



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0036484

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Tuesday 20 September 2022	10:00hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. There were 17 residents residing in Cois Abhainn at the time of inspection. The inspector met with many residents during the inspection and spoke with eight residents in more detail. Residents spoken with gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

This was a single-storey building laid out in a rectangle which enclosed a large garden area. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. Beyond this was a foyer with comfortable seating by the dresser for residents to sit and enjoy the comings and goings of the centre. There was a lovely 'Welcome' sign with directional signage to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the foyer. The large old fashioned clock displayed the time and could be easily seen by residents. There was a large white board with information for residents such as the activities programme, meal times, information on SAGE advocacy and bus times.

From the foyer, the dining room was on the right and the main day room area to the left. The nurses' office was to the left, and offices of the person in charge and administration were on the left beyond the day room. Residents' bedroom accommodation was located on adjoining corridors to the right and left of the centre.

Orientation signage was displayed around the building to ally confusion and disorientation. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms. One resident was seen to have a call bell with them when seated in the day room to enable them have access to a member of staff when required.

The dining room was recently painted with two feature walls and a complementary lighter colour on the other walls. New co-ordinating roller blinds decked the windows. The person in charge explained that she hoped to have new co-ordinating seating to complement the new décor. Residents said it was like a 'hotel' and were delighted with the new 'face lift'. Dining tables were circular and could seat four residents, but most were set for three or two residents for comfort. The main day room was a lovely bright space that was beautifully decorated as well. There was ample space and comfortable seating and foot rests for residents to enjoy and relax. There was a large flat screen TV and music centre for residents. Both rooms were open-plan with expansive windows on both sides so residents had unobstructed views of the enclosed garden on one side and the main entrance on the other side. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger

sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. There was an oratory for residents to enjoy peace and reflection and this was also located on the back corridor. The hairdressers room was along the corridor to the right and the hair dresser visited the centre on request. Artwork decorated the corridors as well as old and historical photographs of Youghal and the surrounding areas.

Residents' bedroom accommodation comprised 20 single and three twin rooms. The twin bedrooms had toilet and wash-hand basin en suite facilities; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe and presses for storage and hanging their clothes. Profiling and low low beds with specialist pressure relieving mattress were seen in residents' bedrooms. Twin bedrooms had been reduced from three-bedded multi-occupancy rooms, and while the space had been re-allocated this had not been done evenly so one bed-space was markedly larger than the other due to the positioning of the wall-mounted privacy screens. Nonetheless, all residents in twin bedrooms had privacy screen and this was an improvement on the previous inspection findings.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and offered assistance. The inspector observed that residents were well dressed and appeared comfortable and relaxed.

Residents praised the chef and said that the quality of their meals was always excellent and said they looked forward to mealtime. Some residents had their breakfast in the dining room in accordance with their preference. The dining room was prepared for residents before meals with condiments, table napkins and delFTWARE. The menu of the day was displayed in the dining room and this showed choice for the main meal and desert, and a variety of choices for their evening meal. The chef was observed to go around to residents in the morning explaining the menu choices of the day. Snacks and beverages were offered at 11:00hrs, 15:00hrs and 20:30hrs. Residents who chose to remain in their rooms had their meal and snacks served to them in their bedrooms. Lovely conversation and interaction was observed between staff and residents throughout the day including during mealtime and when staff served residents in their bedroom. Multi-task attendants (MTA) undertook household duties during the day and at mealtimes served residents their meals in their bedrooms and offered snacks in the afternoon; another MTA provided personal care assistance and served snacks in the morning to residents in their bedrooms and then in the day room.

The schedule of activity for the week was displayed on the notice board by the day room and the second notice board on the back corridor. An external activities company visited the centre twice a week on Tuesdays and Fridays; there was live

music on Wednesdays; and the other days, staff were allocated to the activities programme. Residents were listening to mass on the radio in the day room during the morning walk-about. Following this the external activities provider facilitated a range of activities. The inspector observed lively interaction and encouragement from the activities person. One resident said that the range of activities was great and they really enjoyed the exercise programme as it exercised muscles that would not normally be used. The inspector observed lovely interaction during the movies and actors quiz. Residents reported that there was live music the previous day and they really enjoyed this. Throughout the day residents were seen to go into the enclosed garden to walkabout or sit and enjoy the sunshine. Some resident were seen to use the garden as a short cut to get from one side of the building to another. Another resident took their specialist cushion and went out to the garden bench at the side of the centre to sit and relax and enjoy the sunshine. All doors to the garden and external doors were open enabling independent access to the outdoors.

In the afternoon, residents generally preferred to read the paper or relax following their dinner. One resident preferred to go to the back sitting room to read the paper quietly alone. Later in the afternoon, the nurse facilitated meditation art and gardening for residents. Two ladies liked to play cards and invited the inspector to play a game of 45.

Visiting had resumed in line with current guidelines regarding visiting in residential care. Visitors were known to staff who welcomed them, guided them through the infection control precautions and actively engaged with them.

Wall-mounted hand sanitisers were available throughout the centre along with advisory signage showing appropriate usage. The centre was visibly clean and tidy. Rooms such as the treatment room, cleaners room and sluice room were clean and tidy and did not have any inappropriate storage. Dani centres were available throughout the centre to store personal protective equipment (PPE) such as disposable gloves and aprons. The dani centre in the cleaners' room was located directly over the sluicing sink. The housekeeping, laundry and sluice room had separate hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of clothes to enable household staff to change cleaning cloths and floor mop-heads between rooms. There were two washing machines and one industrial dryer in the laundry. One washing machine was designated for cleaning mop-heads and other cleaning cloths; the second washing machine was used for residents' clothes. Bed linen laundry was outsourced.

Appropriate signage was displayed on rooms where oxygen was stored and used. Emergency evacuation plans were displayed in the centre and orientated appropriately so the display correlated with their relevant position in the building.

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

Capacity and capability

This was a good service with a clear governance structure that, in general, promoted a rights-based approach to care delivery.

Cois Ahbainn Residential Centre was a residential care setting operated by the Health Services Executive (HSE) providing accommodation for low to medium dependency residents. It was registered to accommodate 26 residents. The organisational structure comprised the nominated person representing the registered provider, person in charge and senior nurse who deputised for the person in charge. The person in charge was responsible for the day-to-day running of the centre and was supported in her role on site by senior nurses, care staff and administration staff.

The inspector reviewed the actions from the previous inspection, and found that the following regulations were addressed: staffing levels; statement of purpose was updated; written policy relating to medication management; issues identified regarding compliance; residents rights regarding provision of activities for residents; and improvement with resident care documentation of assessment and care planning. On this inspection, further attention was necessary regarding regulations relating to safeguarding, complaints documentation, infection prevention and control and documentation relating to residents' rights.

A variety of clinical audits were scheduled via the Viclicity audit programme and completed on a monthly basis, and these results informed the monthly quality meetings. Following from the last inspection, staff facilitated all residents to complete satisfaction surveys to provide robust information to influence outcomes for residents.

The statement of purpose and floor plans were updated following the last inspection to reflect the current governance structure, deputising arrangements for occasions when the person in charge was absent from the centre, and the current layout of the building.

Schedule 5 policies were available to staff and easily accessible in the nurses' office. The medication management policy was updated since the last inspection to include an addendum that described centre-specific medication management practice.

Staff levels were adequate to the size and layout of the centre. Cognisant of infection prevention and control it was previously identified that a review of multi-task attendants (MTA) role was required as MTAs had interchangeable responsibility for cleaning, serving meals and providing personal care on a daily basis. The person in charge assured that this was in progress and a sample of the new roster was seen which allocated a staff to a designated role on a daily basis, thus minimising the risk of cross infection.

Contracts of care were examined and these included details of the care needs

facilitated in the centre of low to medium dependency. It provided clear information to residents on re-assessment and future discharge planning should the need arise if their care needs increased. Nonetheless, a review of contracts of care was required to ensure that the terms on which a resident resided in the centre were accurately described.

While complaints were recorded, they required further attention to ensure they were recorded in line with the specifics details in the regulations.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were 18 low to medium dependency residents in Cois Abhainn. The staff levels comprised the person in charge, two registered nurses, one chef, and two multi-task attendants whose role and responsibilities included personal care delivery, assistance with meals and snacks, and cleaning duties.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and all staff training was up-to-date for mandatory and other training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents maintained did not have the following details as specified in Schedule 3 of the regulations:

- the transfer details when a resident was transferred out of the centre

- the receiving facility where the resident was transferred
- the time, date and cause of death.

Judgment: Substantially compliant

Regulation 23: Governance and management

The system of oversight for complaints and safeguarding was not sufficiently robust to ensure the service was safe, appropriate and effectively monitored. This was evidenced by the lack of recognition of a possible safeguarding issue reported as part of a complaint. This was further discussed under Regulation 8, Protection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The terms on which the resident shall reside in the centre were not set out clearly regarding times when a resident may be temporarily absent from the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated following the last inspection to include:

- the current nominated person representing the registered provider
- arrangements for the management of the service where the person in charge was absent from the centre
- floor plans to reflect the current layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications and these were submitted in a timely manner and in accordance with the regulations. Documents relating to accidents and incidents reviewed showed that notification submitted correlated with these records. These records showed that

a post falls review was completed with details of analysis and remedial actions taken to support better outcomes for residents.

Judgment: Compliant

Regulation 34: Complaints procedure

While complaints were recorded, they did not routinely include the outcome or whether the complainant was satisfied with the outcome in line with specified regulatory requirements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A medication management policy was updated since the last inspection to include an addendum to reflect local policy regarding medication management to direct staff regarding medication prescribing, ordering receipt, storage disposal and return of medications.

Judgment: Compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Residents had access to SAGE advocacy and care documentation showed that people were supported to access this service in accordance with their choice. Records were maintained of additional activities to show that residents were facilitated to engage in accordance with their wishes and preferences. A named staff was allocated to activities on a daily basis and the activities notice included detail of the activities being undertaken. The residents' guide had the requirements as specified in the regulations.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status provided excellent detail on the resident's well-being, their responses to interventions, supports and care provided. A sample

of residents care plans and assessments were reviewed and showed significant improvement in detailing person-centred information to support individualised care delivery. Nonetheless, improvement was required regarding updating care documentation.

Safety pauses were facilitated on a daily basis where updates were given on residents' status, appointments, highlighting risk such as residents on antibiotics, those at high risk of falls and those who chose to remain in their bedrooms that day.

The GP attendance the centre routinely as well as residents visiting the GP in their surgery in accordance with their preference and choice. Medication administration records were comprehensively maintained in the sample examined. Records demonstrated that there was ongoing review of prescriptions along with residents' responses to medication to ensure best outcomes for residents. The national transfer letter template was in place, however, this was largely completed following admission and this practice required review to ensure that when a resident was transferred to another centre, the information supplied would be current.

The service was a pension agent for two residents at the time of inspection. Records shown demonstrated a robust system for safeguarding residents' finances. While staff had completed up to date training regarding protection, information detailed in a complaint was not recognised as a safeguarding matter and not investigated as such. Some residents had signed a disclaimer statement for valuables they may wish to bring with them upon admission to the centre. A review of this was requested as this was not in keeping with a rights-based approach to living in a long-stay residential care setting where a resident may wish to bring items of value in with them when admitted.

Regulation 11: Visits

Information pertaining COVID-19 visiting precautions was displayed at the entrance to the centre and infection control precautions were in place on entering the building. Visitors were seen coming and going to the centre in the afternoon and staff guided visitors through precautions in place. Visitors met with residents in the porch area and in their bedrooms in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms with a double wardrobe, chest of drawers and bedside locker. Residents' personal laundry was done on-site and residents did not raise any issues with the laundry services

provided.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented and looked appealing. Residents said they looked forward to their meals and there was always choice. The dining room was prepared in advance of residents coming for their meals and looked well. Some residents preferred to either dine on their own or in their bedroom and this choice was facilitated.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available to residents and visitors and detailed the requirements as specified in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer letter template was in place, however, this was largely completed following admission and detailed the status of the resident at the time of completion. For example, one resident's transfer letter was dated in February 2021 and a second dated February 2022 with the status of the resident at that time. However, should a resident be transferred now or in the future, this information would be obsolete. In addition, as the template was full, there would be no space to input the current status and the reason for the resident's transfer to another care facility. The 'activities of daily living' section which described the assistance the resident required regarding activities such as mobilisation and personal care were not routinely completed. Consequently, the inspector was not assured that all relevant and current information was provided upon transfer to another service to enable best outcomes for the resident.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required regarding infection control as follows:

- the dani centre in the cleaners/household room was located directly over and quite close to the sluicing sink which posed a risk for contamination and cross infection
- some staff were observed throughout the day either not wearing protective masks or wearing them incorrectly
- external delivery services were not asked to don a mask when entering the building
- inappropriate entry onto the kitchen by an external service was observed which posed a risk of cross infection
- care staff role interchanged throughout the day between caring, cleaning and servicing meals and snacks which had the potential for risk associated with infection prevention and control.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were reviewed and administration records were comprehensively maintained. Some residents self-medicated and others self-medicated their inhalers and nebulisers for example. As part of their medication management documentation, daily assessments were completed to be assured that self-medicating assessments remained current.

Controlled drug records showed that drugs were checked in line with professional guidelines and the drug count was correct.

An antibiotic log was maintained as part of individual medication records, with the name of the antibiotic, dosage, reason for prescription; this provided an easy reference which provided oversight of the antibiotic prescribing history for the resident.

Residents' documentation also had signed consents for vaccinations including COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While the daily narrative had excellent detail on the changing needs of a resident who's condition had deteriorated, the assessment and care plan had not been updated to reflect the change in care needs described and seen on inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant psychiatry and geriatrician services. Resident notes showed that residents had timely referrals and reviews by allied health professionals and community services. Records showed effective oversight of residents' condition, medication management and responses to medications. The chiroprapist attended the centre every two to three weeks.

There was a comprehensive record maintained of referrals to specialist services and dates when residents attended these services, and appointments scheduled, so it was an easy reference guide for staff and medical staff to track this relevant information.

Judgment: Compliant

Regulation 8: Protection

While staff had up to date training relating to safeguarding, following review of complaints it was noted that one complaint was not identified as a possible safeguarding issue, and not investigated or followed up in line with their safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' documentation reviewed showed that some residents were asked to sign a disclaimer form. When signing this document the resident was signing several items as follows:

- the HSE took no responsibility for the loss of property while a person resides in the centre
- advising residents to leave all valuables at home
- a standard statement that the resident has chosen not to have their valuables listed, and

- residents were happy to take full responsibility for their possessions.

This disclaimer form was not in keeping with a right-based approach to living in a long-stay residential care setting where a resident may wish to bring items of value with them as a source of comfort and reminiscence; measures to empower residents to have their belongings with them did not appear to be suggested.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0036484

Date of inspection: 20/09/2022

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of residents has been updated to include details of residents transferred out and transferred in, date, time and cause of death.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An in-person Safeguarding awareness work shop will be conducted for all staff with the Team Leader, safeguarding and protection. Recognition and management of Safeguarding vulnerable adult is included in the agenda for residents and staff meetings. The Person in charge will ensure that staff members are aware about the importance of safeguarding vulnerable adults and ensure that complaints are dealt with as per the safeguarding policy as required. All staff will be required to complete updated safeguarding training. Designated officer training will be facilitated for the Senior Enhanced Nurse. Resident's satisfaction survey will be carried out as per the audit Schedule.</p>	
Regulation 24: Contract for the	Substantially Compliant

provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The resident's Contract of Care has been reviewed with the inclusion of terms of temporarily absence of a resident from the Centre and clarification with regard to payment of long stay charges during the temporary absence of resident from the unit.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The gap in the complaint form has been reviewed. Learning from this has been addressed with staff members. Outcome and satisfaction of complainant is addressed.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The Transfer Letter will be updated with the information required. The resident's profile (Part B) of transfer letter can be written in advance and Part A (reason for transfer, vital signs etc) to be completed at the time of transfer of resident. Resident's profile (Part A) to be updated every four months or with the change of condition of residents. PIC to ensure that the Transfer Letter is reviewed as per requirement. Prior to the transfer of resident, nurse on duty will ensure that the information provided in the transfer letter is accurate.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The importance of mask wearing in the premises was reinforced to staff members and posters are displayed. External service personnel will not be permitted to enter the</p>	

kitchen and a notice is displayed at the Kitchen door. Audits will be conducted by IPC link practitioner on the use of PPE and the result will be followed up by person in charge. Dani centre was removed from the cleaner's room. The Segregation of duties and Roles and Responsibilities for multitask attendants (MTA) have been revised and readdressed with both staff and staff representatives. The revised roster will be implemented further to the engagement with staff representatives.

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:
 The requirement to update care plans in line with the change of condition of a resident has been reiterated to Staff Nurses. Care plans are scheduled to be reviewed every 4 months or should the Residents condition change i.e. December, April, and August, as per the legislation and regulations. This review has been built into the Cork Community Audit Schedule to guide this practice. The Person In Charge will now audit the care plans after each review month to ensure that this is done. Staff Nurses have been informed that all Care Plans are now due for re-evaluation in December and audit by the PIC will be conducted in January 2023.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 Management of all complaints in the centre will be addressed with additional training, in addition to facilitating a safeguarding onsite work shop by the Team leader-safeguarding and protection.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The disclaimer form is not included in the new care plan. The updated documentation has been confirmed with staff members.



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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/10/2022
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	30/11/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	17/10/2022

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	17/10/2022
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	31/12/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	14/10/2022

	<p>procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 5(4)	<p>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.</p>	Substantially Compliant	Yellow	30/11/2022
Regulation 8(3)	<p>The person in charge shall investigate any incident or allegation of abuse.</p>	Substantially Compliant	Yellow	14/11/2022
Regulation 9(3)(e)	<p>A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.</p>	Substantially Compliant	Yellow	10/10/2022

