



**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:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0039568

About the designated centre

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

Marymount University Hospital and Hospice is a purpose-built facility, on the current site in Curraheen, since 2011. The specialist palliative care service and the designated centre for older adults operate from the same premises. Management and governance arrangements cover both services. There is an educational resource centre on site. The designated centre section provides accommodation for up to 63 older adults. There are beds available for 12 respite residents and also intermediate palliative care beds. Admissions are arranged following a pre-admission assessment. There is 24-hour nursing care provided as well as medical, allied health and pharmacy provision. The building is set in extensive grounds and provides secure parking facilities. The designated centre is laid out over three floors. Resident accommodation is located on all three floors, comprising 51 single bedrooms with en-suite shower rooms and three four-bedded rooms. Residents on the lower ground floor have access to enclosed garden areas and outdoor smoking areas, with plentiful seating. The sitting rooms on the upper floors open out to a communal balcony that affords views of the local countryside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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
Wednesday 15 March 2023	09:00hrs to 17:15hrs	Siobhan Bourke	Lead
Thursday 16 March 2023	09:00hrs to 16:20hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

The inspector met with many of the residents living in the centre during the inspection, to gather feedback and insights into their lived experience in Marymount University Hospital and Hospice. During the two day inspection, residents told the inspector that they were very happy with the standard of care they received in the centre and were full of praise for the staff working in the centre. One resident told the inspector that the "respect and patience shown" to them by staff was second to none. Another resident told the inspector that they "couldn't imagine anywhere better." The inspector met with relatives who were visiting their loved ones and they also gave very positive feedback regarding the standards of care, cleanliness and the dedication of staff working there.

On arrival to the centre, the inspector was guided through the centre's infection control procedures by the centre's receptionist. Following an opening meeting with the centre's person in charge and the chief executive officer, the inspector was accompanied on a walk around of the centre by one of the centre's clinical nurse managers. During the walk around, the inspector saw some residents were up and ready for the day's activities or were being assisted with personal care by staff.

The designated centre of Marymount University Hospital and Hospice is arranged over three floors with a similar layout in each distinct unit, namely St. Anne's, St. Camillus and St. John's. There are 17 single rooms with en suite shower and toilet facilities and one four bedded room with en suite shower and toilet facilities in each unit. The inspector saw that residents' bedrooms were spacious, with plenty wardrobes and storage for residents' clothes and belongings and comfortable seating. Rooms were decorated with residents' personal possessions and photographs. The inspector observed that some of the residents had displays of arts and crafts that they had created during activity sessions in the centre such as knitted items and artwork. The inspector saw that en suite showers and toilets were spacious and very clean. Residents' bedrooms also had balconies and a number of these were decorated with potted plants and flowers. The inspector found that the centre was warm, bright, well maintained and comfortable throughout.

The four bedded room in each unit was allocated for residents admitted for respite care. The inspector saw that each resident in these rooms had access to individual entertainment units and had plenty of storage space at each bedside and room for chairs. However, as found on the previous inspection, the privacy screens in these rooms were not sufficient to ensure residents' privacy at all times.

Residents had a choice of communal spaces on each floor and also had access to other communal spaces on the ground floor of the centre such as the oratory and reception area. Each unit had a large day room and spacious dining/sitting room as well as comfortable seating area with access to TV in each of the reception areas. The dining/sitting room in each unit were beautifully decorated and were warm and bright rooms. There was a section of these rooms with sofas and armchairs, fire

place and large screen televisions. The rooms also each had a number of small round tables for residents' mealtimes. The inspector saw that each unit in the centre was decorated and ready for the upcoming St. Patrick's day celebrations with flags, bunting and other decorations. The inspector saw that all three units had a hairdressing sink and mirror fitted in one of the bathrooms since the last inspection.

Residents had access to well maintained outdoor spaces on each unit. Residents on the lower ground floor had access to a garden and walkway area with a heated seating area, while residents on the other floors also had an outdoor balcony area with seating. Residents from each unit could access all levels of the centre via a passenger lift. The centre also had a gymnasium and activities rooms and a shop for residents' use.

During the two day inspection, the inspector observed the lunch time meal on both days and the evening meal on the first day. The inspector saw that residents were offered choices of main course at each meal time and that food served from heated trollies in each unit was well presented and appetising. Textured modified meals were also well presented. Residents were very complimentary of the food available to them in the centre and a number of residents described it as excellent. On two of the units, seven to eight residents ate in the dining/dayrooms and where tables were nicely presented with flowers, condiments and St. Patrick's Day flags. These residents were chatting together and with staff during the meal and appeared to be having a sociable dining experience. On one unit, the dining/day room was empty at mealtimes with all residents eating in their rooms. The inspector saw that there were sufficient staff to provide assistance to residents who required it and this assistance was provided in a discreet and unhurried way.

There was a varied schedule of activities available for residents living in the centre that were facilitated by two activity staff and volunteers. The activity co-ordinator position had recently become vacant and the person in charge told the inspector that recruitment was ongoing to fill this position. The inspector saw that three staff were available to assist with activities each day. On the first day a group of eight residents participated in a fun and games session that took place in the activity room on the ground floor and in the afternoon, a group of eight residents enjoyed an exercise and wellness session. The inspector saw that one of the activity staff also attended residents' rooms to provide residents with on-to-one activities. On the second day of inspection, a planned physiotherapy class on one of the units was cancelled as none of the residents attended. While a small group of residents were busy preparing for the afternoon's St. Patrick's Day parade. During the afternoon, staff and residents alike took a tour through the centre with other staff and relatives cheering them on. This looked like lots of fun with staff and residents dressed up in green, white and gold waving flags to lively music. The inspector saw residents enjoying a drinks round of their choice of beverage on the second afternoon and a number of residents were enjoying this while watching the horse racing on their bedroom TVs. The centre also had an art therapist who attended weekly and external musicians such as Cork Orchestra also attended the centre. Overall, while the activities appeared stimulating and entertaining for the residents who participated in them, the inspector observed that these were mainly participated in

by small groups of residents, considering there were 57 residents in the centre at the time of the inspection.

Residents had access to wifi, television, newspapers and electronic devices in line with their capacity. Residents views were sought on the running of the centre through regular residents' meetings held in the centre. From a review of these minutes it was evident that action was taken in response to their suggestions. Residents were also surveyed to seek their views on the running of the centre and the inspector saw that this feedback was overall very positive. A number of residents were very complimentary regarding the centre's bus which facilitated them taking shopping trips or outings to the city. One relative told the inspector that the staff running the bus service were "exceptional and went above and beyond" to meet residents' needs.

The inspector saw that residents were neatly dressed and groomed in accordance with their preferences and appeared well cared for. A number of residents told the inspector that they looked forward to the visiting hairdresser who was working in the centre on the second day of inspection. A number of residents told the inspector that the hairdresser who attended the centre weekly was "great." The inspector saw that staff interacted with residents in a dignified and respectful way. Those residents who could not communicate their needs appeared comfortable and content. The inspectors observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices.

Visitors were seen coming and going during both days of the inspection and were welcomed by staff. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Some residents were seen going to the centre's restaurant for a coffee or tea with their visitors. Feedback from visitors was very positive about the care and support given to the resident and families.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out over two days, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to inform decision making for renewal of registration of the centre. The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection, some improvements were required in relation to premises and residents' rights.

The centre is owned and managed by Marymount University Hospital and Hospice who is the registered provider. Hospice services are provided on the same site but are not part of the designated centre. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The director of nursing was the designated person in charge of the centre and reported to the chief executive officer. The director of nursing and the chief executive officer were members of the executive committee that held meetings every month. The centre had a quality and safety committee in place that was chaired by one of the board of directors. Review of new and existing policies and procedures, complaints management, risk management and key performance indicators were reviewed through these meetings. The inspector saw that regular meetings were held in the centre to ensure effective communication across the service. For example, a monthly clinical nurse manager meeting was held in the centre to discuss and action key risks and issues arising for residents.

The person in charge of the designated centre was supported in her role in the designated centre by an assistant director of nursing and clinical nurse managers who worked in the three units. The person in charge was also supported in her role by a practice development nurse and an infection control nurse. There was an appropriate number and skill mix of staff available to meet the needs of residents. To ensure ongoing recruitment of staff in the centre, the person in charge and management team had designated a morning each week to facilitate staff interviews so that staff could be recruited in a timely manner. Staff working in the centre had access to appropriate training relevant to their roles and the inspector saw that staff were appropriately supervised.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to the inspector that action plans were implemented from findings from these audits to improve practice when required. Falls were analysed through audit by the multidisciplinary team to identify any trends. There were good systems in place to ensure that key risks to residents such as pressure ulcers, infections, antimicrobial usage and falls were monitored in the centre. Restrictive practices such as bed rail usage was also monitored and risk assessed. The person in charge had identified that residents requiring admission for respite care required further assessment and a pre-assessment clinic with a designated nurse had been recently established to improve this process for residents. The inspector saw that improvements had been implemented to address the findings in the last inspection in relation to wound care management. External expertise had been sought to review the design and layout of the four bedded respite rooms in the centre. Evidence was reviewed which indicated that due to the resources required to implement this design, further review was required and ongoing at the time of inspection.

From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. The inspector saw that incidents were reviewed by the multidisciplinary team at the monthly risk committee and minutes of

these meetings indicated that corrective and preventative action was taken where required.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires were completed to help inform ongoing improvements in the centre.

The management team were in the process of preparing information to inform the centre's annual report for 2022.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience required by the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster and speaking with staff and residents, it was evident that the staff complement and skill-mix was appropriate to meet the care needs of the 57 residents living in the centre on the day of inspection. There was a minimum of three registered nurses on duty in the centre 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

Training in the centre was being well monitored by the management team. A comprehensive training matrix was made available to the inspector and demonstrated up- to-date training for all staff in areas such as fire safety, manual handling and safeguarding vulnerable adults. Staff working in the centre were provided with a training week where mandatory training and other required training was provided relevant to staff member's roles. There was an induction programme in place, which all new staff were required to complete. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspectors, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. The inspector saw that an annual review of the quality and safety of care provided to residents was completed for 2021 and preparation for the 2022 report was underway.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the centre which required some minor additions to ensure it contained all the information required, as per the regulations. This was completed on the day of inspection.

Judgment: Compliant

Regulation 30: Volunteers

From a review of a sample of records, the inspector found that volunteers supporting recreational activities in the centre had their roles and responsibilities set out in writing and were vetted in accordance with the National Vetting Bureau Act.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Marymount University Hospital and Hospice were supported to have a good quality of life and where person-centre care was promoted by staff and management. Some improvements were required in relation to premises and residents' rights as outlined under the relevant regulations.

Residents had good access to general practitioner (GP) services where a GP was on site in the centre five days a week and out of hours services were provided through Southdoc. Residents also had access to health and social care professionals as required. There was good access to physiotherapy whereby two physiotherapists provided one whole time equivalent resources to residents living in the centre. The systems in place for clinical assessment was good, whereby validated assessment tools were used to assess clinical risks to residents such as falls, malnutrition and skin integrity. Care plans were seen to be person centred and sufficiently detailed to guide care. Improvements were seen in relation to documentation of wounds since the previous inspection.

The inspector saw that the premises was well maintained, warm and clean throughout. There were plenty communal and private spaces for residents use and access to beautiful outdoor spaces. However, as found on the previous inspections, the arrangements to ensure residents' privacy in the four bedded rooms required review. This is discussed under Regulation 17; Premises.

The systems in place to prevent abuse occurring in the centre were good. Residents reported feeling safe in the centre. Staff had completed safeguarding training and were knowledgeable on the procedures to follow in the event of suspected abuse in the centre. The centre acted as a pension agent for a number of residents living in the centre. Management of residents' finances and invoicing for care such as chiropody and hairdressing was managed in a robust manner.

Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance. Some action was required in relation to ensuring residents had good access to activities and a sociable dining experience as outlined under Regulation 9; Residents' rights.

Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapist and their recommendations were implemented. The inspector saw there were adequate staff on duty to provide assistance to residents who required it at meal times. A system was in place to ensure all residents received their meals in a timely manner. The inspector saw there were drinks and snacks provided to residents throughout the day that were attractively prepared and served.

There were good systems in place to ensure infection prevention and control standards were met in the centre. The inspector saw that the centre was very clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily and that rooms were deep cleaned regularly. There was good oversight of

environmental and equipment cleaning and monitoring of residents' multi-drug resistant organisms (MDRO) status.

There were systems in place to ensure oversight of fire precautions in the centre. The centre had a facilities manager who was responsible for ensuring fire safety precautions were in place. Fire safety training had been provided to staff and was updated on an annual basis. The inspector found that staff were knowledgeable and clear about what to do in the event of a fire. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ensure staff were competent and confident if required to evacuate residents safely in the event of a fire.

Regulation 11: Visits

Visiting was facilitated in the centre in line with national guidance. It was evident that visits were encouraged and practical precautions were in place to manage any associated risks. The inspectors met with six visitors during the inspection and they all spoke positively about the care provided to residents living in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that residents' bedrooms had plenty storage such as wardrobes, chests of drawers and lockers for residents personal possessions and clothes. There were good systems in place to ensure that residents clothes were appropriately laundered and returned to residents.

Judgment: Compliant

Regulation 17: Premises

As found on the previous inspection, the three four bedded rooms used for residents admitted for respite care did not have sufficient privacy screens or curtains in place to ensure residents privacy. The inspector saw that while extra screens had been procured, they were not sufficient to ensure residents privacy as they did not fully encircle the space and the provider was looking at alternatives to address the issue.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents who spoke with the inspector with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. Residents had a choice of meals at lunch and tea time and residents told the inspector that they were happy with the choices and quality of food provided and menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapist. The inspector saw there were drinks and snacks provided to residents regularly throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

From review of a sample of residents' records, the inspector was assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. This information is required to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective structures in place for the implementation of infection prevention and control standards. The provider had ensured that staff had access to infection prevention and control advice, through a dedicated staff member. Staff were knowledgeable on effective cleaning practices in the centre and the centre was adequately resourced to ensure high standards of

cleaning were maintained. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The inspector found that outbreaks were appropriately managed and the provider ensured that outbreak reports were prepared following same to ensure any learning could be shared within the service.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Personal emergency evacuation plans were in place for residents. Fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels. Signage was required to identify the hazard where oxygen was in use and this was addressed by staff on the day of the inspection. The provider had identified that a number of fire doors were damaged and worn and the inspector saw that new doors were ordered to replace these.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that residents were comprehensively assessed within 48 hours of admission and care plans developed to support resident's needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. All care plans reviewed were person centred, updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

The inspector found that resident living in the centre were provided with a good standard of evidence based health and nursing care. A general practitioner was onsite to review residents each weekday. Residents had good access to

physiotherapy services with both individual and group sessions available. Referrals were made to other allied health and social care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. It was evident to the inspector that the person in charge was working to reduce the number of bed rails in use in the centre. There was evidence of alternatives to restraint in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The person in charge ensured that any allegations of abuse were reported to the chief inspector and actioned and investigated as required. The provider acted as a pension agent for a small number of residents. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

While the inspector saw that there was a varied schedule of activities available for residents in the centre, the inspector was not assured that all of the residents living in the centre had an opportunity to participate in activities in accordance with their interests and capacities. The inspector saw that while there were varied group activities available in the centre, these were only attended by groups of approximately eight residents.

Residents were not afforded the choice on one of the units to enjoy a sociable dining experience as the inspector saw there was nobody in the dining room on that unit at mealtimes.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Marymount University Hospital & Hospice OSV-0000582

Inspection ID: MON-0039568

Date of inspection: 16/03/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We are continuing to discuss and plan interim measures with our Facilities Department, to address the privacy issues identified in the inspection report. The larger plan to redesign the bedrooms will continue to be progressed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In relation to the activities, a meeting is planned to strategize improvements and audit thereafter. This will also be a standing item on the resident’s advocacy meetings to gain insights directly from residents and what they would like to be included in the activities programme. Also, we will be reviewing and optimising existing resources and looking at broadening choice at ward level.</p> <p>In regards to the dining experience, we will continue to work towards encouraging residents to dine in the shared dining spaces. To assist with this, we will be reviewing the dining atmosphere to ensure it is inviting. This will also be a standing item on the Hospitality Committee agenda and the resident’s advocacy meetings.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	Interim solution by 31st August 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	31st July 2023