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:	Anna Gaynor House
Name of provider:	Our Lady's Hospice and Care Services DAC
Address of centre:	Our Lady’s Hospice & Care Services, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	10 August 2023
Centre ID:	OSV-0000465
Fieldwork ID:	MON-0041102

About the designated centre

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

Anna Gaynor House is a designated centre in south Dublin city which provides full time nursing care and support for up to 89 adult male and female residents. Residents are supported in single, twin and triple occupancy bedrooms across four units in a single storey building. The service provides care primarily for residents who require a high level of care. The centre avails of modern resources to promote and provide appropriate care and facilities for its residents. Residents are supported by a team of qualified nursing and support staff with centre management based on-site. Residents living in this service have on-site access when required to clinical services including geriatrician, physiotherapist, dietitian and occupational therapist. The centre premises includes large communal living and dining areas as well as multiple external courtyards and gardens on the site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82

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
Thursday 10 August 2023	08:15hrs to 18:10hrs	Lisa Walsh	Lead
Thursday 10 August 2023	08:15hrs to 18:10hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents in the designated centre to gain insight into their experience of living in Anna Gaynor House. Generally, the feedback from residents was of satisfaction with care they received. During the inspection, inspectors observed many positive engagements between staff and residents. However, some residents said that they did not like the the food and some reported that they would like more activities at weekends. Some residents also voiced that they need to wait some time for assistance in the evenings.

Following an opening meeting with the director of nursing for the campus who deputised in the absence of the person in charge on the day of inspection, inspectors were accompanied on a tour of the centre. Anna Gaynor House is set out over four units, called St. Michael's, St. Benedict's, Marymount and Mary Aikenhead, each with their own bedroom accommodation and communal sitting/dining space. Residents were accommodated in 49 single and five twin and ten triple occupancy bedrooms. Single occupancy bedrooms were observed to be bright and spacious and many residents had personalised their bedrooms with items of furniture form home, photos or other personal objects.

The registered provider had committed to reconfiguring multi-occupancy bedrooms following the inspection in May 2022. Inspectors were informed that since that time only one triple bedroom had been reconfigured. The reconfigured triple bedroom was found to have sufficient floor space and privacy screens available to each resident to undertake their activities in private. Wardrobes were also available within residents' private spaces. Inspectors found that the refurbishment was completed to a good standard and the room was nicely decorated. All other multi-occupancy bedrooms remained as they had been in the May 2022 despite a commitment by the registered provider to reconfigure all multi-occupancy bedrooms by September 2022. This is discussed later in the report.

Overall, the centre had a very pleasant atmosphere. Each unit had a combined dining and sitting room. These rooms had dining room tables and a small amount of seating at one end of the room. The other end of the room had a TV mounted on the wall and some armchairs. In some dining rooms however, inspectors observed that there were insufficient numbers of appropriate dining chairs for residents' use and inappropriate storage of items such as refrigerators, large support chairs and decoration resources for activity staff.

Each of the units had a notice board which provided residents, staff and visitors information about the unit, including, feedback from 'Talk to us' forms that had been received, advocacy information and updates following resident meetings.

There was a large multi-purpose hall in the main part of the centre which had a projector screen, a piano and some office chairs. On the day of inspection, a large group of residents, staff and volunteers from throughout each of the units were

singing while one of the volunteers who was playing the piano. Residents said that they really enjoyed this activity and inspectors observed this to be a very sociable and joyous activity.

The area outside the entrances to Marymount, St. Benedicts's and Mary Aikenhead is known as central square. This had been recently redecorated with booth seating which were surrounded by empty flower boxes and painted. Inspectors observed that this area was still in the process of being decorated. Off the central square, there was a prayer room and a library area which was stocked with books, games and puzzles for residents' entertainment.

Residents had access to a number of well-manicured outdoor courtyards which could be accessed from each of the units. The courtyards had mature trees, raised flower beds and ample seating for residents to sit comfortably and relax in. These were accessible from communal spaces.

Residents were observed to be receiving visitors with no restrictions throughout the day and those spoken with said they thoroughly enjoyed having people coming in to see them. Some visits were observed to take place in residents' bedrooms and some visitors took residents out of the centre for outings.

There was a programme of activities scheduled for residents Monday to Friday. There was an activity team and a team of volunteers that facilitated the activities throughout the centre. Some activities took place on the units and in the hall in the main part of the centre, all residents were offered to attend these activities. Recently, the centre had a summer party in one of their courtyards. Residents friends and family were also invited to attend.

On the day of the inspection, residents were offered to attend bingo or a music sing along activity. Inspectors observed the activity coordinator also attend bedrooms of residents who did not to engage in group activities and offer to chat, sing or read with them. Inspectors observed that there were no activities planned for the weekends however. Some residents told inspectors that they would like more activities and that there was not much to look forward to at the weekend.

Residents gave mixed feedback in relation to food. One resident said the food was 'fantastic' and another said that the 'turkey and ham' was a favourite. Other residents clearly expressed that they were not satisfied with the food however. One resident said 'the food is okay today, other days it's not great'. Other residents spoken with said the 'food wasn't great' and 'it was alright'.

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

While there were established management structures to support staff in this designated centre, inspectors found that significant improvements in the governance and management arrangements were required. The registered provider had failed to progress all required actions from previous inspection in respect of records and premises. This inspection identified further areas that required to be addressed by the registered provider and that improvements were required in the management systems for the effective oversight of premises, residents' rights, records, contracts of care, and completion of the compliance plan from the previous inspection in May 2022.

This unannounced inspection was carried out one day by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards and to inform a decision on an application to renew registration of the centre. An application to renew registration had been received and was under review.

Anna Gaynor House is operated by Our Lady's Hospice and Care Services DAC who is the registered provider. The director of nursing facilitated this inspection, in the absence of the person in charge. There was an established governance and management structure in the designated centre, however, the lines of authority and accountability for specific roles were not known on the day of inspection. For example, when inspectors arrived at the designated centre members of the senior management did not know who was the responsible person in the absence of the person in charge.

The person in charge was supported in their role by the director of nursing, chief executive officer, two assistant directors of nursing, clinical nurse managers (CNM's), staff nurses, a medical social worker, pastoral care, healthcare assistants, activity staff coordinators, housekeeping, catering, maintenance and administrative staff.

The registered provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement, were assigned to a responsible person, with times for completion noted. Updates on these actions were discussed in management meetings. However, some actions that had been identified from the previous inspection in May 2022 were not yet completed. For example, inspectors observed that residents care records were placed in holders outside bedrooms or at the end of beds on the day of inspection. This system of storing records had already been identified as not being safe by inspectors from the previous inspection and this practice was continuing with no plan in place to address it.

The registered provider had established a number of committees to drive improvement. For example, a management of restraints project had been established and was working towards reducing the use of restraints within the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2022. Residents had been consulted in the preparation of the annual

review through a residents' satisfaction survey and residents' committee meetings.

Inspectors found that contracts for the provision of services were not in line with the regulations, as they did not clearly specify required details as outlined in the regulations. This is detailed under Regulation 24, Contracts for the provision of services.

Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents and information relating to the residents in line with Regulation 19 was maintained on a computerised database.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which outlined a cover against injury to residents, staff and visitors and included insurance against other risks such as loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to progress the compliance plan in line with their commitments given to the Chief Inspector following the inspection dated May 2022. Repeated areas of non-compliance were found on this inspection, specifically in respect of Regulations 17, Premises and Regulation 21, Records.

Oversight systems were not sufficiently robust to ensure that all areas identified for quality improvement had timely actions put in place to address and improve the

service as required. For example, inspectors saw minutes of residents' meetings where issues in respect of the quality of food were regularly mentioned, yet the provider did not have a meaningful plan in place to address these raised concerns. As a result, residents remained dissatisfied with the quality and choice of food available to them.

Management systems were not plane to ensure that medicines prescribed to the residents were safely stored in the centre. Inspectors were informed that daily monitoring of medicine room temperatures was not completed or recorded. This meant that the registered provider could not be assured that the appropriate storage temperatures for medications was provided at all times to ensure their safety and efficacy. As further discussed under regulation 17; Premises the room temperature in the medication rooms was very high.

Deputising arrangements in place to provide cover while the person in charge was on leave was inadequate to ensure the continued leadership and oversight of the service. Consequently the inspectors found that the lines of responsibility and accountability were not implemented in practice, as per centres' statement of purpose. During the inspection information and records requested by inspectors were not available as the person in charge was on leave. This required addressing.

The provider had failed to allocate the required resources to refurbish the multi-occupancy rooms and ensure the effective delivery of care in line with statement of purpose.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors found that the contracts of care did not clearly set out the terms and conditions of the resident's residency in the centre. For example;

- The contracts reviewed did not specify the occupancy of the room in which the residents were residing.
- Individual fees payable by the resident for provision of services were not clearly specified in the contracts.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every

three years as required.

Judgment: Compliant

Regulation 21: Records

Inspectors observed that some residents' records continued to be stored in open holders on corridors outside bedrooms, unlocked and freely accessible to other residents and visitors to the units throughout the inspection. This is a repeat finding from inspection in May 2022.

In addition to the safety aspect, inspectors found that records required under Schedule 2, 3 and 4 were not accessible. No effective arrangements had been made to ensure accessibility of records at all times, including at times where the person in charge was absent.

Judgment: Not compliant

Quality and safety

Residents were receiving a good standard of care in Anna Gaynor House and appeared well cared for. Action was required however in the following areas to ensure compliance with the Regulations, premises, residents' rights , food and nutrition and information for residents.

The registered provider had prepared a resident guide in respect to the designated centre, this was provided to inspectors. All details required under the regulation were not clearly detailed in the booklet. See Regulation 20; Information for residents for further detail.

Inspectors observed that visiting took place throughout the day of inspection and there was a private room on each of the units for residents to meet visitors in private if required.

There was adequate storage space and a lockable drawer space provided for residents to store their clothes and personal possessions. Laundry was processed by a local laundrette and there was a system in place where residents' clothes were collected once a week and returned four days later when laundered. Residents and their visitors were happy with the arrangements in place. The registered provider acted as a pension-agent for four residents at the time of inspection. Arrangements in place to manage this were clear and transparent.

Following an inspection in May 2022, the registered provider had committed to

reconfiguring multi-occupancy occupancy bedrooms. Inspectors were informed that since that time one triple bedroom had been reconfigured and that another triple bedroom was in the process of getting reconfigured. The triple bedroom that been reconfiguration had been completed and were found to be nicely decorated. There was sufficient floor space and privacy screens available to residents to undertake their activities in private and the room contained a ceiling mounted television for each resident with individual headphones. In addition, wardrobes were now available within residents' private spaces to support residents' to right to privacy when accessing their possessions. Inspectors found that the refurbishment was completed to a good standard in this one triple bedroom, however all other multi-occupancy bedrooms remained as they had been in the May 2022 despite the registered provider having committed to reconfiguring all multi-occupancy bedrooms by September 2022.

Processes were in place in Anna Gaynor House for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Inspectors noted that some areas of the centre, such as the central square area located outside the units had been repainted and received new seating areas. Although a programme of maintenance and refurbishment was ongoing in the centre and a number of areas had been repainted and upgraded since the last inspection, inspectors identified areas of the premises that did not conform to the requirements set out in Schedule 6 of the regulations. Inspectors also identified that there remained outstanding issues, which were identified on the inspection in May 2022, which had yet to be addressed. This is discussed under Regulation 17; Premises.

Inspectors reviewed a sample of end-of-life care plans and found that overall these contained person-centred detail regarding residents' end-of-life care wishes and preferences and had clear information for staff to follow to ensure that care was provided according to residents' wishes at this very important time. There was good access to palliative care specialists when required.

Some residents who spoke with the inspectors expressed that they were not satisfied with the standard and quality of food provided in the centre. Further detail is provided under Regulation 18, Food and nutrition.

Residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents had access to external advocacy services. There was an activity programme provided Monday to Friday. However, residents reported that there was limited opportunities to participate in activities at the weekend or in the evening.This was an area for improvement.

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending Anna Gaynor House throughout inspection. There was a private room on each of the units that was available for residents to meet visitors in private if required.

Judgment: Compliant

Regulation 12: Personal possessions

Adequate storage space and a lockable drawer space was provided for each resident to store their clothes and personal possessions. The registered provider acted as a pension agent for four residents at the time of inspection. Arrangements in place to manage this were clearly recorded and transparent.

Judgment: Compliant

Regulation 13: End of life

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident.

Judgment: Compliant

Regulation 17: Premises

Nine out of 10 triple occupancy rooms did not meet resident's needs and required reconfiguration. Inspectors observed that there was inadequate space available to residents to carry out personal activities in private and personal items were stored outside of their privacy curtains. This is a repeat finding.

Further action was required however to ensure that premises conformed with the matters set out in Schedule 6, for example:

- The centre was not well-maintained in all areas. Parts of the centre required painting and repair to ensure it could be effectively cleaned. For example,the flooring in the prayer room and in one of the communal bathrooms, and the walls in some areas of the centre were observed to holes from unfilled royal plugs and unfinished paint work. On one unit there was evidence of water damage on ceilings from a leak following heavy rain.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. For example, decorations

and activity supplies were stored within a communal living space making the room inaccessible to residents to use. Inspectors also observed that fridges that did not contain food for residents were located in residents' living areas on two units and a large support chair was observed in another unit in a residents' dining space.
- Some chairs available in dining rooms throughout the centre were observed to be inappropriate as they did not have arm-rests and were observed to be low to the ground. These items of furniture would not facilitate residents' freedom of movement.
- The temperature regulation in medication rooms required attention. At the time of inspection, inspectors observed that in one medicine room the temperature was very high.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents reported that they were not satisfied with the standard and quality of food provided in the centre. A recent resident's survey conducted also highlighted residents dissatisfaction with the taste, choice and temperature of meals. And inspectors found that this was also echoed in residents' meetings minutes with residents detailing issues with the food such as the following:

- over half of the residents in attendance expressed a need for changes to the menu, especially the dessert options.
- residents also noted that the food was 'often cold'.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide in respect to the designated centre did not contain the following information:

- The terms and conditions relating to residence in the designated centre.
- The procedure regarding complaints, including external complaint processes such as the Ombudsman.
- Arrangements for visits.
- Information regarding independent advocacy services.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was safe and secure practices in place around the storage and administration of medicines in the centre. Medicines were stored securely in medicine trolleys and in residents' rooms in individual secure cabinets. Controlled drugs balances were checked at each shift change by two staff as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management.

There was an effective system in place to maintain oversight of medicines and there was ongoing review of medicines errors by the centre's pharmacist.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were not assured that the rights of each resident living in the designated centre were respected. For example;

- The layout of the multi-occupancy bedrooms, do not provide residents with the right to undertake personal activities in private. For example, in the sample of multi-occupancy bedrooms reviewed by inspectors, the resident's wardrobes were outside the resident's personal space. Therefore, residents were required to leave their personal space in order to access their belongings. This is a repeat finding from the previous inspection in May 2022.
- There were limited activities planned or available for residents at the weekend or in the evenings. Some residents reported to inspectors that they were dissatisfied with this.
- There was no meaningful consultation in respect of resident's expressed wishes. While residents' were provided with opportunity to communicate their wishes in surveys or at residents' meetings, there was no meaningful action taken to respond to residents' requests. Some residents were not fully satisfied with the quality and choice of food on offer in the centre, in particular for dessert. Residents' also expressed that food was often cold.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Anna Gaynor House OSV-0000465

Inspection ID: MON-0041102

Date of inspection: 10/08/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Quality Improvement:

All feedback from resident's forum is addressed after each meeting. The feedback is sent by the facilitator to the ADON/PIC to address. PIC disseminated the appropriate Heads of Department i.e. Facilities contacted re: any maintenance issues; General Hotel Services Manager contacted to bring feedback to the food services group and the kitchen staff; the Head Chef was invited to attend the resident's forum. CNMs were sent an action plan after the last Residents forum. They were required to feedback to the PIC once the actions were completed. Feedback was received from the CNMs. PIC will ensure a quality improvement plan and timeline for actions are in place. All stakeholders are aware and contribute to feedback from all resident surveys and resident forums. We will close the feedback loop by ensuring the completed actions and/or action plans are fed back to the residents so they are aware that their concerns have been addressed. (30th September 2023)

Medication rooms:

Digital thermometers have been installed in each of the medication rooms and daily recording of the temperatures has been implemented on each unit. Staff have been advised on what action to take if a high temperature is recorded. Actions have been included on the monitoring record.

(Completed 15th September 2023)

Deputising arrangements:

There have been recent changes to the senior management team so the deputising arrangements were still being established. There is a new CNM3 for the Older Persons Service who will deputise when the PIC is on leave. The PIC will ensure all relevant information and records will be available when they are on leave in the future. (31st October 2023)

Multi-occupancy bays:
The funding required for the refurbishments has yet to be approved by the HSE. Our Lady's Hospice and Care Services had to self fund the renovations. There was a lot of work put into the bays to ensure the residents were consulted and were involved in all aspects of the renovation process. The remaining bays will take 6/52 per bay (accounting for external contractor availability, supply of contractor raw materials and any unexpected delays – i.e. IPC outbreak on ward). There are 8 bays remaining (6 x 8 = 48 weeks). Plan to temporarily close 3 further beds ASAP and complete two bays concurrently across two wards which will reduce this to 24 weeks for completion of all the bays (12th March 2024).

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All of the resident's contracts of care are being reviewed and revised to include occupancy of the room and specify the individual fees payable.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Bespoke record holders have been created and are currently being installed in the resident's rooms. The delay from the previous inspection was due to ensuring infection control standards and precautions were met as well as confidentiality. We trialled a number of alternatives but they either did not meet the needs of the staff for ease of accessibility or our infection control teams' standards. We were unable to source a suitable pre-made unit so had to get a carpenter to design and make a bespoke unit. A few versions were trialled until we got the correct size, material and infection control standards were met. Units have been installed in two of the wards already and are in use. The remainder of the units are due to be installed in the next two weeks (3rd October 2023)

PIC will ensure that the Schedule 2, 3 &4 records will be available at all times especially when on leave. Relevant staff will be made aware of where to locate them.
(31st October 2023)

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The funding required for the refurbishments has yet to be approved by the HSE. Our Lady's Hospice and Care Services had to self fund the renovations. There was a lot of work put into the bays to ensure the residents were consulted and were involved in all aspects of the renovation process. The remaining bays will take 6/52 per bay (accounting for external contractor availability, supply of contractor raw materials and any unexpected delays – i.e. IPC outbreak on ward). There are 8 bays remaining (6 x 8 = 48 weeks). Plan to temporarily close 3 further beds ASAP and complete two bays concurrently across two wards which will reduce this to 24 weeks for completion of all the bays (12th March 2024).

Maintenance schedule in place for the centre. The overall maintenance schedule has been impacted as the inhouse facilities team have been involved in the bay renovations and the central square upgrades (they are the facilities team for the entire site and not specifically just Anna Gaynor House). (Ongoing)
The roof has been repaired and the water damaged ceiling has been addressed. (15th September 2023)

The storage in the garden room has been cleared. The staff had been sorting out what was to be kept and what was for disposal, and it was to be returned to the storage area in the basement. The fridges have been removed. The storage for resident's additional support chairs is being reviewed. (15th September 2023)

Additional dining room chairs have been ordered and are due to arrive in a few weeks. (16th November 2023)

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
All feedback from resident's forum is addressed after each meeting. The feedback is sent by the facilitator to the ADON/PIC to address. PIC disseminated the appropriate Heads of Department i.e. Facilities contacted re: any maintenance issues; General Hotel Services Manager contacted to bring feedback to the food services group and the kitchen staff; the Head Chef was invited to attend the resident's forum. CNMs were sent an action plan after the last Residents forum. They were required to feedback to the PIC once the actions were completed. Feedback was received from the CNMs. PIC will ensure a quality improvement plan and timeline for actions are in place. All stakeholders are aware and contribute to feedback from all resident surveys and resident forums. We will close the

feedback loop by ensuring the completed actions and/or action plans are fed back to the residents so they are aware that their concerns have been addressed. (30th September 2023)

PIC will review menus and will meet residents during mealtimes on each of the wards to get firsthand feedback of the food quality, temperature and choice (31st October 2023)

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The residents guide is being reviewed and updated to ensure all relevant information is included (31st October 2023)

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Multi-occupancy bays:
The funding required for the refurbishments has yet to be approved by the HSE. Our Lady's Hospice and Care Services had to self fund the renovations. There was a lot of work put into the bays to ensure the residents were consulted and were involved in all aspects of the renovation process. The remaining bays will take 6/52 per bay (accounting for external contractor availability, supply of contractor raw materials and any unexpected delays – i.e. IPC outbreak on ward). There are 8 bays remaining (6 x 8 = 48 weeks). Plan to temporarily close 3 further beds ASAP and complete two bays concurrently across two wards which will reduce this to 24 weeks for completion of all the bays (12th March 2024).

Activities:
The Activities schedule has been reviewed. Volunteers have recently been added to the team to be able to expand the amount of activities planned and also a variety of experiences from group sessions to individual sessions. A new team member is starting in November so we will adjust the Activities team roster to include the weekend. The ward staff have also been re-educated in regards to their involvement in activities that occur at ward level. (30th November 2023)

Resident's Feedback:
All feedback from resident's forum is addressed after each meeting. The feedback is sent

by the facilitator to the ADON/PIC to address. PIC disseminated the appropriate Heads of Department i.e. Facilities contacted re: any maintenance issues; General Hotel Services Manager contacted to bring feedback to the food services group and the kitchen staff; the Head Chef was invited to attend the resident's forum. CNMs were sent an action plan after the last Residents forum. They were required to feedback to the PIC once the actions were completed. Feedback was received from the CNMs. PIC will ensure a quality improvement plan and timeline for actions are in place. All stakeholders are aware and contribute to feedback from all resident surveys and resident forums. We will close the feedback loop by ensuring the completed actions and/or action plans are fed back to the residents so they are aware that their concerns have been addressed. (30th September 2023)

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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.	Substantially Compliant	Yellow	31/10/2023
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	12/03/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/09/2023

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/10/2023
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	31/10/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	31/10/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	31/10/2023
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	31/10/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	03/10/2023
Regulation 23(a)	The registered	Substantially	Yellow	31/10/2023

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2023
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	Substantially Compliant	Yellow	31/10/2023

	provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/10/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/11/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2023
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	12/03/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	30/09/2023

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			