time to sit with and assist residents who required help with eating their lunch. This was provided in an unhurried and discreet manner. However, while residents not requiring a modified diet were provided with a choice of meals, those residents on modified diets were not provided with the same appetising choices.

Inspectors observed the staffing levels in each unit visited and determined that there were enough staff to meet the needs of residents. Those residents spoken with confirmed with inspectors that their call bell was always answered in a prompt manner and they felt there were enough staff on duty to meet their needs.

There were two activities co-ordinators on duty in the centre on the day of inspection. The registered provider had a Santa grotto in place beside the day centre. Residents were brought there from Glencullen, Glencree and Orchard Unit by the activities co-ordinator to visit Santa and have hot chocolate. In the afternoon an activities co-ordinator was reading Christmas stories to approximately ten residents. A resident informed an inspector that every Wednesday evening a social event was held where residents from Clevis and any residents from the other units who wished to attend, had drinks and a chat. The resident informed an inspector about how much they looked forward to the weekly event. Residents had access to WiFi and some residents accessed streaming services from their rooms. An inspector was informed that residents did not have access to a hairdresser and that family

members took residents out to the hairdresser if required, however, not all residents were able to attend an external hairdresser.

Residents were consulted about the centre through resident meetings. However inspectors were not assured they were happening on a regular basis, as only a small number of records for some units were available on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to 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

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. While Inspectors identified that improvements and renovations in the centre were progressing, a significant number of issues had not been addressed within the timescales the provider had committed to.

The registered provider is Leopardstown Park Hospital which is governed by a board. The person in charge reported to the chief executive officer who reported to the board. The person in charge was supported in their role by an assistant director of nursing and clinical nurse managers in each unit. Staff nurses, health care assistants, housekeeping, catering, activities staff, administration and laundry staff were all part of the team.

The registered provider has a history of non-compliance with regulation 17: premises, regulation 27: infection prevention and control, and also the impact of premises on residents privacy and dignity, regulation 9: residents' rights. The seriousness of these issues, and the failure of the provider to address them within an appropriate timescale had led to a condition being applied to the registration of the designated centre to cease admissions when the centre was re-registered in February 2022. The condition sets out that there can be no new admissions until there is compliance with all relevant regulations. While one unit was reconfigured and operating again, other premises issues remain outstanding in the centre.

At the time of the inspection two units remained out of use while refurbishment and reconfiguration was carried out. The newly named Avoca unit will have 20 beds. Flooring and fitting out of rooms was still to be completed at the time of the inspection. Another unit was nearing completion, but did not have window dressings to control the light. Flooring in Glencullen and Glenree remained in a poor condition, furniture in the units was worn and decor was damaged in some areas. In other parts of the centre, there continued to be issues with flooring in the laundry. Also along some corridors in the centre damage to the walls and skirting was noted.

While there were management systems in place to oversee the running of the designated centre, inspectors were not assured sufficient progress was being made

to address the issues identified with the premises. Records were reviewed for senior management team meetings, clinical oversight, and quality assurance structures. The minutes of these meetings covered the different areas of operations, including resident care, staffing, budgets and also the renovation project.

While oversight arrangements covered most areas of practice, inspectors noted a small number of issues not identified by the provider. Audits were used as a tool to assess performance in a range of areas. While some examples were seen with an action plan for any areas of improvement, other examples were seen where no one was identified to address the improvements and there was no time bound plan in place. For example infection prevention and control audits, and medication audits. It was also noted that not all complaints had been managed in line with the policy in place in the centre. For example, the time lines had not been met, and not all complainants had received a response in writing, as set out in the policy, and required by the updated regulations. It was also noted staff advised inspectors of issues with WiFi in one unit, and while escalated to the relevant team a number of times, the management team stated they had not been advised of the issues. An annual review had been completed for 2022, and it set out areas of success and areas for improvement in 2023.

The registered provider had good oversight of incidents. A falls committee was established which met on a quarterly basis with inter disciplinary membership. For example; representatives from quality and safety, pharmacy, nursing and physiotherapy. The occurrence of falls in the centre was low.

The training matrix was not available for review on the day of inspection and was provided after the inspection. Staff had access to a suite of training including infection control, manual handling, fire and safeguarding training. Good compliance levels were identified in safeguarding training. Areas for improvement are discussed under Regulation 16.

An inspector reviewed six contracts of care. Contracts now contained the room number of the resident, however, in line with the findings from the inspection in December 2023, they did not detail the number of occupants in each room. An updated sample of a contract of care was submitted following the inspection.

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff in each of the units was appropriate having regards to the needs of the residents and given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps were identified in training and staff development. For example;

- 34 nursing staff had not completed infection control training or their training was out of date.
- Six nursing staff and eight health and social care providers training in responsive behaviour was not up to date.
- 10 nursing staff had not completed fire training or their training was out of date.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not fully addressed ongoing issues with compliance in relation to Regulation 17: Premises, and Regulation 27: Infection control. The renovation and reconfiguration of the centre had not been completed within the time lines the provider had committed to in the compliance plan following their previous inspection.

Oversight arrangements were in place, however some issues identified by inspectors during the inspection had not been identified by the audit and quality assurance processes in place. For example:

- In Orchard the records in relation to controlled drug medications required review to ensure that the staff checking these medications recorded exactly what medications they were checking. The current records held in relation to checks completed were not detailed enough. For example, the records did not reflect the name of the medications being checked or the number of medications in the cupboard at the time the check was completed.
- In Clevis unit the residents were self administering their medications, however an individual risk assessment referred to in the medication management policy was not available for each of these residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed six contracts of care. A number of areas for action were identified:

- None of the contracts contained the number of occupants in the bedroom. This was a finding on the inspection in December 2022.
- Two of the contracts set out the initial fee while awaiting funding and they had not been amended to include the fee the resident was currently paying.
- One contract contained the unit name and bed number that no longer existed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents reviewed were notified to the Office of the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints policy in place, not all steps had been followed in some of the complaint records reviewed. For example two complainants had not received a written response setting out the outcome of their complaint, and any improvements that were to be addressed. There were also examples where the time lines in the policy had not been met.

Judgment: Substantially compliant

Quality and safety

Overall, the residents received a good quality of care from a dedicated team of staff. Residents told the inspectors that they felt safe living in the centre. Improvements were required in relation to infection control, premises, medication management and food and nutrition.

Residents had access to medical and nursing care and onsite access to health and social care providers and there was evidence from records reviewed that residents were referred and reviewed by them. A monthly inter-disciplinary team meeting took place and each resident was discussed at the meeting every four months. The registered provider had access to the "Emergency Department in The Home" from a

local acute hospital and the mobile x-ray attended onsite. A chiropodist attended onsite every two weeks.

Inspectors reviewed a sample of residents' records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required. Residents' right to make decisions about their care and support were clearly documented, and residents confirmed they could make choices about their lives.

Many residents had advanced end-of-life care plans in place. These care plans included residents' wishes for when they entered this phase of life. These included their religious wishes, where the residents wished to die and who they wanted to be involved in the process. This guided practice and also allowed the resident the choice to have their plan in place and be involved in the decisions about their care.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately as prescribed and dispensed. Controlled drugs were stored safely and checked at least twice daily, however the records held in relation to these checks required strengthening. Inspectors met residents who were administering their own medications. The medication management policy stated that each resident had an assessment completed to ensure they were competent to self-administer their medications, however these assessments were not available for review on the day of inspection.

Residents' bedrooms were kept clean and tidy. Those spoken with said they were cleaned daily. Inspectors observed that residents had access to appropriate storage units for their personal possessions, these storage units were located by the residents bed and included a lockable storage area.

Residents had access to family rooms where they could meet their visitors in private. There were no restrictions on visitors who inspectors observed being welcomed into the centre during the inspection.

Residents had access to a good choice of food and they confirmed they had access to a variety of food, snacks and drinks whenever they wanted. Residents who required the consistency of their food altered were not afforded the same choice at mealtime as residents who could eat a normal diet. In the Clevis unit, residents had storage space for their own snacks, if they wanted specific items. The kitchen in the Clevis unit also allowed for a wider range of options for residents, and flexibility around the times residents chose to eat.

While work was ongoing to improve the premises, work remained outstanding. Two units were closed with ongoing work. Since the last inspection, one unit had been renovated, and residents were now living in the newly refurbished area. Those spoken with expressed that it was an improvement to the previous layout. The centre was large containing spacious corridors with handrails in place throughout.

Some areas of the corridors were worn, and in need of updating in relation to decor, for example the corridor area where the food bain maries were stored. The grounds were well maintained, and provided a pleasant outlook from the main centre. In the Clevis unit, residents had set up raised beds and pots, and even in the winter the grounds were well maintained and provided areas of interest to look out at. Further details about the improvements required in the premises are set out under Regulation 17: Premises.

The registered provider had identified three infection prevention and control link practitioners who had undertaken training within the area. The laundry facility had a dirty to clean flow and deliveries of, for example; clean sheets were delivered through a separate door directly to the clean area. The centre was generally clean on the day of inspection, however, premises and infection control are interdependent. The combination of the number of areas for improvement identified on this inspection and previous inspections which had not been actioned were providing a challenging environment for staff to implement effective infection prevention and control practices. These are detailed under the regulation.

Throughout the inspection and across all of the units residents were seen to be choosing their own daily routine. While reviewing the documentation in the centre, inspectors noted that residents wishes and preferences were consistently recorded. Records also included residents decisions for example in relation to advanced directives and end of life care requests. Residents were observed to have privacy and space to undertake activities in private in their bedrooms, and most had personalised their bedroom with their personal belongings, including smaller items of furniture brought in from home.

Regulation 11: Visits

There were arrangements in place for residents to receive visitors. There were no restrictions in place. There was suitable communal space available for residents to receive their visitors in private.

There was a visitor's signature book at reception, which visitor's were requested to sign when entering and leaving the building.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings including a lockable area for safekeeping.

Judgment: Compliant

Regulation 13: End of life

There were processes in place to ensure that where a resident was approaching the end of life, they were supported to receive appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerned was provided.

The inspectors saw that each resident had their end-of-life wishes outlined in a person-centred end-of-life care plan which had been developed with the resident and with their consent, members of their family.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

The following remained outstanding from work the provider had committed to completing:

- The registered provider had patched up sections of the flooring in Glencullen and Glenree units, however, the flooring remained damaged, uneven, scuffed in places with indents in many areas. Furthermore, the flooring at the coffee dock had an excessive number of indents on the floor.
- General wear and tear was noted on corridors; for example; chipped skirting, paint and excessively scuffed and damaged walls. The area where the bain maries were stored were particularly damaged. This did not aide effective cleaning and posed a risk of cross infection.
- There was a break in the integrity of the flooring and excessively damaged walls behind the dryers in the laundry.
- A window sill in Room 21 in Glencullen was chipped and damaged and there was a break in the integrity of the shelving in a store room.
- A resident area called the "coffee dock" located between Glenree and Glencullen units was routinely used by staff for their rest periods and not as an area for residents.
- Surfaces of furniture such as lockers were damaged, and did not support effective cleaning.

Additional issues identified during this inspection included:

- Sections of the kitchenette walls in Glenree were in a state of disrepair.

- Wooden boxing behind the toilets throughout the Clevis unit were damaged and so not readily cleanable.
- Not all residents had access to privacy locks on their doors.
- The clean utility in Glencullen was both a clinical and administrative room. Medication and dressings were stored in the room where files were kept. This room did not contain a hand hygiene sink.

Judgment: Not compliant

Regulation 18: Food and nutrition

Improvements were required in order to ensure compliance with regulation 18. For example;

- The choice of food offered to residents was not always wholesome and nutritious. Inspectors found that residents who required the consistency of their food altered received a less appetising meal choice than those who did not require the consistency of their food altered. For example, for two evenings in one week residents who required the consistency of their food altered were offered eggs and creamed potatoes.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was generally clean on the day of inspection, however, a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- Staff were using a store room in Glencullen as a changing facility. This room also contained stock. This posed a risk of cross contamination.
- A number of hand hygiene sinks were observed not to be compliant with the required specifications. For example; two sinks on the corridor in Glencullen and the sluice room. Furthermore, the tap in the sluice room was loose and required review.
- There was no sluice sink in the cleaners' store. This is a repeat finding from the inspection in December 2022.
- The hand hygiene sink in the cleaners' store in Glencullen did not contain soap or hand towels.
- A first aid kit and eye irrigation kit were stored in a sluice room in Orchard.
- Cleaning practices in the centre were not in line with the centre's own policy. For example; the centre's policy recommends the use of detergent and hot

water for cleaning most areas in the centre. However, the inspector was informed that a disinfectant was used.

- A chlorine based solution was routinely used on floors. This is not in line with the centres' own policy or best practice.

Staff did not consistently adhere to standard infection control precautions. For example;

- In line with findings from the inspection in December 2022 in one unit, open, but unused portion of dressings were not being used in accordance with single use instructions.
- Staff were observed walking on corridors with gloves on and carrying used linen on the corridor.
- A staff member was observed filling a basin of water from a clinical hand wash sink. The inspector was informed that it was the only tap in the unit where hot water was available immediately. The water in residents' rooms had to run for a period before hot water was accessible.
- A bedroom where transmission based precautions was required did not contain a clinical waste bin outside the door. This was brought to management's attention on the day and addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment in place, which was completed in detail, they also had risk assessments completed and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

All resident assessments and care plans reviewed had been updated within a four month time period.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a medical officer who was onsite during working hours five days a week and health and social care providers onsite; for example; physiotherapist. Each resident was discussed at an inter disciplinary meeting every four months or more frequently if required. There was evidence from review of the healthcare record that residents were regularly reviewed by health and social care providers.

Judgment: Compliant

Regulation 9: Residents' rights

Actions were required under Regulation 9:

- Not all residents were consulted about and participated in the organisation of the centre on the regular basis. For example; only a small number of meeting minutes were available for review and not for every unit.
- An inspector was informed that a hairdresser did not attend onsite to tend to residents' hair. This removed the residents' right to maintain their self-image and well-being.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was noted in the Clevis unit, that two fire doors did not have smoke seals and intumeccent strips, and so inspectors were not assured they met the required standard for a fire door.

Also, the placement of furniture in the lobby at the top of the stairs was in the path of the fire exit, and required a review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Leopardstown Park Hospital OSV-0000667

Inspection ID: MON-0041853

Date of inspection: 13/12/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training matrix has been completed and training programme devised to close the training gaps identified for 2024. For Example: - Hand hygiene training at unit level using glow box and Hand hygiene survey to be carried out, commencing February 24	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Refurbishment of Avoca unit was delayed because of external impediments. This unit was handed over to the hospital on 19/01/24. Fitting out and deep cleaning has commenced and a CNM appointed to oversee the transition, staff orientation etc. The work plan for replacement for flooring in Glens is completed and work will commence 6th February and is anticipated to take 8 weeks to conclude. All residents will be transferred to other units to facilitate vacant possession and to lessen resident risk. Medication policy and practice has been reviewed and updated in light of the inspector’s comments .	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All existing contracts are being audited and the contract type as supplied to the authority is being rolled out to residents. This action commenced immediately following the Inspectors highlighting the issue.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Every effort is made to comply with the national complaints policy. It has to be realised that some complainants indicate that they do not need a written response. To monitor this aspect a pro forma template has been developed to better capture this data. Work has commenced on reviewing this policy and staff awareness sessions are being arranged to improve compliance .</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Glens and Coffee Dock – Contractors selected and work to be completed by end of February in this area. Skirting will be repaired as part of this.</p> <p>Coffee dock – Discussions with staff reps ongoing regarding alternate dining facility. The Windowsill has been repaired.</p> <p>Furniture -Audit undertaken of these items and decision will be made regarding disposal, upgrading or replacement as part of the upgrade of the Glens units</p> <p>Clevis- Wooden boxing in Clevis has been removed.</p> <p>Privacy Locks- A solution has been found that satisfies the privacy requirement and the Fire considerations. All single occupancy room doors in the main complex will have these locks fitted soonest. Contractor confirmed to carry out these works.</p> <p>Flooring and painting of damaged timber work at the area for the Bain Maries will be completed by end of February 2024.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Review of catering arrangements for residents is underway through the hospital catering and nutrition committee.</p> <p>A system wide Catering review has been arranged with an Independent External consultancy firm which specialises in this type of review and who are familiar with all the relevant legislation. This report is expected to be presented to CEO by end of March 2024</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Alternative staff changing facility has been provided for Glencullen.</p> <p>Loose taps have been repaired.</p> <p>The sinks referred to are in the process of being replaced, date of completion anticipated to be mid February.</p> <p>Contractors commissioned to install a sink in cleaner's store as part of the above works.</p> <p>Hand hygiene sink in cleaners store in Glencullen has been rectified.</p> <p>Some First Aid and eye irrigation kits have been moved to a more suitable easy access location , all will be moved in the coming weeks.</p> <p>Small single use dressing packs are now being provided.</p> <p>IPC training for staff continued.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A calendar for resident's fora meeting is being circulated for 2024. Copy attached</p> <p>Residents do have access to hair dressing services within the hospital and are facilitated to visit hairdressers of their choice in the community.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire contractors have been contacted to remedy the Clevis defect and will be on site week commencing 5th February . Equipment stored as described by the Inspectorate has been moved to its correct storage area</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/02/2024
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	30/04/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Not Compliant	Orange	01/04/2024

	accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	08/04/2024
Regulation 24(1)	The registered provider shall 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.	Substantially Compliant	Yellow	29/02/2024
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	Not Compliant	Orange	31/03/2024

	implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	14/02/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	14/02/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no	Substantially Compliant	Yellow	14/02/2024

	later than 20 working days after the receipt of the request for review.			
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	06/02/2024
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	06/02/2024