



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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Coosan Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	07 December 2023
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0041974

About the designated centre

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

St Vincent's Care Centre is registered to accommodate a maximum of 35 residents, both males and females, over the age of 18 years who require long-term and respite care, ranging in care needs from low to maximum dependency, and including the care of residents with dementia, parkinson's disease and multiple sclerosis. The centre is based over two floors, with a separate day care facility and palliative care residential unit attached to the building. Accommodation consists of a mixture of single, double and three bedded bedrooms. Communal facilities include dining rooms, day rooms, family room, hairdressing room and an enclosed garden courtyard. The philosophy of the centre is to provide resident-centred care by a knowledgeable, skilled, vigilant and proactive team who are positively motivated by caring for older people. Care is aimed at preventing untoward events and negative experiences for the resident and ensure that each resident receives optimum quality holistic care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 December 2023	09:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were content with living in St Vincent's Care Centre. Overall residents were well cared for and their needs were being met. Care was person centred and overall residents' rights were upheld. However, significant focus was now required to ensure that residents' lived environment was improved.

Residents told the inspector that they were well cared for and although, maintenance works were needed to address painting and floor covering in a number of bedrooms and other areas, residents said they were comfortable living in the centre.

A number of residents were living in the locality prior to coming to live in the centre and they expressed their satisfaction that they could continue to live in the community they were familiar with, in addition, to living close to the centre of Athlone town. Residents feedback was positive regarding clinical care and the supports given to them by staff. Staff were observed to be kind and attentive to residents' needs. Residents were comfortable in the company of staff and staff chatted with them about their interests and families as they cared for them throughout the day.

The inspector met by the assistant director of nursing (ADON) on arrival at the centre. Following an introductory meeting, the inspector walked through the premises with the (ADON) who discussed works done to the premises since the last inspection including fire stopping repairs to and to some floors. Although some redecoration had been progressed at the time of the last inspection, the inspector observed that a number of floors in residents' bedrooms and on one corridor were damaged and in need of replacement and repainting of walls in a number of bedrooms and on corridors had not been completed. The inspector was told that these works were being progressed in a planned manner to minimise any negative impact on the residents, however, a timeframe for completion of these works was not readily available at the time of this inspection. Residents were aware that works to their living environment would be taking place but did not know when they were taking place.

Residents' accommodation was arranged over two floors. The ground floor was known as Sonas unit and the first floor was know as Auburn unit. A large passenger lift and stairs provided access between the floors for residents. Residents' visitors were observed coming and going in the centre throughout the day.

The inspector observed that access in the front door of the centre was controlled and there was a delay in staff responding to persons requesting access to the centre. It was unclear who had responsibility for responding to the door bell, especially out of hours and this posed a risk that visitors including healthcare

professionals wishing to visit residents living in the centre would not have timely access to the centre.

There was a social activities programme available and residents' social activities were facilitated in the sitting rooms on both floors. The schedule included one-to-one activities for residents who were unable to actively participate in group activities or who preferred to stay in their bedrooms. Most of the residents were observed to prefer to spend their day in the sitting rooms and were obviously enjoying the interactions taking place. Staff were observed to regularly check on and spend time with residents who stayed in their bedrooms. One of these residents enjoyed painting and had an easel set up in their bedroom including space to store their paintings and painting materials.

There was a relaxed atmosphere in the centre and a number of residents were observed relaxing in their bedrooms listening to their radio or watching television. A small number of residents chose to remain in bed until late morning and their choice was respected. Residents told the inspector that they could get up and go to bed as they wished.

The provider had repaired a wooden gazebo structure in the enclosed garden since the last inspection and residents could go out as they wished into this garden which was accessible from the sitting room on the ground floor. Some residents also enjoyed going into the town centre and to the shops with the support of staff, family, and friends. Residents told the inspector that the staff in the centre were 'the best', 'always there when you needed some help' and 'very kind and caring people'.

The inspector observed that residents were well groomed and appropriately dressed. Some of the female residents wore items of jewellery and liked to carry a handbag

Residents were encouraged to personalise their bedrooms and their bed spaces in twin and three bedded rooms. Some residents displayed pieces of artwork they had completed, photographs, pictures. The inspector observed that most of the residents displayed their photographs and greeting cards on top of their reading light fitting in the absence of a suitable shelf surface. One resident told the inspector that they would like to be able to see their photographs when resting in bed.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. During the inspector's conversations with residents, they confirmed that they were listened to by staff and any issues they raised were addressed to their satisfaction. Residents told the inspector that they felt safe in St Vincent's Care Centre and were well cared for.

Residents said that they enjoyed their food and that their meals always met their satisfaction. The inspector observed a lunch time experience and found that there were enough staff to support residents and that meal times were a pleasant experience for the residents.

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

Capacity and capability

Overall the service provided for residents was well managed and ensured that the service provided met residents' assessed nursing and healthcare needs. However, this inspection found that the provider had failed to maintain adequate oversight of the centre's maintenance and as a result, progress with completing replacement of floor covering and redecoration had not been progressed by 31 July 2023 as committed to by the provider in their compliance plan from the last inspection in March 2023.

This was an unannounced inspection completed over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had made an application to renew the designated centre's registration and the purpose of this inspection was to monitor compliance with the regulations and to inform the renewal of registration. The inspector also followed up on the compliance plan from the last inspection in March 2023 and found that although all actions had been progressed, they were not completed. Therefore, more focus and resources are now required to bring this designated centre into full compliance with the regulations.

The registered provider of St Vincent's Care Centre is the Health Service Executive (HSE), and a general manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, St Vincent's Care Centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance among others.

The person in charge at the time of this inspection was changing and a new person in charge was appointed in the weeks following this inspection. The newly appointed person in charge was working in the assistant director of nursing role in the centre at the time of this inspection and their experience and qualifications met regulatory requirements. The person in charge had senior clinical support from a service manager, an assistant director of nursing (ADON) and clinical nurse managers who assisted with auditing, staff supervision and staff training.

There was an established governance and management structure in place and the quality assurance systems included monitoring and auditing of key clinical indicators, residents' documentation, the environment and infection prevention and control among others. However, oversight by the provider was necessary to ensure this system was effective. For example, the findings of this inspection regarding residents' documentation, the residents' environment and infection prevention and control confirmed that the monitoring system in place was not identifying all areas

needing improvement and progression of necessary improvement works to completion. As a consequence this was impacting on the quality and safety of the service provided to residents. This is a repeated finding from the last inspection.

There were sufficient staff available to provide care and services for residents and to attend to their needs in a timely manner. Call bells were answered promptly and residents confirmed that staff were attentive and that they did not have to wait for staff to come to them. There were some vacancies in nursing and care staff which were being filled at the time of the inspection. In the interim, these vacancies were covered by regular agency staff who supported the staff team. This ensure continuity of care for residents from staff with whom they were familiar.

Assurances were not available that all staff had attended mandatory and professional development training in safeguarding residents from abuse, fire safety and managing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A programme of professional development training was available to staff to ensure that they had the necessary skills and competencies to meet the complex needs of residents.

Records and residents documentation were held securely and with the exception of annual certification of the emergency light system, all records requested were made available to the inspector for the purpose of this inspection.

Written policies as required by Schedule 5 of the regulations were available to staff and were implemented. These policies were reviewed at a minimum of every three years and were available to staff to inform their practice

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations.

Regulation 14: Persons in charge

The person in charge was appointed in December 2023 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding

residents' individual needs and assisted residents with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had completed mandatory training. For example, the staff training records made available to the inspector confirmed that 11 staff had not attended annual fire safety training.

Judgment: Substantially compliant

Regulation 21: Records

With the exception of annual certification for the emergency lighting system, the records as set out in Schedules 2,3 and 4 were kept in the centre and were made available to the inspector for inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not adequately resourced an effective and ongoing maintenance programme to ensure the internal premises was maintained to a high standard at all times. Furthermore, the provider had not completed all of the necessary actions in their compliance plan from the last inspection in March 2023.

The provider had not ensured there was effective oversight of the systems in place to monitor the quality and safety of the service to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- Although, action plans were mostly developed to address deficits found, the timeframes and identification of persons responsible for their completion were not consistently referenced in many of the quality improvement action plans reviewed by the inspector. As a consequence of insufficient oversight by the provider, deficits and issues persisted. For example, audits on care plans, infection prevention and control and the environment among others had not identified many of the findings of this inspection. This is also a repeated finding from the last inspection in March 2023.
- Although, regular management meetings were convened, the records available of these meetings did not give assurances that this process included review of the quality improvement action plans to address deficits and inform continuous quality improvement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time-frames required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs and their rights were mostly respected. However, improvements were necessary to ensure that the premises met residents' needs,

provided a pleasant lived environment for residents and is in line with the centre's statement of purpose.

Following the last inspection the provider had progressed works including repair of cracks in the internal walls in the residents' environment and actions to address concerns regarding fire stopping between residents' bedrooms. Some works were also progressed to ensure infection prevention and control measures protected residents from risk of infection. However, further actions were found to be necessary on this inspection, including actions that the provider had committed to in their compliance plan from the last inspection but had not completed within the timelines they provided. Therefore, the provider could not be adequately assured that the residents' environment was maintained to a high standard and that residents were adequately protected from risk of fire and infection. The inspector's findings are discussed under Regulations 17: Premises, 27: Infection control and 28: Fire precautions.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Care plans were developed to meet residents' assessed needs in line with their individual preferences and usual routines. However, actions were necessary to ensure residents' documentation was complete and that pertinent information regarding their care needs and interventions was up-to-date.

Although, the provider had improved the measures in place to protect residents from risk of fire, assurances were not adequate regarding the strategy for evacuating residents in the event of a fire in the centre. Furthermore, the provider had not ensured that all staff had attended fire safety training.

Residents' bedroom accommodation was provided in single and twin bedrooms and two bedrooms with three beds. Only one single bedroom had en suite shower and toilet facilities and there was adequate communal toilets and showers provided on both floors. However, there was no accessible toilet located close to the dining room on the first floor for residents' use and this meant residents had to travel a distance to access an accessible communal toilet.

While, the layout of residents' bedrooms was recently reviewed by the provider, one twin bedroom required further review to ensure one resident's wardrobe was within their bedspace and another resident's locker was within their access when resting in bed. Furthermore, a number of residents did not have a suitable surface space for their personal belongings in their bedrooms.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene and infection prevention and control. These included cleaning specifications and checklists, a flat mop cleaning system and colour coded cloths to reduce the risk of cross infection and equipment was cleaned and tagged after each use. Alcohol hand gel dispensers and personal protective

equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. However, effective cleaning was negatively impacted by damaged floor covering in a number of areas and missing paint on walls. Storage of boxes on floors also impacted on effective floor cleaning.

Residents' rights were mostly respected in the centre. However, provision of one television between two residents in a twin bedroom did not ensure that these residents could individually make choices regarding their viewing and listening.

Residents had access to appropriate meaningful activities to meet their interests and capacities on the day of the inspection. Residents were supported and encouraged to access their local community as they wished.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre and had access to local and national newspapers and radios. Residents' meetings were convened on a regular basis and issues raised needing improvement were addressed.

Measures were in place to protect residents from risk of abuse. However, some staff had not attended up-to-date training on safeguarding residents from abuse. Although, residents' responsive behaviours were well managed, not all staff had completed training to ensure their knowledge and skills were up-to-date.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for a one resident, and procedures were in place to ensure this process was managed according to the legislation and best practice.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

A resident's bedside locker in one twin bedroom was placed along an opposite wall which meant that this resident could not access their personal belongings stored in their locker when they were in bed. Furthermore, one resident in another twin

bedroom could not maintain control of their belongings as their wardrobe was in the bedspace of the resident sharing the room with them.

Residents did not have an adequate space to store their personal possessions. This was evidenced by the following findings:

- A resident in a single bedroom on the ground floor did not have a surface to store their personal CD players on and as a result they stored them on the floor.
- Most residents did not have a suitable shelf space to display their photographs and greeting cards. The inspector observed that many of the residents were using the surface of the reading light fitting over their beds to display their personal items.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of the premises did not ensure that a toilet for residents' convenience was available within close proximity of the dining room on the first floor.

The following areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations, some of which are repeated from the last inspection in March 2023 as follows;

- There was insufficient storage for residents' assistive equipment. For example, there was storage of hoists on corridors on both floors and storage of a hoist and wheelchairs in the sitting room on the ground floor. This posed a risk of injury to residents passing by this equipment on the corridors and reduced the communal space available to them in the sitting room.
- A store room for residents' assistive equipment was observed to be cluttered and inaccessible.
- Although recently painted, the door frame into the unit on the first floor was very damaged and was unsightly.
- Floor covering into the sitting room on the first floor was damaged and therefore could not be effectively cleaned.
- The floor covering was stained and damaged in a number of residents' bedrooms and in the linen equipment room. This finding did not give assurances that these floors could be effectively cleaned.
- Grab rails were not fitted in on both sides of some residents' en suite and communal toilets. This finding did not promote residents' independence and posed a risk of falling to them.

Judgment: Not compliant

Regulation 27: Infection control

Notwithstanding a number of improvements made by the provider to address infection prevention and control issues, some further actions were necessary. This was evidenced by the following findings;

- Boxes of supplies and other items were stored directly on the floor in the medical storeroom and in a storeroom on the first floor. Storage was also not appropriately segregated to ensure clinical equipment was not stored in the same area as residents' assistive equipment to mitigate risk of cross infection.
- A hand gel dispenser inside the door of one bedroom was not accessible due to the location of one bed in this bedroom and therefore was not available to support hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28, Fire precautions as follows;

- Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as the fire evacuation drill records did not address the following;
 - There was no reference to calling the emergency services
 - The number of staff who participated in the simulated night time emergency evacuation drills did not reference all staff available.
 - Some simulated evacuation drill records referenced evacuation of a bedroom and therefore could not be relied on for assurances regarding residents' evacuation to a place of safety.
 - Some of the simulated drills referenced prolonged evacuation times and it was not clear that this was identified as an area needing improvement actions.
- Three oxygen cylinders were not appropriately and safely stored in a resident's en suite toilet/shower. These cylinders were removed to an appropriate storage area immediately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While, each residents' needs were regularly assessed, actions were necessary to ensure that residents' care documentation clearly directed staff regarding the care interventions they must complete to meet each resident's assessed needs. This finding posed a risk that pertinent information regarding residents' care would not be effectively communicated to all staff. For example;

- one resident's care plan did not clearly inform staff on the actions they must take if the resident had a seizure.
- one resident's nutrition care plan did not accurately detail the recommendations made by the speech and language therapist to ensure their nutritional needs were met safely.
- one resident's behaviour support care plan did not identify the triggers to their behaviours.
- one resident's needs had been recently changed to ensure they were safeguarded from harm but their safeguarding plan had not been updated since August 2022.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours, if needed. Residents were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Four staff nurses had not attended training on managing responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Three staff nurses had not attended safeguarding residents from abuse training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provision of one television in a twin bedroom did not support both residents' choice of programme viewing and listening.

Judgment: Substantially compliant

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for St Vincent's Care Centre OSV-0000483

Inspection ID: MON-0041974

Date of inspection: 07/12/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The following measures are in place to comply with regulation 16: <ul style="list-style-type: none"> • Fire training on 12.12.23. All staff completed. • Monitoring of Training matrix regularly. Providing all mandatory training onsite. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Annual Certification for the Emergency Lighting system were Located in Fire Register Folder signed & dated 11.2023 • Fire safety records is located in Nursing Administration office. The frequency and standard of servicing and testing of fire safety equipment in being monitored by Head of Maintenance. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

- Oversight of Governance and management systems was reviewed and a number of actions with specific timeframes identified as per this Compliance Plan.
- Monthly auditing of key performance indicators to continue, with an audit Feedback form developed for each audit tool (Environmental Audit)
- Auditing system and documentation in place have been reviewed with roles and responsibilities regarding identifying action plans/recommendations with specific timeframes communicated by the staff auditors and the Link Nurse Practitioner for Infection Control to the staff member responsible for completing the action/recommendation.
- Quality Care Metrics are being commenced in the centre. This is an overarching audit tool providing a measuring system in relation to nursing care and standards in 22 areas, within specific target timeframes for completion.
- Quarterly management meetings will continue and ensuring minutes of meeting are completed with quality improvement action plans to address deficits and inform continuous quality improvement.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- All lockers are now located within the bed space of each resident within easy access.
- Re-arrangements of furniture in bedrooms was completed and enough storage for storage of personal items to include a resident's CD.
- All photographs and greeting cards were re-arranged in own bedroom space and floating shelves to be installed in some of the residents' bedroom.
- In the twin bedrooms the wardrobe was relocated within the residents own space and the location of residents' furniture was reviewed in other shared bedrooms.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The protocols for maintenance requests have been revised to ensure both emergency and routine maintenance issues are responded to in a timely manner. Actions to maintain a safe clean will be escalated by the PIC to the manager of the service at local governance meetings to ensure required actions are addressed in a timely manner. All maintenance request will be monitored by the PIC until they are completed.
- Monthly auditing of key performance indicators to continue, with an audit Feedback form developed for each audit tool. Environmental Audit will be carried out every three

months by CNM and by IPC link Nurse for all other areas.

- A suitable area on the first floor has been identified to provide toilet facilities for residents in proximity to the dining room. The DSR (FF067) room will be converted to a toilet facilities for residents and the Activities Storage room (FF068) will be converted to a DSR room.
- Repairs/replacement of floor covering as required in areas where there is damage.
- The doorframe will be replaced and new frame painted. Maintenance will have a painter every 3 months to ensure painting in the premises is well maintained.
- Storage area had been cleared to facilitate space for assistive equipment. Store room has been cleared and is now accessible. All hoists and assistive equipment will be returned to the store area after use to ensure corridors are kept clear.
- A review of all bathroom will be completed and where identified grab rails will be installed on both sides on communal toilets and in resident's en-suites.
- The front door of the centre has been reviewed for easy access. A video intercom will now be installed to each unit and staff from each unit is responsible for responding to the doorbell. The video intercom will allow staff to open the door from each unit thus preventing delay in access.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- A review of the procedure to ensure the consistency with national Standards for Infection Prevention and Control in Community Services will be undertaken by an IPC audit and actions from the previous IPC audit will be reviewed to ensure all corrective actions are implemented.
- In future all actions from IPC and issues raised at staff meetings in relation to IPC will be logged and monitored by the PIC. A log of all open corrective actions will be maintained and reviewed by the PIC on a regular basis. These actions will be discussed at governance meetings with the service manager if necessary to escalate to ensure completion.
- All boxes were removed and storeroom has been cleared. All clinical equipment has been segregated from resident's assistive equipment. This has been discussed with staff and will be monitored by the PIC on daily walk-arounds.
- The bed was rearranged to ensure to ensure easy access to the hand gel dispenser to support good hand hygiene.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drill Evacuation is now monthly for both Units using the Localised Fire Drill Form FSR 2A. Ensuring adequate documentation by referencing to call the emergency services. Referencing the number of staff available in the event of a simulated nighttime emergency evacuation.</p> <p>A nighttime fire drill of the largest compartment has been completed to ensure learning and affirm the fire safety evacuation procedures. There is a schedule of drills planned to reflect both day and night scenarios.</p> <p>The safe storage of oxygen cylinders has been discussed with staff to ensure learning and oxygen cylinders are stored safely at all times.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A monthly audit of care planning by the Clinical Nurse Managers is in place, with recommendations for any actions required and timeframes for these, notified to the allocated staff to complete. • The care plans audits are now being monitored by the Person in Charge to ensure actions required have been implemented/achieved and to ensure that residents' documentation is completed to a high standard at all times <ul style="list-style-type: none"> • Further care planning training with the staff nurses by the Clinical Nurse Facilitator is scheduled on key areas which had been identified on the monthly audit of care planning. Sample care plans have been devised as a guidance tool, to reflect the person-centred care information that may be required for a resident. • One to one workshops on care planning by the Clinical Nurse Facilitator for staff members will be arranged if following audit /care plan reviews continue to identify deficits in professional practice. The one to one workshops will provide support and mentoring to support care planning practice to a high standard. • A further audit has been completed since the inspection to ensure all care plans are up to date to reflect the current assessed care and nursing needs of each resident. • The PIC will continue monitor care planning practice and through education and workshop planning will work to support the staff team to ensure a high standard of 	

evidenced based nursing care. The findings from audits will be discussed at the staff team meeting by the PIC to ensure shared learning.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

To ensure full compliance with Regulation 7, training matrix has been reviewed and updated. Onsite training for Managing responsive behaviours have been organised.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

To ensure full compliance with regulation 8, training matrix had been reviewed and updated. All staff have attended/completed the Safeguarding residents from abuse training.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents have now their own television to support choice of programme viewing and listening.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	08/12/2023
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	Substantially Compliant	Yellow	15/02/2024

	and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/12/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/05/2024
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	30/05/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	29/01/2024

	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	30/04/2024
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	30/04/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	17/01/2024

Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	15/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	15/02/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/03/2024
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 family.	Substantially Compliant	Yellow	07/03/2024

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.	Substantially Compliant	Yellow	15/02/2024
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	15/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	20/12/2023