



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

## Issued by the Chief Inspector

Name of designated centre:	The Royal Hospital Donnybrook
Name of provider:	The Royal Hospital Donnybrook
Address of centre:	Morehampton Road, Donnybrook, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	26 January 2021
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0031777

## About the designated centre

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

The designated centre is located in the Royal Hospital Donnybrook. The provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer (CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre. The designated centre provides long-term residential services for 66 residents over the age of 18 years old with high and maximum dependency care needs. The premises is divided into three distinct units; Rowans, Oaks and Cedars. Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four to five beds). Oaks and Cedars units are identical and each can accommodate up to 27 residents in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and a visitor's lounge on each unit. Rowans unit can accommodate 12 residents under the age of 65 years in eight single and two twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor. All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site. The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

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

Number of residents on the date of inspection:	50
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## 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
Tuesday 26 January 2021	09:00hrs to 17:00hrs	Siobhan Nunn	Lead
Tuesday 26 January 2021	09:00hrs to 17:00hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

On arrival at the designate centre inspectors were guided through infection prevention and control procedures including hand hygiene, temperature checks, wearing personal protective equipment (PPE) and a wellness checklist.

Inspectors were unable to speak to a number of residents because they were isolating as a result of COVID 19. The majority of residents who spoke to inspectors expressed their satisfaction with the care they received in the designated centre. 2 residents told inspectors about their delight having received their first vaccination and said that it gave them hope. Another resident said that they enjoyed the food and that staff came to help them whenever they required assistance.

Two residents said that they missed seeing residents from other parts of the building but understood the reasons why the restrictions were in place. Another resident was unable to watch television as their only access to television was in the communal dining room. The usual activities programme, supported by the activities coordinator and staff from a CE (community employment) scheme, had been cancelled due to the COVID- 19 outbreak. Three residents were seen, knitting, reading the newspaper and watching television beside their beds. The centre appeared busy as swab testing of residents for COVID-19 was carried out on the day of inspection, and staff were observed communicating with residents and reassuring them about the test.

On the day of the inspection the designated centre was experiencing an outbreak of COVID-19. Residents were unable to use communal areas and were dining in their bedrooms following public health advice. Staff were observed assisting residents with their meals in a kind and patient manner. Residents were socially distanced from each other as they were observed either sitting beside their beds or in bed. Visiting arrangements had been suspended due to the outbreak of COVID-19. Two residents told inspectors that they keep in touch with family and friends on their mobile phones.

Throughout the day test results were returning which confirmed that an increased number of residents were COVID-19 positive. Inspectors observed staff and managers responding to the results calmly and arranging to move residents into cohort areas to prevent the transmission of disease. Staff contacted residents families with up to date information after they had spoken to residents about their diagnosis and proposed treatment. Residents who were anxious or upset received comfort and reassurance from staff.

The designated centre is located across three separate areas within the hospital linked by stairs and a large corridor. Inspectors observed kitchen staff delivering food to the separate units and waiting in the corridor to take the used utensils back to the kitchen. This reduced the risk of infection by minimising the amount of

contact between staff.

Inspectors observed that single and double bedrooms were personalised with residents belongings. Resident numbers in the multi-occupancy rooms had been reduced in 4 of the 5 rooms. Arrangements had not been made to reorganise the rooms to increase the space available to residents or improve their privacy. Inspectors observed residents belongings overflowing from wardrobes and spreading into adjoining spaces.

Notices stating "quiet time" remained on 3 resident bedrooms on the first floor which raised concerns about the continuation of rigid routines which were identified in the previous inspection.

The following two sections will outline how governance and management arrangements impacted the quality of care received by residents particularly during the COVID-19 outbreak. It will also describe the progress the provider has made regarding residents rights to privacy, person centred care and the reconfiguration of multi-occupancy bedrooms.

## Capacity and capability

The designated centre had a well defined management structure with systems and processes in place to ensure that the service residents received was safe and effectively monitored. The response to the COVID-19 outbreak was well managed by the centre. However resources were required to reconfigure multi-occupancy rooms to provide residents with privacy and space to store their belongings, and to provide sufficient communal spaces in the designated centre.

Although the occupancy of 4 out of the 5 multi occupancy rooms had been reduced in accordance with Condition 5 of registration, the redesign of the rooms had not commenced. Inspectors were informed that the occupancy of the fifth room would be reduced when cohort arrangements allowed.

The registered provider was The Royal Hospital Donnybrook which has a S.38 arrangement under the Health Act 2004. Primary oversight of the designated centre was the responsibility of the Board of the Royal Hospital Donnybrook.

This was an unannounced inspection of the designated centre which was initiated as a result of a COVID-19 outbreak on the 18th Jan. 2021. On the day of inspection eleven residents and 10 staff were confirmed positive with COVID-19. COVID-19 contingency plans in the centre worked well to ensure that management and staff posts were covered when staff had to isolate as a result of COVID-19. However inspectors found that information regarding the management of a COVID-19 outbreak was contained in a number of documents and had not been collated into one document. Regular outbreak control meetings were held with public health.

There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Infection prevention and control audits covered a range of topics including donning and doffing PPE and hand hygiene and environmental cleanliness. The provider also had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included, cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. The high levels of compliance achieved in environmental hygiene audits were also reflected on the day of inspection.

Inspectors observed that staff in the designated centre worked together under the guidance and supervision of managers to respond to the changing needs of residents which COVID -19 presented. Although a number of staff had to remain away from work due to COVID -19 managers showed flexibility in their response and a willingness to support staff. For example allied health staff were receiving training to cover health care assistant roles and the CEO coordinated the distribution of information regarding test results and maintained an up to date record of the number and location of residents with Covid-19 which was communicated to staff members.

Serial testing of staff working in the centre was ongoing in line with Public Health advice. There were a range of multidisciplinary staff trained to collect viral swab samples for testing for SARS-CoV-2, the cause of COVID-19.

A full suite of infection prevention training had taken place and was available in the centre. This included training on donning and doffing (putting on and taking off) personal protective equipment, hand hygiene and other aspects of infection control to keep residents and staff safe.

Following the previous inspection, board meeting minutes documented the need for a move to a more person centred culture within the designated centre. Discussions were under way about the introduction of a new model of care which would help to bring balance to the existing medical model, with the introduction of a person centred approach. For example the household or butterfly models of care. Terms of reference for a culture change group, to decide on the best model were being considered.

In order to progress this change 2 key developments had commenced. Firstly person centred training with staff members had started in the centre prior to the COVID-19 outbreak and secondly the activities coordinator was developing a folder for each resident documenting their life stories and preferences.

## Regulation 14: Persons in charge

The director of nursing (who fulfilled the role of PIC person in charge) post was vacant from December 2020 and recruitment was in progress. Cover arrangements were in place for the PIC. Inspectors were informed that management planned to

recruit a stand alone person in charge for the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

There was a sufficient number and skill mix of staff to provide care for the assessed needs of residents on the day of inspection. Allied health staff provided cover for health care assistants as part of the centres COVID-19 contingency plan.

Staff were reallocated and their roles adjusted to ensure that the residents needs were met. For example household staff were located to work in individual units to reduce their contact with residents and other staff. Catering staff delivered food to the units, without entering in order to prevent the transfer of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff records showed that the majority of staff had had completed on-line training on infection prevention and control and regular informal training was also provided to staff. Spot checks and audits were being done by senior clinical staff to ensure good practice. Hand hygiene training was delivered on-site by staff members that had completed a train the trainer course.

While a few staff were out of date for fire safety training, as the trainer could not attend the centre due to COVID-19, weekly fire drills were taking place to ensure that staff were knowledgeable on emergency evacuation procedures. Inspectors were assured by the provider that weekly drills would continue until the upgrade to fire safety systems was complete. All staff had completed training in safeguarding and moving and handling.

Examples of other training available to staff included medication management, end of life care, basic life support, wound management and tracheotomy care. Eight multidisciplinary staff were trained to take swabs for the detection of COVID-19 in the centre.

Judgment: Compliant

### Regulation 23: Governance and management



A clear management structure was in place and staff were aware of their responsibilities. During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider liaised closely with Public Health. Discussion with staff and review of documentation showed that daily outbreak control meetings were held to advise and oversee the management of the recent outbreak of COVID-19 infection.

While the staff who spoke with inspectors knew what their role was during the outbreak, inspectors observed that some staff had difficulty locating the the centres outbreak management plan which defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. The centre had contingency arrangements documented in a number of documents.

Regular infection prevention and control audits took place which were discussed at management meetings and gaps identified in audits were seen to be addressed where a responsible person was identified. Records of audit results showed compliance rates between 85.7 and 100%. Regular compliance audits for hand hygiene and correct use of PPE showed that there was an improvement in practice over the previous months.

Improvements were needed in the provision of person centred care and the oversight of care plans to ensure that residents had opportunities for occupation and recreation to meet their individual needs. An effective system of Governance and management will ensure that residents rights are upheld. The registered provider failed to demonstrate improvements in the areas of personal possessions, premises and residents rights, which were identified as not compliant in the previous two inspections.

Sufficient resources were not available to ensure the reconfiguration of multi-occupancy bedrooms, and the availability of communal spaces for residents to use during the day. The provider had failed to progress the recruitment of a dedicated PIC for the designated centre which was an outstanding action from the previous inspection and resulted in a weakening of the supervision and oversight arrangements in the designated centre because the existing PIC had responsibilities across the campus.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

The centre had an infection prevention and control policy which included the management of COVID-19 which had been updated to reflect national guidelines. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was also available in the centre.

Judgment: Compliant

## Quality and safety

A number of quality and safety systems were in place, but residents wellbeing needed to be enhanced by the full implementation of a person centred model of care, along with improvements to the premises which would guarantee residents privacy and adequate communal space.

Infection prevention and control practices in the centre were generally good. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment. However staff were seen to wear hand jewellery and long sleeves during the inspection day. Social distancing measures were observed by staff when they were on break.

There was a COVID-19 swabbing programme in place in the centre upon public health advice. Infection prevention and control processes and procedures ensured the centre was generally clean. However, there were areas identified which required review. These are discussed in detail under regulation 27

Risk was actively managed in the designated centre with a corporate report identifying risk trends which was used to assist managers in their oversight of the quality of the service. However 2 key areas of risk had not been included in the risk policy. A risk manager had recently been appointed and they were due to update the policy.

While care plans were person centred, activity care plans required further development to capture the choice and preferences of residents and record how residents participated and enjoyed their day. Some residents were unable to enjoy activities in private due to the layout of their rooms.

Areas of the premises needed improvement to enhance residents privacy and dignity and to supply appropriate storage for equipment and residents belongings.

The registered provider had put measures in place to protect residents from abuse. These included staff training, the allocation of a Designated Officer (staff who report and respond to allegations of abuse) on each unit and the establishment of a coordinating group to ensure that reports of abuse were investigated thoroughly and safeguarding plans were put in place.

Residents had access to health care through the medical team on site and through timely referrals to medical specialists in the community. An infectious diseases consultant from St. Vincent's hospital had visited the designated centre to review residents medical needs on the day prior to the inspection.

## Regulation 12: Personal possessions

There was insufficient space for some residents to store their possessions. For example, in one multi-occupancy room, a resident's wardrobe was too small to hold their clothes, which resulted in them being unable to close the wardrobe door and clothes hanging outside the wardrobe. In another room residents clothing was hanging from the wooden panelling attached to a wall, which remained after a bed was removed. The provider was in the process of engaging a designer to develop plans for appropriate storage within these spaces.

Judgment: Not compliant

## Regulation 17: Premises

On the day of inspection, the occupancy of the five bedded rooms had been reduced in all but one room. Inspectors were informed that it was not possible to reduce the number of residents in this room due to cohorting arrangements. The layout of these rooms had not been reorganised to ensure that residents had sufficient privacy and therefore residents were not able to benefit from the reduction in beds. Residents were unable to control their environment, including noise, smells and light. The CEO committed to reducing the occupancy of the fifth room as soon as cohort arrangements allowed.

Although communal spaces were not being used on the day of inspection there was insufficient communal space within the designated centre to allow residents to relax and carry out activities away from their bedrooms. On one unit the dining room was the primary communal space, and a small quiet room was used for storing equipment.

Equipment was inappropriately stored, for example in one bedroom there were two hoists and monitoring equipment stored opposite a resident's bed.

There were gaps in temperature monitoring for medicine fridges. Records seen showed that one fridge was not maintained at the correct temperature to ensure the efficacy of the medication stored in them.

The flooring in one en-suite required upgrading as it was damaged and was peeling away. A hand washing sink on the corridor of another unit was out of order.

Judgment: Not compliant

## Regulation 26: Risk management

A risk register identified risks throughout the designated centre. These included corporate risks, such as the poor layout of some residents rooms and the lack of isolation rooms in the event of a COVID-19 outbreak. Local risks were identified on each unit and mitigating actions were recorded. An up to date emergency plan and service recovery plan was in place. Risks related to COVID -19 were well documented, and actions to mitigate these risks were identified.

The policy did not include risks related to the unexplained absence of a resident and self harm. A newly appointed risk manager was due to update the policy.

Judgment: Substantially compliant

## Regulation 27: Infection control

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak in the centre. These included but were not limited to:

Implementation of transmission based precautions for residents where required.

- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of all residential units. Inspectors were informed that there were sufficient cleaning staff and resources to meet the needs of the centre.
- A seasonal influenza and COVID-19 vaccination program had taken with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection prevention and control practice in the centre the following areas for improvement which are fundamental to good infection control practice were identified:

- Gaps seen in monitoring records for staff to identify signs or symptoms of COVID-19.
- Staff hand hygiene practices required review as two staff were seen to wear stoned rings, another wore a bracelet and two staff wore long sleeves while cleaning or handling food trays which meant that they could not effectively clean their hands.
- There was gaps in practice in regard to the labelling of four insulin pens.
- One drug tray was cracked and four drug trays and pill crushers were not clean where evidence of medicine residue was seen.
- Inappropriate storage of four used laundry bags on a sluice room floor and

vases stored on bedpan washers and sluice sink drainers which could lead to cross contamination.

- The provision of splash backs behind chemical room wash sinks, which were damaged, to allow for effective cleaning.
- A small number of bins, that were foot operated, were rusted and which would not facilitate effective cleaning.
- Additional signage was required to indicate to staff that a room was an isolation area for residents that were deemed as close contacts.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a number of care plans focusing on residents who were at risk of falls, residents receiving wound care and those who had been reviewed by a dietitian, physiotherapist and occupational therapist. While they were well written and person centred, with clear instruction with regard to the care needs of residents, records showed that there were gaps seen in one residents' records in the four monthly requirement to review residents' care plans. For example in the use of bed rails, infection control, moving and handling and falls.

Activity care plans required further development to reflect resident's activity preferences. Activity daily records had not been documented for many weeks in two resident records seen and did not show the resident participation and satisfaction levels. For example one resident who spoke with inspectors said that he liked to play board games and do crosswords but this was not included in their care plan.

Records viewed indicated that residents health, social and support needs were assessed prior to admission. Individual care plans were developed very soon after admission to the centre.

If the needs of residents changed there was evidence they were assessed by specialists and care plans were subsequently changed. There was also evidence that residents and their relatives, where appropriate, were consulted in the development of the care plans.

'End of life' or advanced care plans were reviewed regularly. They included residents' expressed preferences regarding their preferred setting for the delivery of care. Treatment and resuscitation preferences, where expressed, and recorded in the resident medical notes and reflected in an associated care plan having involved all relevant parties.

Judgment: Substantially compliant

## Regulation 6: Health care

There was evidence available at the time of the inspection to show that resident's health and well-being were maintained to a good standard.

Resident had easy access to the centre's medical team, who were seen to be in attendance on the day of inspection. A consultant geriatrician who visited the centre twice each week and more frequently if required provided medical consultations for residents.

Residents had appropriate access to a tissue viability nurse, dietitian, occupational therapy, physiotherapy and speech and language professionals and upon referral could access palliative care specialists, optical, dental and chiropody services. The national screening program was offered to residents that were eligible.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had systems in place to protect residents from abuse. For example staff received safeguarding awareness training and were able to describe to inspectors what they would do if they were concerned about a resident being abused.

A designated officers group coordinated responses to abuse, and ensured that concerns of abuse were investigated and closed off when investigations were completed. Records of 3 concerns of abuse were reviewed by inspectors. These were well documented and demonstrated that they demonstrated that they were fully investigated.

Judgment: Compliant

## Regulation 9: Residents' rights

On the day of inspection the usual activities timetable had been suspended due to the COVID-19 outbreak. Inspectors observed some residents watching television by their beds, listening to the radio and knitting. Inspectors did not observe staff assisting residents with one to one activities.

The activities taking place prior to the outbreak were organised by an activities coordinator, with the assistance of volunteers from a CE scheme. "What matters to me" folders were being compiled to inform staff about residents individual

preferences. However this work had not been completed and on the day of inspection these were not available to staff to assist in the provision of one to one activities with residents.

Residents had access to advocacy services which were well advertised on notice boards in the designated centre. Social Workers who worked within the hospital also acted as advocates for residents when requested. Inspectors were informed that residents were facilitated to watch religious services on tablets purchased by the designated centre.

The layout of multi occupancy rooms did not allow residents to conduct activities in private, and impacted on their rights. For example they could not make phone calls or carry out activities in private. Residents were unable to receive personal care in private, as discussions could be overheard by others in the room. For example residents were being swabbed in these rooms. Another resident was unable to watch television as access to communal areas was prohibited due to COVID-19, and prior to this access was limited as the communal area was also a dining room.

Inspectors observed evidence of rigid routines, with signs on three bedroom doors displaying 'quiet time'. These were used for a set period during the afternoon and had been present on the previous inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0031777

Date of inspection: 26/01/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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. An outbreak management plan is in place and is available on the staff intranet policy server. A reminder of the location of this policy will be circulated to staff through their line managers.</li> <li>2. The Hospital now employs a 1.0 WTE Infection Prevention and Control Nurse. Part of the remit of the IP&amp;C nurse is to the designated centre.</li> <li>3. A working group is being convened by the Director of Nursing to reconfigure the resident spaces in the multi-occupancy rooms. It is proposed this to trial two multi occupancy bedrooms initially and identify the most appropriate. Resident feedback will be a part of this process.</li> </ol>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> <li>1. A working group is being convened by the Director of Nursing to reconfigure the resident spaces in the multi-occupancy rooms. It is proposed this to trial two multi occupancy bedrooms initially and identify the most appropriate. Resident feedback will be a part of this process. An increase in storage space for individual residents will form part of this process.</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. The store rooms in each unit are being reviewed to identify additional space for storage. The Quality Manager and the Risk Manager will carry out an audit of the fridges and develop an action plan with the Clinical Managers of each unit.</li> <li>2. The flooring identified as damaged has been registered with the maintenance team for repair.</li> <li>3. The hand wash basin that was identified as out of order was repaired.</li> </ol>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> <li>1. The policy appeared to be out of date as the first page had 2017 on it, however the policy was in fact reviewed in April 2020 and while the policy title when read in full makes sense, at a glance I can see the how the misunderstanding came about as the title is "Risk Management Policy Incorporating HSE Integrated Risk Management Policy 2017"– the title of the policy has been amended to "The Risk Management Policy Incorporating HSE Integrated Risk Management Framework" making reference to the HSE Integrated Risk Management Policy 2017 in the body of the document and not in the title.</li> <li>2. The policy was identified as not including risks related to self-harm and absence of a resident; the policy does not speak directly to individual risks, but does refer to them in Section 6.1.1 Proactive Risk Processes – Policy on Self Harm and Policy on Management of an Unanticipated Clients Absence Policy.</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. All the ward in-charges in the long-term care facility in RHD are informed about the importance of continuing the temperature checks for both staff and residents twice a day. Also, a plan is in place for monitoring the same on both shifts.</li> <li>2. Continuing with the contact tracing of staff on daily basis.</li> <li>3. Uniform Policy: plan in place to review the uniform policy of the hospital by enforcing the proper hand hygiene practices through awareness and education.</li> </ol>	

4. The proper medication administering practices by following IPC guidelines and medication management education will be implemented in all wards.
5. The collection of laundry bags from the wards will be carried out more frequently and any likelihood of cross-contamination will be avoided by preventing the storage of items in the dirty utility room.
6. Urgent removal of the rusty bins from the ward is arranged.
7. Signage: A plan is in place to put a note on the residents' doors saying 'speak to the nursing staff before entering the room' to indicate the isolation or restricted movement of the resident's space/area.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. The Activity Coordinator will focus on the residential unit activity care plans. An additional activity assistant will be provided to the residential service to support this.
2. A documentation audit will be carried out in the units to review the care plans.

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. Activity staff will support staff to provide 1 to 1 activities.
2. Activity folders "What's matter to me" will be completed by the end of June and will be placed in the resident folder at the bedside.
3. Education session on "Individualised resident's activities" will be delivered in June and July to nurses and HCA's by the Activities Co-ordinator.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	31/12/2021

	designated centre has sufficient resources to ensure the effective delivery of care in 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.	Substantially Compliant	Yellow	23/04/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	23/04/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	23/04/2021
Regulation 26(1)(c)(v)	The registered provider shall ensure that the	Substantially Compliant	Yellow	23/04/2021

	risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.			
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	30/06/2021
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).	Substantially Compliant	Yellow	30/06/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's	Substantially Compliant	Yellow	30/06/2021

	family.			
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	31/07/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Not Compliant	Orange	30/06/2021
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident telephone facilities, which may be accessed privately.	Not Compliant	Orange	30/06/2021