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:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 December 2022
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0038104

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 102 residents in six residential units: 1) Michael's Unit:12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day 3) Vincent's Unit: 32-bedded unit for male and female residents that includes three rehabilitation beds, three respite beds and three palliative care beds 4) Sacred Heart Unit: 17-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents 5) Francis Unit: 19 bedded unit accommodating female long-term care unit and which was refurbished in 2007 6) Enda's Unit: 12 bedded unit accommodating male and female long-term residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86

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
Wednesday 14 December 2022	10:20hrs to 18:10hrs	Bairbre Moynihan	Lead
Thursday 15 December 2022	08:55hrs to 15:50hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector arrived at the centre in the morning to conduct an unannounced inspection to monitor ongoing compliance with the regulations and national standards. From the inspector's observations and from speaking to residents, it was clear that the residents received good quality care. Residents were complimentary about the staff, the care they received and were particularly complimentary about the food.

On arrival the inspector was met by the person in charge. Following an introductory meeting the inspector was guided on a tour of the premises. Dungarvan Community Hospital is registered to accommodate 102 residents with 86 residents on the day of inspection. The inspector spoke to a number of residents over the two days but in greater detail to six residents to gain feedback on their lives in Dungarvan Community Hospital. Dungarvan Community Hospital contains six units: Vincent's Unit which includes 27 long-stay beds and five palliative care beds, Sacred Heart Unit (rehabilitation unit) contains 19 beds, three of which are for residents requiring respite, Enda's Unit; 12 beds, Francis unit; 17 beds, Michael's unit; 12 beds and Ann's unit contains 10 beds and is a dementia specific unit. The premises is laid out over a ground floor. A number of the units have been updated over time but were old and not designed to modern specifications. In contrast Vincent's unit was opened in 2009, was spacious in design and contained a mixture of single en-suite rooms and multi-occupancy en-suite rooms. All units had access to small outdoor spaces. These were not in use over the two day inspection due to adverse weather conditions. Due to the reduction in bed occupancy in a number of multi-occupancy rooms residents had access to adequate storage space, however, storage space was not always within the residents floor space for example in two of the older units Ann's and Michael's unit. Residents rooms were personalised with photographs, pictures and personal belongings from home. Each unit had either a day room and dining areas or an open plan day and dining area. Some units had additional sitting areas for example Francis, Michael's and Enda's units. Some of the units sitting areas were tastefully decorated with warm colours for example Enda's unit. In addition, murals were painted on the walls in Michael's unit. Given the time of year of the inspection all units contained Christmas trees and were seasonally decorated.

The centre had two activities co-ordinators and an activities co-ordinator for Vincent's unit at the weekend. The activities co-ordinators worked one day a week together. Other than that one activities co-ordinator was on duty four days a week to cover 102 residents and one at the weekend to cover 70 residents. It was challenging for one person to do meaningful activities with residents over six units. This was confirmed by staff. Notwithstanding this management stated that the role of the healthcare assistant included doing activities with residents and this was confirmed by staff in Ann's unit. However, little activities were observed over the two days. Residents watched a movie in Vincent's unit and hand massage was carried out in Francis unit. A day trip for one resident was arranged, however, this removed the one activities co-ordintator from other residents. The centre had their

Christmas party on 11 December 2022 with each unit having live music. Pictures of the party were on display at some residents' bedsides. The roman catholic church provided an on-call service to the centre and attended onsite on a Thursday and celebrated mass. This was video linked live to all units in the centre. The inspector was informed that from January mass will be celebrated twice weekly. In addition, the registered provider had an arrangement in place with Church of Ireland to administer services if required and engagement was taking place to provide a weekly service if required or requested by residents of that faith.

The inspector observed the dining experience in Vincent's, Michael's, Enda's and Ann's unit. The majority of residents attended the dining room in three of the four units. A number of residents were observed in their rooms in Vincent's unit. The inspector spoke to staff and was informed that this was by residents' choice. Staff were in attendance during lunchtime and provided assistance where required in a discreet manner.

Feedback from residents was received through residents meetings and satisfaction surveys. Meetings were conducted at three monthly intervals. A small number of residents took part in the meetings. For example: 10 residents in November 2022 and 14 in September 2022. While they were being conducted the voice of only a small number of residents was being represented. Satisfaction surveys on meals was conducted in Vincent's unit. 11 residents were surveyed out of a potential 32 with positive feedback received from residents.

Visitor were required to book a visit in advance and complete a questionnaire, however, management stated that no visitors would be refused entry if they turned up without a booking. Visitors spoken to confirmed this and were complimentary about the care their relative/friend was receiving.

The next two sections of the report present the findings of this inspection in relation to 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 risk based unannounced inspection carried out over two days to monitor compliance with the regulations and national standards. The centre had a condition on their registration "the registered provider shall take all necessary action to comply with Regulation 28; Fire Precautions to the satisfaction of the Chief Inspector no later than 30 June 2021". This restrictive condition remained in place at the time of inspection. The inspector was informed and a timebound action plan provided identified that all works had been completed. These were awaiting sign-off by a competent person. The inspector assessed the overall governance of the centre and established whether actions outlined in the centre's compliance plan from November 2021 were implemented. Overall, the inspector found that some of the actions had been implemented for example: additional fire doors had been inserted

on Sacred Heart Unit to decrease the size of the compartment. However, areas requiring implementation remained such as the weekly access of whole-time equivalents (WTE) for activation. This was three WTE however, this was reduced to two WTE as one staff member was transferred to Dunabbey House on a full-time basis. Notwithstanding this, the inspector found that this was a well-run centre with clear lines of accountability and responsibility in place.

The registered provider of Dungarvan Community Hospital was the Health Service Executive (HSE). The person in charge reported to the manager for older person services, who in turn reported to the general manager for older person services in CHO5. The manager for older person services attended the feedback meeting at the close out of the two day inspection. The person in charge was supported in the role by two assistant directors of nursing, clinical nurse managers on each unit, staff nurses, catering, household, activation, laundry, administration and maintenance staff. The person in charge was also the person in charge of Dunabbey House which is located across the road from Dungarvan Community Hospital. This was also a finding on the inspection in November 2021. Dunabbey House was in the process of appointing a person in charge which would relinquish the person in charge of this additional role. The person in charge of Dungarvan Community Hospital would remain the Director of Nursing for both centres.

The inspector was informed and documentation reviewed indicated that the centre was challenged in recruiting all grades of staff. Recruitment was conducted through a central process in CHO5, however, management stated that they had proposed a local recruitment process which they hoped would attract people living in the area. Management hoped to progress this in the new year. As a result the registered provider had temporarily closed 10 beds until staffing was secured. While the centre was sufficiently staffed on the day of inspection for 92 beds a number of vacancies existed. Vacancies included: Two clinical nurse manager 2 posts, two clinical nurse manager 1 posts. However, two people were appointed with one due to commence imminently and a second person in quarter 2 of 2023. Six staff nurse posts, of these two staff nurses had been appointed and were awaiting commencement.

Staff had access to wide range of training including mandatory training for example fire training and training in dementia and infection control. Fire safety training was provided to all staff which covers staff for a three year period. In the interim any outstanding staff for 2022 had completed fire training on HSELand. Face to face training was provided for responsive behaviours and dementia training. In addition the centre had onsite trainers for safeguarding and open disclosure.

The registered provider had an up-to-date risk register in place with risks such as staffing deficits placed on the risk register and risk rated. There was evidence of monitoring of the service through audit. Audits completed included audits of mattresses, equipment, complaints and restrictive practices. Audits were identifying issues. Incidents were reported via a paper based system. Incidents reported included falls and newly acquired pressure ulcers. Incidents were discussed at the quality and safety meeting with trending of the incidents discussed at this meeting. Serious incidents were reviewed in line with HSE policy. One incident was not reported to the office of the chief inspector in line with regulations. Systems of

communication were in place with clinical nurse manager meetings, senior management team meetings and quality and safety committee meetings taking place regularly. The annual report of the quality and safety of care was completed for 2021. The review outlined improvements in the premises that had taken place for 2021, plans for refurbishment for 2022 and an action plan.

The centre had a directory of residents that met the requirements of the regulation. Complaints were managed in line with the regulation and with the centres' own policy.

Regulation 15: Staffing

Dungarvan Community Hospital was registered for 102 beds, however due to staff vacancies ten beds were temporarily closed. On the day of inspection the centre was sufficiently staffed to meet the needs of the residents for 92 beds.

Judgment: Compliant

Regulation 16: Training and staff development

The centre had commenced face to face training in responsive behaviours since the last inspection. Records received following the inspection indicated that all staff had completed fire training and training in responsive behaviours. Two staff were outstanding in safeguarding training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had a number of assurances systems in place to ensure the

quality and safety care to residents, outstanding areas for action remained from the compliance plan from the inspection in November 2021: Examples include:

- The provider continued to have a condition on their registration which required compliance with Regulation 28: Fire precautions. These works required completion by 30 June 2021. At the time of inspection an application to remove this condition had not been submitted.
- The provider provided assurances in the compliance plan from the inspection in November 2021 that 3 WTE activation staff were available for resident activities, however, the inspector was informed that 2 WTE were in place.
- A small number of residents did not have access to wardrobes within their floor space.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One incident was not notified to the Chief inspector in line with regulatory requirements. This was submitted following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in all units in the centre which identified the person in charge as the nominated person to investigate complaints. All units had a complaints log and complaints that could not be managed at local level were escalated to the person in charge. A review of the complaints log both locally and centrally showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. Information on advocacy arrangements was also on display on a number of notice boards. In addition, the provider had an up to date complaints policy in place.

Judgment: Compliant

Quality and safety

Overall residents were supported to have good quality of life in Dungarvan Community Hospital which was respectful of their wishes and choices. Residents had

access to a high level of medical and nursing care. Furthermore, residents had timely access to health and social care providers. A number of regulations requiring action were identified on inspection including one non compliance in Regulation 17: Premises.

The inspector was informed that there were no restrictions on the number of visits or the length of the visit however, visitors were required to book a visit, complete a COVID-19 risk assessment and a temperature check.

The majority of residents had access to adequate personal storage within their floor space and had personalised their areas. However, a small number of residents on Michael's and Ann's units did not. This will be further discussed under Regulation 12: Personal Possessions.

Dungarvan Community Hospital had contrasting infrastructure. Vincent's unit was build to modern specifications with a number of single en-suite rooms and opened in 2009. Ann's, Michael's and Enda's units were in the oldest section of the building and had been upgraded over time. However, these units remained dated and required ongoing updating and maintenance in order to meet the National Standards for infection control in community services. The centre was challenged with lack of storage, inappropriate storage of items was noted throughout the centre. Notwithstanding this the majority of units were tastefully decorated with ample comfortable seating for residents. The centre was generally clean on the day of inspection with few exceptions. Five infection control link nurse practitioners were identified and had completed the relevant training. Comprehensive infection control audits were conducted by a CHO 5 infection control nurse which were accompanied by a time bound action plan. Routine testing of staff for COVID-19 had continued and was conducted twice monthly. Testing of residents was taking place if residents were symptomatic. Outbreak reports were completed following an outbreak of COVID-19. One report of an outbreak on Francis unit identified learning however, the other two outbreaks did not contain any learning. Additional improvements required will be discussed under the regulation.

A fire safety risk assessment had been completed since the last inspection and this indicated that all actions had been completed.The registered provider had an up to date fire safety policy in place. Systems were in place for monitoring fire safety. The fire alarm system met the L1 standard which is in line with the current guidance for designated centres. Yearly and quarterly servicing of the fire extinguishers, fire alarm and emergency lighting took place as required. Fire drills were taking place in all units at regular intervals. These were comprehensive and identified corrective actions from the fires drill. Records were kept of staff members that had completed/not completed the fire drills. Staff were able to describe the evacuation procedure and identify the compartments and the number of residents in each compartment. However, improvements were required in the fire drills which is discussed below. The daily and weekly checks of for example the means of escape were reviewed from two units. Gaps were identified in one of the units.

The inspector reviewed a sample of care plans and validated assessment tools. Care plans were comprehensive and guided staff to provide person-centered care in

accordance with residents' needs. However, these were not always updated at four monthly intervals as required by regulations. Validated risk assessment tools for example Waterlow score for assessing the risk of pressure ulcers were updated and reviewed at regular intervals.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and consistent approach to managing responsive behaviours. Behavioural assessments were completed and informed a holistic approach to managing residents' responsive behaviours. The centre had a low use of chemical restraint which was confirmed by staff on inspection. However, 27% of residents had bedrails in place. A bedrail risk assessment was undertaken prior to applying the restrictive device. The inspector was informed that they planned to review the number of bedrails in use with a view to reducing the use.

The registered provider had two WTE in place for activity provision along with dedicated activities for Vincent's unit at the weekend. The inspector identified and staff confirmed that the activation staff were challenged in providing activities to 102 residents. Four days a week there was only one activities co-ordinator on duty. Some of the activities provided were passive for example carols were played via a live stream and residents could listen to them in a communal area or at their bedside.

Regulation 11: Visits

The inspector was informed that visiting was unrestricted however:

- Visitors were required to book a visiting time to visit their relative/friend. This practice is overly restricitive.

Assurances were provided by management that no visitor would be refused entry if they turned up without a booking.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Improvements were required in relation to residents' personal storage and access to the storage. For example:

- Residents in a four bedded unit in Michael's unit had to cross over the room to access their wardrobe.
- Two residents in Ann's unit did not have access to personal storage within

their floor space.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements were required in order to ensure compliance with schedule 6 of the regulations. For example:

- A large hole was observed in the wall in a sluice room in Enda's unit and contained exposed rusted piping. The inspector was informed that there was a leak in the roof of that building and as it was a protected structure the registered provider was encountering challenges in repairing it.
- General wear and tear was noted throughout the centre for example on Michael's unit, walls and skirting were chipped and damaged. The inspector was informed that there was an ongoing programme of painting in place and the painter was onsite on one of the days of inspection.
- A room containing a washing machine and dryer could only be accessed through the sluice room in Sacred Heart Unit.
- The open plan sitting and dining room in Francis unit was large and was cold on day 1 of inspection. Management stated that they were aware of this and that the windows were being sealed on the day of inspection.
- The chemical store room outside Ann's unit was in a state of disrepair. The room had no floor covering with an exposed concrete floor and the walls were damaged and skirting chipped.
- Storage was an issue throughout the centre. For example:
    - Some sluice rooms contained residents' clothes that were awaiting laundering.
    - A room registered as a waste holding room in Vincent's unit contained a washing machine and dryer. This was identified on an infection prevention and control audit in May 2022.
    - A room registered as an activation room on Vincent's unit contained resident equipment and wheelchairs. This took away from residents' communal space. This was identified on the inspection in November 2021 and had not been addressed.

Judgment: Not compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure that procedures are consistent with the national standards for infection prevention control in community

services. For example:

- Residents in Sacred Heart Unit (rehabilitation unit) were required to isolate for five day on admission. This meant that if four residents were not admitted from the acute hospital on the same day the remaining beds in that bay were vacant for the 5 days. On the day of inspection Sacred Heart Unit had three vacant beds due to residents isolating on admission. This is not in line with national guidance. The inspector was informed at the end of the two day inspection that the isolation period had been reduced to three days. However, this was still not in line with national guidance.
- A number of hand hygiene sinks were not compliant with the required specifications. For example on: Sacred Heart Unit. In addition, the tap was broken on a sink in the chemical store room in Enda's unit. Furthermore, a sink in the laundry was used to wash residents' laundry and contained clothes on the day of inspection. A staff member had to walk across to another room to carry out hand hygiene following the handling of residents' laundry.
- A bleach was routinely used to clean floors in one unit. This is not in line with the centres' policy.
- Equipment such as a couch in Ann's unit was worn and torn.
- Multiple unused clinical waste and domestic bins were stored in Vincent's unit and Sacred Heart unit sluice rooms.
- Urinals and bed pans in Enda's unit were not inverted.
- A handrail on Sacred Heart Unit had exposed wood. This did not not aide effective cleaning.
- Three outbreak reports were reviewed. Two out of the three reports did not identify learning from the outbreak.
- Two cleaning trolleys were in use in Vincent's unit. One of the trolleys contained no bucket for water and instead water was put on the floor via a jug.
- The janitorial sink in Francis unit was inappropriately storing multiple items including curtains, detergent wipes and empty boxes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had made a number of improvements on fire precautions since the last inspection. However, some areas for improvement remained. For example:

- Two fire doors in Vincent's unit were slow to close. Management stated that they were aware that one of the doors was not closing correctly and was reviewed the day before the inspection to identify the cause.
- Fire drill records while detailed did not always indicate the number of residents in the compartment being evacuated. It was unclear if the largest compartment with night time staffing levels was being simulated. Furthermore, while the drills identified learning no time bound action plan

accompanied the learning for example: on one unit the fire drill record indicated that staff were not fully confident at using the ski sheet during the evacuation. It was unclear if this was actioned and training provided.
- Checks of for example means of escape were meant to be completed daily on Sacred Heart Unit but were completed three times weekly.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in care planning to ensure that care plans were updated at four monthly intervals. For example:

- Two out of the four files reviewed indicated that care plans on one resident had not been updated since October 2021 and June 2022 on a second resident. This is not in line with the requirements of the regulations which requires a formal review of the care plan at intervals not exceeding four months.
- Care plans on residents with behaviours that challenge were not always completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care. A medical officer was onsite Monday to Friday for a number of hours. Outside of these hours an out of hours service was used. A dietitan attended onsite fortnightly and provided a phone consultation outside of this time. The inspector was informed that there was a minimal waiting time for other health and social care providers such as speech and language therapists.

Tissue viability support was available onsite two days per week. In addition, a new post was established in dementia with a person recently in post. If residents required review by the dentist or optician this was provided through the HSE primary care centre. Psychiatry of old age attended onsite two days per week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of bedrails in the centre required review. The inspector requested up-to-date figures on the number of residents requiring bedrails during and after the inspection. These were not received. However, the quarterly return to HIQA in October 2022 indicated that 28 residents required bedrails. This represented a 27% use of bedrails if the centre was at full occupancy. These figures were further confirmed in restrictive practice audits submitted following the inspection. This was was not in line with the national policy on promoting a restraint free environment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

- Similar to findings identified in the inspection in November 2021 activity provision required review to ensure that all residents had opportunities to participate in activities in accordance with their interests and capabilities.
- While resident meetings were taking place only a small number of residents in the centre attended. There was no evidence that there was a mechanism of feedback for residents with a cognitive impairment, such as surveys of residents' representatives.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0038104

Date of inspection: 15/12/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Once HSE Fire Officer has signed off on completed works, application to remove condition in respect of fire safety will be submitted. • 1 WTE responsible for resident activation has been recruited with a start date of week beginning 6/2/2023. • Review of bedrooms to ensure residents have access to wardrobe storage within their bed space. Independent risk assessments for residents in regards to falls risk in respect of changes of bedroom layout/toilet access etc.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Vigilance in regards to reporting of incidents within the specified timeframe. Protocol in place on rehab unit, whereby in the case of a short term admission client being transferred to acute services, & not returning to rehab unit - a progress follow-up is to be documented.	
Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits: Review & update of visiting policy, visiting access with support of risk assessments in regards to visiting in multi occupancy rooms etc	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Review of bedroom layout & plan to allow resident access to personal belongs/wardrobe space.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Review of environment & update of floor plans/SOP. Application to vary to be submitted. • ICP audit by CHO5 IPC lead on 25/26 Jan 2023 with report & action plan in place. • Full review of all storage option within the facility.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • ICP audit 25/26 Jan 2023 with report & action plan in place. • Review of outbreak reports to ensure learning outcomes are included. • Review of isolation period for new admissions ,supported with risk assessments	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire drill documentation going forward will include number of residents per compartment participating, simulated night time staff participating in drills & in addition a time bound action plan. • Review & Address of closure mechanism to Vincent's Fire doors • Address regarding vigilance of staff in respect of completing daily fire checklists/register.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Review of timeframe processes for developing & updating care plans to ensure compliance with regulations.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: • Review of training matrix to ensure all staff attend training for restrictive practices & behaviors that challenge. Review & assessment of restrictive practices within the facility with an aim to reduce the instances of use of bedrails etc.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • 1 WTE recruited to engage in activation with a start date 6/2/2023. This will increase the Activation team to 3 WTE for Dungarvan Community Hospital. Each Co-Ordinator will have specific remit to designated units. • Invitation to residents relatives to participate in the resident forum meeting, Surveys to	

be circulated for feedback to NOK of residents with limited capacity.

• Engagement with HSE Pt. service user engagement officer. Site visit completed & plan for further initiatives to explore the opportunities for positive engagement with service users & nominated next of kin.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	31/01/2023
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)	The registered	Not Compliant	Orange	30/06/2023

	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.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2023
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.	Substantially Compliant	Yellow	28/02/2023
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	Substantially Compliant	Yellow	30/06/2023

	Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/01/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	28/02/2023

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2023
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	06/02/2023
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.	Substantially Compliant	Yellow	28/02/2023