



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

## Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0040700

## About the designated centre

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

St. Joseph's Centre is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 61 residents. The centre has one bed for respite and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospitaller Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity.

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

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 7 September 2023	08:30hrs to 17:30hrs	Margo O'Neill	Lead
Thursday 7 September 2023	08:30hrs to 17:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

From inspectors' observations throughout the day it was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Inspectors observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Inspectors spoke with six visitors and all were very complimentary of the service provided. One visitor described the centre as a "home from home" while another said they could sum up the centre in three words, "love, care and respect". Two other visitors described the high standard of compassionate care and support provided to their relative.

St. Joseph's Centre is a single storey building with 61 registered beds located in Shankill in South Dublin. Staff outlined to inspectors that all residents living in the centre had a known diagnosis of dementia. The provider had adopted a social model of care called the 'Butterfly Household Model of Care', with the centre divided into six lodges or households to facilitate this model of service. The lodges were named Avoca, which accommodated 10 residents, Kilcronee, which accommodated eight residents, Glendalough, which accommodated 10 residents, Rathmichael, which accommodated 10 residents, Carrigeen, which accommodated 13 residents and Delgany which accommodated 10 residents.

The environment and design of each lodge had a homely feel with a particular emphasis on dementia design. Inspectors were informed that residents were matched to a lodge that met their needs at the different stages of dementia. In line with this model of care, the provider operated a no uniform policy for staff. Inspectors observed that this policy added to the homely and non-clinical feel within the centre. The majority of residents had chosen to personalise their bedrooms with ornaments, photographs and furniture from home.

The layout of the building, across six separately staffed lodges also lent itself to effective outbreak management. This meant that each lodge could operate as distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one area of the centre.

Inspectors observed a calm and relaxed atmosphere within the communal spaces of the lodges on the day of inspection. Sitting rooms in each lodge were well maintained and decorated with a fireplace which was the focal point in each sitting room. Inspectors observed residents reading newspapers, watching TV and partaking in activities in the shared spaces throughout the centre. Inspectors were informed that residents enjoyed bike trips to the park on the electric Triobikes.

Inspectors also saw pictures from a recent 'Barbie' themed garden party which had taken place the week before.

The sitting /dining rooms in each lodge had views and access to outside spaces. The enclosed external garden and courtyards were well-maintained with level paving, comfortable seating, shaded areas and flower beds.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises. For example inspectors observed that there were insufficient showering facilities in some units to meet the needs of residents. As a result there was an over-reliance on bed-baths when providing residents with support to maintain personal cleanliness.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms and communal areas inspected appeared visibly clean and well maintained with few exceptions. For example cracked tiles were observed within two communal bathrooms.

The ancillary facilities generally supported effective infection prevention and control. Clean and dirty areas were kept separate and the workflow patterns of each area were clearly defined. For example the newly renovated housekeeping room had a janitorial sink and sufficient space for storage and preparation of trolleys and other cleaning equipment. This room was well-ventilated, clean and tidy with surfaces that facilitated easy cleaning. Cleaning carts were equipped with locked compartments for storage of chemicals.

Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were located on the corridor of each lodge, in sluice rooms and treatment rooms. These sinks complied with the recommended specifications for clinical hand wash basins.

Equipment viewed was generally clean with some exceptions. For example two commode chairs and one raised toilet seat store in the sluice rooms were visibly unclean.

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

## Capacity and capability

Inspectors found that residents living in St Joseph's Centre received a good standard of healthcare and residents were supported to live a good life. The inspection was carried out to monitor compliance with the regulations, follow up with actions from the last inspection in October 2022 and had an emphasis on Regulation 27, Infection

prevention and the centre's implementation of infection prevention and control standards.

Inspectors followed up on the registered provider's progress with completion of actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance. The majority of bedrooms had been repainted and work was ongoing to paint corridors and communal areas. The two sluice rooms had been renovated and now contained bedpan washers, sluices for disposing of body fluids and wash-water, separate sinks for cleaning equipment and clinical wash-hand basins. A laundry store had been converted into a new housekeeping room and the ceiling in oratory had been replaced. Four twin bedrooms had been reconfigured to ensure that all residents accommodated in the rooms had access to a table, chair, locker and adequate storage space for their possessions whilst maintaining their right to privacy.

The centre has two attached restrictive conditions to the registration; one which required the provider to install additional shower facilities and convert the communal bathrooms in Carrigeen and Avoca Lodges to two separate shower facilities with toilets by 30th November 2023; the second condition was in respect of refurbishment and renovation of premises (including additional showers) by 30 November 2023. The inspection found that renovation works to increase the number of bathrooms available to residents in Carrigeen Lodge and Avoca Lodge had not yet commenced and a time bound action plan was not available on the day of the inspection. Inspectors were informed that the registered provider would not meet the time line noted on the conditions. Consequently, should a resident choose to have a shower on a lodge that did not have a showering facility, they were required to go to another lodge to use a shower there, which was not in line with the espoused household model of care provided in the centre. Inspectors were informed that notwithstanding the delay in carrying out the of works, the provider remained committed to completing them, the funding for the renovations had been secured and a project plan was being developed.

The provider had nominated two clinical nurses managers to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Both staff members had attended link practitioner training. Staff also had access to training and support from infection prevention and control specialist advice and support as required.

Inspectors observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. Housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare.

A schedule of infection prevention and control audits was in place. Audits covered a range of topics including hand hygiene, aseptic technique, equipment and environment hygiene, laundry, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits and this was generally reflected on the day of the inspection.

Staff working in the centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. While it may be impossible to prevent all outbreaks, a review of notifications submitted to the Chief inspector found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant bacteria colonisation was routinely undertaken and recorded. The volume of antibiotic use was also monitored each month. There were no residents receiving prophylactic antibiotics on the day of the inspection. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under regulation 27; Infection control.

The centre had a comprehensive local infection prevention and control guideline which covered aspects of standard including hand hygiene, waste management, sharps safety, environmental and equipment hygiene.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Nursing staff had also completed online antimicrobial stewardship training. Inspectors identified, through talking with staff, that staff were knowledgeable and competent in the management of residents colonised with multi drug resistant organisms (MDROs).

Inspectors were provided with Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years. There was a safeguarding procedure in place detailing some local information however a local policy had not yet been implemented. This is detailed under Regulation 23, Governance and Management.

There was a current and valid contract of insurance against injury to residents in place.

A sample of contracts for the provision of services were reviewed by inspectors and found to meet the requirements of the regulations.

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents living St Joseph's Centre.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems in the following areas were found to be ineffective to ensure the service provided was safe, appropriate, consistent and effectively monitored:

- Inspectors were not assured that there was adequate oversight of fire safety precautions in the centre. Further information is detailed under Regulation 28, Fire Precautions.
- Oversight for the maintenance and upgrade of the premises was found to be ineffective. As detailed in the capacity and capability section of this report, the registered provider had not started the required works in respect of premises and bathing facilities as per their restrictive conditions of the registration, and inspectors were informed that the time-frame agreed with the Chief Inspector would not be met.
- Although there was a safeguarding procedure in place which reflected the national safeguarding policy for the protection of vulnerable adults, no local safeguarding policy had yet been developed and implemented to inform and guide management and staff.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Inspectors followed up on the action from the last inspection in October 2022 and found that the sample of residents' contracts reviewed contained details such as the residents' bedroom number, room occupancy, fees and individual contributions payable.

Judgment: Compliant

### Regulation 4: Written policies and procedures

With the exception of the local Safeguarding policy as judged under Regulation 23, all the required policies and procedures as set out in Schedule 5 were available to inspectors and had been updated at intervals not exceeding three years.

Judgment: Compliant

## Quality and safety

Residents had access to appropriate social activities over the week and to good quality healthcare in St Joseph's Centre Shankill. However further action was needed in respect of Resident's rights, Premises, Infection Control, Fire precautions and to ensure a good quality and safe service was delivered to residents.

Residents were facilitated to exercise their religious rights with the help of staff who ensured they were able to access video links to religious services and to prayer services. A priest or chaplain was available in the centre every day. Further action was required however to eliminate institutional practices occurring as a result of identified infrastructural deficits that had not been acted upon. This is detailed under Regulation 9, Residents' Rights.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

One resident was being cared for with transmission based precautions on the day of the inspection. This resident was isolated in their room. Staff in this lodge were observed to wear masks appropriately over the course of the inspection. The provider had, to date, managed to prevent ongoing transmission infection to other residents living in the centre.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection. Staff did not have access to electronic reports however copies of laboratory reports were printed and filed in their healthcare record.

Staff and management were aware of the infection and MDRO colonisation status of all residents. A review of care plans found that accurate infection prevention and control information was generally recorded in resident care plans to effectively guide and direct the care of residents with a recent history of MDRO colonisation. However, these care plans did not outline the importance of prudent antibiotic

selection and use for residents that were colonised with an MDRO. Details of areas identified for improvement are set out under Regulation 27, Infection control.

The registered provider had prepared a comprehensive resident information booklet to clearly outline information regarding the designated centre. This was designed with dementia specific principles in mind to ensure that residents with a cognitive impairment, who may have perceptual issues, could easily understand the information set out. All details required under the regulation were not clearly detailed however in the booklet. See Regulation 20, Information for residents for further detail.

Five fire doors had been identified as requiring replacement by the centre's staff and inspectors were provided with information to detail the plan for their replacement in the coming weeks. However, inspectors were not assured that the registered provider had taken all precautions against the risk of fire. This is detailed further under Regulation 28, Fire Precautions.

### Regulation 11: Visits

There were lots of visitors coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or in the communal spaces through out the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Laundering of residents' clothing and used linen was provided by an external contractor and some residents chose to have their clothing laundered at home. Clothes were marked to ensure they were safely returned from the external laundry.

Judgment: Compliant

### Regulation 17: Premises

Actions were required to ensure compliance with regulation 17 and the matters set out in schedule 6, for example:

- Flooring, tiles and fixtures in several communal toilets and bathrooms were damaged and did not facilitate effective cleaning.
- As identified on previous inspections there were insufficient number of baths and showers to meet the needs of residents within each lodge. Details of issues identified are set out under Regulation 9; Residents' rights.
- Storage of mobility equipment within one room was cluttered and blocked access to electrical panels.

Judgment: Not compliant

### Regulation 20: Information for residents

The residents' information booklet provided to inspectors did not detail the terms and conditions relating to residence in the designated centre as required under Regulation 20, Information for residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective antimicrobial stewardship but some action was required to be fully compliant. For example;

- While antibiotic usage was monitored, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives. Antimicrobial stewardship guidelines were not available.
- Care plans for residents known to be colonised with MDRO's did not make any reference to antimicrobial stewardship.
- All residents had generic COVID-19 care plans in place. However, these care plans advised that non-COVID related respiratory tract infections should be treated with antibiotics. Antimicrobial stewardship guidelines recommend that antibiotic's should only be used if indicated to treat confirmed or suspected bacterial infections.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Inspectors were not assured that there were adequate measures in place to ensure that residents living in St Joseph's Centre were safe and protected from the risk of fire. The following issues were identified by inspectors:

- Inspectors identified inappropriate storage practices in high risk areas such as a room that contained the electrical panel for the centre. On the day of inspection inspectors observed this room to contain a significant number of combustible items. Once identified management organised for items to be removed from this room.
- Two doors, designated with a green emergency exit route sign to be used in the event of evacuation, were locked and did not have a key in close proximity to open the door in the event of an emergency.
- Simulated fire evacuation drills were completed once a year by all staff members during their annual refresher fire safety training. Records of these drills were provided to inspectors, these were found to contain inadequate details regarding the number of staff partaking (for example if night time or day time staffing levels) and the learning identified was generic and not followed up with subsequent simulated drills. For example, several simulated drills described the learning identified as 'needs more practice with ski evacuation sheet' however no further simulated drills had been organised to address this learning need of staff to ensure residents safe evacuation in the event of a fire. Furthermore a simulated drill to evacuate the centre's largest compartment, which contained 10 residents, with night time staffing numbers of 6 had not yet been completed to provide assurances that all residents from the centre's largest compartment could be evacuated when staffing was at its lowest.
- Records of annual servicing of fire fighting equipment were not provided to inspectors therefore they could not be assured these were being maintained and serviced as required.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning had improved and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed appropriated interventions were in place for residents' assessed needs. However MDRO care plans required review to include antimicrobial stewardship advice. Details of issues identified are set out under Regulation 27; Infection control.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors observed institutional practices around bathing and personal hygiene for residents. Personal hygiene care plans contained detail regarding residents' preferences and the frequency with which they would choose to bath and wash. On review of care records, inspectors identified however that these preferences were not being met and that there was an over-reliance on bed-baths when providing residents with support to maintain personal cleanliness. For example; inspectors reviewed a sample of personal hygiene care plans and found that these preferences were not always being met. In one instance one resident whose preference was for a shower twice a week had not had a shower in several weeks.

Residents' right to choice, privacy and dignity was not fully supported and upheld in all aspects of their care and daily life. Many of the centre's lodges did not have a showering facility. Consequently should a resident choose to have a shower on a lodge that did not have a showering facility, they were required to go to another lodge to use a shower there. This was not in line with the household model of care provided in the centre.

These findings are repeat findings from the last inspection in October 2022.

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
<b>Capacity and capability</b>	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0040700

Date of inspection: 07/09/2023

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The Service Manager will ensure adequate oversight of fire safety precautions through regular monitoring of the premises, fire/evacuation drills, and ensuring all service records and documents have appropriate information and are kept up to date in the fire register. Starting from November 2023 the Risk management committee will review all evacuation records monthly. Any actions identified will be completed accordingly.</li> <li>2. Renovation work to convert Carrigeen and Avoca bathrooms to two separate shower facilities will be completed as per agreed timeline and updates on progress of the work will be submitted to Chief inspector regularly.</li> <li>3. Local safeguarding policy developed and circulated to all staff on 13/10/2023.</li> </ol>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. All essential high priority flooring, tiles and fixtures in communal toilets and bathrooms will be repaired by 30th November 2023. A project plan for further flooring upgrades is in place and will be completed by the end of 1st quarter 2024.</li> <li>2. Renovation work to convert Carrigeen and Avoca bathrooms to two separate shower facilities will be completed as per agreed timeline and updates on progress of the work will be submitted to Chief inspector regularly.</li> <li>3. Extra mobility equipment removed immediately, and electric panel is now fully accessible. The lock on the door was changed immediately with restricted access to avoid storing unwanted items.</li> </ol>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ol style="list-style-type: none"> <li>1. Information on terms and conditions relating to residence has added to residents' information booklet and is available for residents in their bedroom.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. Antimicrobial stewardship guidelines are available to all clinical staff in policy folder.</li> <li>2. Antimicrobial stewardship audits and quality improvement programs will be formalized by IPC link practitioner CNMs by 30th of November 2023. Ongoing monitoring and implementation of learning actions will be overseen by PIC.</li> <li>3. Care plans for residents known to be colonized with MDRO's updated and referenced to antimicrobial stewardship. Same communicated to all staff nurses and will be monitored by CNMs.</li> <li>4. All residents Covid-19 care plan were reviewed and updated to a prevention of infection care plan with reference to antimicrobial stewardship. Information shared with all staff nurses and ongoing monitoring by CNMs.</li> </ol>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Extra mobility equipment removed immediately, and electric panel is now fully accessible. The lock on the door was changed immediately with restricted access to avoid storing unwanted items.</li> <li>2. Two doors, designated with a green emergency exit route sign to be used in the event of evacuation, have breakglass key installed.</li> <li>3. The Service Manager will ensure adequate oversight of fire safety precautions through regular monitoring of the premises, fire/evacuation drills, and ensuring all service records and documents have appropriate information and are kept up to date in the fire register.</li> </ol>	

Starting from November 2023 the Risk management committee will review all evacuation records monthly. Any actions identified will be completed accordingly.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. A copy of each resident's personal hygiene care plan is added to health care assistant folder along with daily records sheet. Staff nurse and HCA on duty must check the care plan and ensure residents personal hygiene care plan is followed and recorded. This has already been implemented and CNMs are available on the floor to support, monitor and ensure compliance with residents' care plans. This has been added as an agenda item for CNM meetings and will be overseen by DON.
2. Renovation work to convert Carrigeen and Avoca bathrooms to two separate shower facilities will be completed as per agreed timeline and updates on progress of the work will be submitted to Chief inspector regularly.

## 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 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	27/05/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	16/11/2023
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	27/05/2024

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 implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/11/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	16/11/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	16/11/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	27/05/2024

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	27/05/2024