Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Simpson's Hospital
Name of provider:	Trustees of Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	29 November 2023
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0041533

About the designated centre

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

Simpson's hospital is a 48 bedded Nursing Home, located in Dundrum and provides long term residential care for men and women over 65 years of age. Since its foundation in 1779, Simpson’s Hospital has cared for older persons from all walks of life and religious denominations. Simpson’s Hospital is governed by a voluntary Board of Trustees. It has 30 single and nine double rooms located over two floors which are service by an assisted lift. The newer part of the building has a bright sunny seating area which links the original and new buildings. All bedrooms have under floor heating, full length windows and electric profiling beds. All en-suite bedrooms have assisted showers. The centres day space and dining room are located in main building, which has many original features. The ethos of Simpson’s Hospital is centred around the provision of person centred care within a culture of continuous quality improvement. Simpson's Hospital strives to create a homely, relaxed and friendly atmosphere in a modern state of the art facility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 November 2023	09:00hrs to 17:10hrs	Niamh Moore	Lead
Wednesday 29 November 2023	09:00hrs to 17:10hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, most residents were happy with the care and services that they received within Simpson's Hospital. Many positive interactions were seen between staff and residents. There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. However, inspectors were not assured regarding the governance and management arrangements within the designated centre and this will be further discussed within this report.

After an introductory meeting, a member of management accompanied inspectors on a tour of the building. Simpson's Hospital is registered to accommodate 48 residents. The centre is divided over two floors containing 30 single bedrooms and 9 twin bedrooms. Residents had access to en-suites or shared bathrooms. Resident bedrooms were seen to be personalised with pictures, photographs and ornaments. Residents reported that they were happy with their rooms. Inspectors observed that the personal floor space and storage facilities for residents in the 9 shared bedrooms was not adequate. The registered provider was in the process of reviewing these arrangements and inspectors were told that this review had commenced with one bedroom. Inspectors viewed this bedroom and saw that it had narrow wardrobes which were within each resident's personal space, however this review was not complete at the time of the inspection.

The designated centre had a newer part of the premises which was overall seen to be warm, clean and bright. Resident bedroom accommodation was located in the newer part of the premises. In addition, there were several communal areas throughout this part of building, including some private spaces where residents could meet with visitors. Throughout the day, inspectors saw that some residents moved freely, spending time with each other and with staff, while others chose to remain in their bedrooms. Residents also had access to a well-maintained garden from the activity room on the ground floor. There was an older part to the premises which did not contain resident overnight accommodation, this is where the kitchen was located and primarily had store rooms and staff areas. Inspectors noted this part of the premises was not as well-maintained.

There was inappropriate storage observed on fire exit routes throughout the inspection day, which could impact on the safe evacuation of residents from the building. Inspectors raised this with management on the day of the inspection and this remained in place at the end of the day.

Menus were displayed on a notice board in the dining room with a choice of food available for each meal. Inspectors observed the lunch time dining experience and saw that food provided to residents appeared appetising. Residents were complimentary of the food choices provided to them. Staff provided support to residents who required additional assistance with their meals in a patient and kind

manner. Inspectors observed that meal times were a social occasion for many residents with residents sitting and conversing together and with staff.

Residents' meetings were held to ensure that residents were consulted in the running of the centre. Residents had access to television and radio with newspapers delivered daily. There was an activity programme within the centre facilitated by a dedicated activity worker. On the day of the inspection, there was Christmas decorating taking place and a resident's birthday was being celebrated. This included a homemade cake made by the centre's chef and residents and staff wishing happy birthday to the resident.

Both the centre and the gardens were pleasantly decorated for the festive season, and residents advised they enjoyed helping to put up the decorations.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Governance and management arrangements for the operation of the centre were not effective, and therefore did not ensure residents needs were being met in a safe, effective and consistent way.

An application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. There had not been a person in charge who met the criteria as stipulated under Regulation 14 since February 2023. In October 2023, the Trustee's of Simpson's Hospital as the registered provider for Simpson's Hospital were issued with a notice of proposed decision to attach a condition that by 30 December 2023 the registered provider shall ensure that there is a Person in Charge in the designated centre and that the post is held by a person who is a registered nurse with:

- not less than 3 years' experience of nursing older persons within the previous 6 years
- not less than 3 years' experience in a management capacity in the health and social care area,
- a post registration management qualification in health or a related field.

The registered provider had the opportunity to respond to the Chief Inspector setting out the action that they intended to take to ensure there is a person in charge of the designated centre. This unannounced inspection was conducted following receipt of the representation submitted in November 2023.

Inspectors found that there was a high level of non-compliance identified on this inspection and improvements were required in management systems to effectively

oversee and ensure residents' needs were being met in a safe, effective and consistent way.

There was no organised system to oversee the operation of all parts of the service. Inspectors requested a selection of documents at the beginning of the inspection, while some of this documentation was provided, many of which were not provided by the end of the inspection. There was no schedule of auditing occurring within the centre and as a result there was limited audits available, which would provide information on how well the service was performing. There was no management meetings occurring outside of the monthly board meeting. The director of nursing completed a report for the board on a monthly basis which outlined areas such as occupancy, incident and accident analysis, health and safety, medication management, training, staffing, residents' council and policies. However, assurances were not provided that clinical data was analysed and discussed within this forum as minutes reviewed from the Board meeting of October 2023 stated there was no issues to report regarding clinical data.

Management informed inspectors that there had not been an annual review of the quality and safety of care delivered to residents in 2022 to ensure that such care is in accordance with relevant standards set by the Authority.

While the registered provider had identified some areas of the service which required action, inspectors found there were insufficient measures taken to address these findings. For example, the registered provider had committed to undertake a review of multi-occupancy bedrooms following their inspection of June 2022, there was no evidence of this review provided to inspectors on the day of the inspection. While one bedroom was in the process of being reconfigured, this was not complete and there was no schedule of works to address any of the other multi-occupancy bedrooms.

The contract for the provision of services reviewed did clearly set out the terms and conditions of the resident's residency in the designated centre. The registered provider had a current certificate of insurance which indicated that cover was in place in the event of injury to residents.

Inspectors reviewed the records of incidents in the centre and found that accidents and incidents, as set out in Schedule 4 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 were not notified to the Chief Inspector of Social Services within the required timeframes. This is further discussed under Regulation 31: Notification of Incidents.

There was a poster displayed in the centre to inform residents and visitors of the centre's contact arrangements for complaints, however this information did not reflect the current complaints officer. This was updated by the end of the inspection. The complaints procedure did not accurately detail the current complaints officer and this procedure had not been updated in line with the requirements outlined within the new regulations which came into effect in March 2023. Inspectors reviewed the complaints log and saw there was no complaints recorded for 2022 and 2023, however other records showed examples of complaints in that timeframe.

Thus, inspectors were not assured that all complaints received within the centre were sufficiently investigated. This is further discussed under Regulation 34.

The registered provider had a schedule of written policies and procedures which were available to staff, however, inspectors were not assured they were consistently followed in practice, as set out in Regulation 34: Complaints, and Regulation 8: Protection.

Regulation 14: Persons in charge

While inspectors were aware that a person was appointed with a start date to commence post in February 2024, the designated centre did not have a person in charge who met the criteria as stipulated by the regulations on the day of the inspection.

Judgment: Not compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured there were effective management systems in place to ensure the service provided is safe, consistent and effectively monitored. The following areas required attention:

- the oversight of keys areas such as fire safety and infection control were not robust or effective. This is further discussed under Regulation 28: Fire Precautions and Regulation 27: Infection Control
- safeguarding allegations had not been recognised as safeguarding concerns. Furthermore, mandatory training for safeguarding was not in date.
- oversight systems for the submission of notifications to the Chief Inspector were not effective
- the risk register was seen to be incomplete. For example, there was no date, review date or mitigating factors outlined on the risk register for the management of aggression and violence. In addition, the control measures

outlined to manage the risk of fire included good housekeeping measures which was not seen to be in practice on the day of the inspection

- Inspectors were not assured that there was oversight for resident's assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan. In addition, there was limited clinical audits or data available on the day of the inspection and inspectors were told by management they did not participate in clinical oversight. In addition, incident logs were seen to remain open including an incident from March 2023 which identified a safeguarding concern which had no action recorded to evidence any follow up
- the registered provider had not addressed all of the actions from the compliance plans submitted to the Chief Inspector following the inspection's completed in March 2023 and in June 2022. For example, the following items were seen to occur on the day of the inspection and had also been reported in previous inspection reports:
    - there was inappropriate storage in communal bathrooms
    - sharps bins did not have the temporary closure mechanism engaged when they were not in use and a sharps bin was overfilled past the recommended fill line
    - complaints were not recorded on the centre's complaints log
    - the layout of multi-occupancy bedrooms did not meet the criteria of Regulation 17: Premises

An annual review of the quality and safety of care delivered to residents within Simpson's Hospital had not been complete for 2022.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three contracts of care between the resident and the registered provider and saw that they clearly set out the room occupied by the resident and fees charged for services were reflected.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge failed to notify the Chief Inspector of incidents occurring within the designated centre. For example:

- safeguarding incidents as set out under Schedule 4 had not been submitted within three working days of their occurrence. Three out of four required

notifications relating to an allegation, suspected or confirmed incident of abuse for any resident were subsequently submitted following the inspection
- Quarter 2 incidents relating to any occasion when restraint was used and any death including cause of death, had not been notified within the required timescales. These notifications were subsequently submitted following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

While the registered provider had a complaints policy, this policy did not signify the current complaints officer and it had not been updated in line with the new regulations. For example, this policy did not outline the nomination of a review officer.

Inspectors were not assured a record of all complaints including details of any investigation were being recorded in line with the registered provider's policy. Inspectors were told that no complaints had been received in 2022 or 2023 and the complaints register had nothing recorded within these timeframes. However in discussion with staff, inspectors were told that a verbal complaint had been received in January 2023, this complaint and investigation had not been maintained on the centre's complaints log.

In addition, inspectors were not assured that all staff were aware of how to identify a complaint as there was documentation from residents meetings recorded under complaints and complaints received through other written documentation which had not been recorded on the log.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had policies and procedures as specified in Schedule 5 of the regulations in place which were seen to have been reviewed within the last 3 years. However, as discussed within this report inspectors were not assured that all of these policies were adopted by staff within the designated centre.

Judgment: Substantially compliant

Quality and safety

While residents reporting feeling comfortable in the centre, inspectors were not assured that there was effective oversight of residents needs. This was evidenced by gaps in care planning records, poor oversight of restrictive practices, and non-adherence to the safeguarding of vulnerable adults policy.There were outstanding issues identified during the inspection relating to multi-occupancy rooms, and infection prevention and control procedures in the centre.

Care plans were in place for residents, and while they were individual to residents and recorded their preferences, they did not all clearly set out residents needs and how they were to be met. For example records were seen where mobility care plans did not set out the level of support or equipment needed. Also recommendations of a speech and language therapist not reflected in a nutrition care plan. While care plans were reviewed every four months, examples were seen of residents needs not being clearly recorded in relation to responsive behaviours, and did not set out information about their needs that was recorded in the daily notes.

On reviewing the incident records, and speaking with residents, inspectors identified three incidents that would meet the definition of a safeguarding incident, but had not been recognised as such. This is discussed further under regulation 8: safeguarding.

Inspectors were told that the registered provider was in the process of reviewing the multi-occupancy bedrooms, however the configuration of these areas on the day of the inspection did not meet the criteria of Regulation 17. In bedroom 22, different wardrobes had been fitted, that were at the side of each of the two beds, however, these were narrow, and would not afford much space for a resident's clothing.

While the centre was well decorated overall, some areas required maintenance to address worn surfaces, for example skirtings and doors. One area of the centre was found to be unclean, and was not improved through the course of the inspection. The floor in the dining room had a range of debris, and the serving areas were not fully cleaned. For example splash marks of liquids and food residue were seen around the bain marie food warmer, and also around the tray trolleys in the kitchenette.

While the grounds of the centre were well presented, and had objects of interest for the Christmas period, including lights. The registered provider had not ensured that internally the premises adhered to all matters within Schedule 6 of the regulations. For example, there was poor storage practices identified and there was ineffective oversight of maintenance particularly in the older part of the premises. This is further discussed under Regulation 17: Premises.

While fire precautions were not reviewed in its entirety, inspectors were not assured that housekeeping practices ensured means of escape were unobstructed. In addition, significant risks were identified on the registered provider’s fire safety risk assessment. This is further discussed under Regulation 28: Fire Precautions.

Regulation 17: Premises

Action was required to address areas in the premises to ensure that it promoted a safe and comfortable living environment for all residents. For example:

- some doors did not have appropriate signage in place which had the potential to deter the independence of residents. For example, there was no signage on doors such as on linen and sluice rooms to clearly outline the purpose and use of these rooms to residents and to visitors to the building
- multi-occupancy bedrooms did not not comply with the requirements of 7.4m2 floor space which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom
- storage was insufficient in some part of the centre, for example in the newer part of the building items were stored on corridors, and some store rooms were very full and not organised. A bathroom had also been taken out of use for storing equipment
- the older part of the premises which was currently not in use by residents was poorly maintained, for example there was a hole in a ceiling seen in one room and chipped tiles in a room used for storage of files
- decor was damaged in some areas, and required repair, for example along corridors

Judgment: Not compliant

Regulation 27: Infection control

While this regulation was not reviewed in it's entirety, there were issues fundamental to good infection prevention and control practices which required improvement. For example:

- a sharps box in the clinical room was open, and filled above the fill line. This was a repeat finding from the previous inspection
- the sluice room was not clean, items on the drying rack were not clean, and the flooring was damaged which meant it was not readily cleanable
- alcohol hand gel was not readily available at all points of care
- some items were seen to be in a poor state of repair. For example, chipped tiling and chairs used by staff within the older part of the premises which were visibly stained. This may impact on the effective cleaning for these surfaces.
- the registered provider did not have adequate oversight of cleaning. For example, the dining room was visible unclean during the premises walk in the morning. Management told inspectors it remained unclean following the tea-time the previous evening. In addition, access to cleaning rooms was not

readily available on the day of the inspection and inspectors were told that oversight of these areas was not complete by the registered provider.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had failed to make adequate arrangements for means of escape. For example, numerous fire doors, corridors and stair wells had items of furniture and equipment such as rolled up lino flooring, catering and linen trolleys stored impacting the accessibility of these areas. This was brought to the attention of management during the premises tour in the morning of the inspection and remained a finding in the evening.

While the registered provider had commissioned a fire safety risk assessment in February 2023, inspectors were not assured that there were adequate arrangements in place to respond to the detecting, containing and extinguishing fires. For example, this report highlighted the requirement for a full assessment of fire doors and compartmentation. In addition, there was 24 red rated risks which required action within one week of the report, which was issued on 03 February 2023. There was no time bound action plan drafted at the time of the inspection to provide assurances action had been taken and some risks remained visible on the day of the inspection. Subsequently an action plan was submitted following the inspection with a timeframe to respond dated April 2024.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans did not clearly set out residents needs and how they were to be met. For example where residents had responsive behaviours, care plans did not clearly describe what may lead to anxiety, and a physical response, or how staff were to manage the situation and support the resident to return to feeling calm.

Other examples included lack of details in relation to the support residents required in relation to mobility, and also nutrition.

Judgment: Not compliant

Regulation 6: Health care

Records showed that residents were reviewed by a general practitioner (GP) on admission, and seen regularly as required after that. Correspondence was in place showing engagement with consultants and other medical practitioners where residents had health and mental health needs.

There were arrangements in place for assessments from a range of healthcare professionals such as speech and language therapy, dietician, and chiropody. An example was seen where a residents needs were assessed on admission, and responded to with appropriate referrals to specialist healthcare teams.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were not assured that the least restrictive methods were being used in relation to restrictive practices. For example, records did not set out when PRN (as required) medication should be administered to residents. Where there were changes to this type of medication, records did not clearly set out the rational for that change.

The restraint register completed by the management team did not cover all types of restriction in use in the centre. While it did cover environmental restraints, it did not cover chemical restraints.

Judgment: Not compliant

Regulation 8: Protection

The safeguarding policy available in the centre was not being put in to practice. Inspectors identified three incidents that met the definition of a safeguarding concern, that had not been recognised as such by the management team, and staff. Two were recorded in incident logs and one was reported to inspectors by a residents. The policy was not followed in each of these cases, and there were no safeguarding plans in place for the residents impacted.

Staff had not completed safeguarding refresher training since 2018, which again was not in line with the policy in place in the centre. The management team were aware of this and advised training would not be completed until 2024.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Simpson's Hospital OSV-0000096

Inspection ID: MON-0041533

Date of inspection: 29/11/2023

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The new person in charge for the centre will commence employment on the 1st February 2024.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We will make changes to improve the systems of oversight for fire safety and infection prevention. These are outlined under the relevant regulations in this compliance plan. Safeguarding training has been completed by all staff in the home apart from three members on leave. Additional safeguarding taining will be completed by these staff members on their return to work. Going forward, all notifications will be submitted to the Chief Inspectors within the required timeframes by the person in charge or her deputy where she is absent. The risk of violence and aggression will be included in the risk register for the centre. We have engaged an external consultant to provide mentoring to management on the creation and maintenance of the risk register. The audit programme for the centre will include auditing a sample of care plans on a weekly basis.	

The person in charge or her deputy will be responsible for monitoring and reviewing incidents to ensure that they have been responded to, investigation and any remedial actions taken as required by findings.

We have arranged for an external consultant to carry out an environmental walkabout with management and provide training to management on conducting health and safety walkabouts on a scheduled basis going forward. These will include daily walkabouts to complete fire safety checks and checking communal bathrooms and sharps boxes as well as other environmental checks.

Alternative storage will be identified to ensure that inappropriate items are not stored in communal bathrooms.
Staff have been reminded to ensure that sharps bins are not overflowing, and that the temporary closure devices are engaged.

A clinical governance framework and committee will be established for the centre. The committee will meet quarterly to review the key quality and safety data to monitor compliance with the regulations.

The person in charge or her deputy will review key quality indicators on a monthly basis and trend and analyse the data. A report linked to this activity will be completed and available on our electronic system

We will develop an annual audit programme for the centre. Each audit will have an action plan based on the findings of the audit. Audits and action plans will be monitored by the person in charge and reviewed at each clinical governance meeting.

The complaints log has been located in an accessible location for staff and staff have been reminded to record all complaints on this log. The person in charge will take over the role of complaints officer for the centre on the 1st February and will be responsible for responding to complaints received. The person participating in management will continue as complaints officer until then.

The layout of multi-occupancy rooms will be reviewed with an external consultant to ensure compliance with regulations.
The annual review for 2022 has been commenced and will be completed by February 28th 2024.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Going forward, all notifications will be submitted to the Chief Inspectors within the required timeframes by the person in charge or her deputy where she is absent.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints procedure and policy have been updated to reflect the current complaints officer and to reflect recent changes in legislation.

The complaints log has been located in an accessible location for staff and staff have been reminded to record all complaints on this log. The person in charge will take over the role of complaints officer for the centre on the 1st February and will be responsible for responding to complaints received. The person participating in management will continue as complaints officer until then.
Tool box talks have been carried out with staff to ensure compliance with the complaints policy.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
We will schedule a series of toolbox talks for staff on the Schedule 5 policies and going forward tool box talks will be provided to staff where a new policy has been developed or an existing policy changed.
Policies will be uploaded onto the electronic system where staff will be required to read same and the person in charge will be able to monitor taff having read the policies.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We will develop a refurbishment plan to address the findings of the inspection.
Signage will be erected on the linen rooms and sluices.
The layout of multi-occupancy rooms will be reviewed with an external consultant to ensure compliance with regulations.

We will review the storage arrangements in the centre to ensure that items are stored appropriately and that storage areas are organized. A plan will be put in place for the checking and maintenance of the older part of the building. Remedial works will be carried out in the room used for storage of files.

Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Additional alcohol gel dispensers will be erected in area of the centre as suggested by the inspectors during their site visit. Remedial action will be taken to address the damage to the flooring in the sluice room. Environmental hygiene audits will be included in the audit programme for the centre. Items found to be in a poor state of repair during the inspection will be removed and replaced as appropriate. A system for oversight of cleaning will be established to include: Daily checks as part of the daily walkabout carried out by the person participating in management. Checks to be carried out by the nursing staff and nursing management. Scheduled environmental walkabouts and audits.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A daily check of means of escape will be carried out by the person participating in management. An action plan was submitted to the inspectorate regarding the fire risk assessment completed which required the completion of actions by April 2024.	

Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

A sample of care plans will be audited on a weekly basis and findings fed back to staff to include any updates required.

Training for staff nurses on assessment and care planning using the electronic system will be arranged.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Care planning training will be arranged for staff nurses to include the development of behaviour support plans for residents. Auditing of a sample of care plans will be carried out weekly.
Training on the use of Restrictive interventions will be completed by nursing staff and healthcare assistants by April 1st 2024.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Apart from 3 staff members currently on leave, all staff have completed safeguarding training.
Going forward, all suspicions and allegations of safeguarding incidents will be recorded as such in the designated form on the electronic system. The person in charge will have responsibility for the follow up to any suspicion or allegation of a safeguarding incident.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	01/02/2024
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 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	28/02/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	28/02/2024

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/04/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Not Compliant	Orange	01/02/2024

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	01/02/2024
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	01/02/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	12/01/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into	Not Compliant	Orange	01/02/2024

	complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Not Compliant	Orange	31/12/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/01/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	31/01/2024

	appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	01/04/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	01/04/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	12/01/2024
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation	Not Compliant	Orange	12/01/2024

	to the detection and prevention of and responses to abuse.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	01/02/2024