



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

Issued by the Chief Inspector

Name of designated centre:	Killybegs Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal Road, Killybegs, Donegal
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0000620
Fieldwork ID:	MON-0036032

About the designated centre

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

Killybegs Community Hospital is a purpose built two-storey centre for 38 residents which opened in 2001 in the town of Killybegs in County Donegal. It provides long stay accommodation for 10 residents and there are six respite, five convalescent, seven rehabilitation, eight assessment and two palliative care beds available to people from the catchment area of South West Donegal and there are approximately 300 admissions and discharges to the centre each year. Accommodation is provided on the first floor and a shaft lift and stairs allows residents and visitors to move between floors. There are six single bedrooms, four of which have accessible en-suite bathroom facilities. The remaining two have a wash hand basin in the room and are located in close proximity to an accessible toilet. There is also an additional single room used for palliative care which has en-suite bathroom facilities and a sitting room with overnight facilities and a kitchenette. Overhead tracking hoists have been installed in all bedrooms to assist residents. There is a spacious dining room and sitting room facing the front of the centre which have large floor -ceiling windows and provide a pleasant view of the sea. There is an enclosed garden provided for the residents. Car parking is available to the front and back. A range of additional HSE community health services are based on the ground floor and these are also available to residents including physiotherapy, occupational therapy, X-ray facilities and blood testing clinics.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 March 2022	10:00hrs to 17:45hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the care provided to residents was of good quality. The inspector spoke with a number of residents and visitors on the day of the inspection and their feedback was that the staff were kind and caring in the centre. Some visitors' told the inspector that the centre was a great place to live for residents and the staff were exceptional.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. This included a signing in process, hand hygiene and an electronic temperature check.

Following an introductory meeting, the person in charge accompanied the inspector to walk around the centre. The inspector saw that the centre had a bright and spacious dining room where residents were enjoying the views of Killybegs harbour from the large windows. The day room of the centre was small and had limited seating available for residents. The inspector noted that the balcony area adjacent to the day room was permanently closed. The staff informed the inspector that the residents' access to the balcony area was closed due to safety reasons.

During the walk around, the inspector noted that the centre's internal premises were not well maintained. The bedrooms had a dull appearance, and the walls of the bedroom required repainting. In addition, the inspector observed that the residents did not have access to television in their bedrooms.

The centre was not clean in a number of areas. For example the flooring of the sluice rooms was stained. Staff informed the inspector that arrangements had been made to refurbish the sluice room but these works had not commenced at the time of the inspection. The inspector also observed a number of gaps between the floor lining and skirting board in several bedrooms which made the floor and skirting areas in these rooms difficult to keep dust free and clean.

During the inspection, the inspector noted that a small number of residents were gathered in the communal sitting room doing activities with a staff member. However, throughout the day of the inspection, the inspector observed that the other residents stayed in their bedrooms and there were no social care activities provided for those residents. The inspector spoke with some of these residents, who told the inspector that they did not know about the activities that were scheduled for the day. This was verified by the staff who informed the inspector that there was no planned activities schedule available for the residents. This was reflected by feedback from one resident who told the inspector that " 'I have nothing to do in here'".

The inspector noted that residents' access to the centre's outdoor areas was restricted with keypad locks and a staff member had to assist residents if they were

wished to access the outdoor spaces of the centre.

There were sufficient staff on duty to meet the residents' needs during mealtime, and mealtime was observed to be a relaxed and social occasion. Menus were clearly displayed for the residents to see and make their choices at meal times. The food served was wholesome and nutritious, and the residents were highly complimentary of the food and the choices they were offered. One resident told the inspector that "the food is nice here".

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 care and services being delivered to the residents.

Capacity and capability

Additional governance and oversight arrangements were required to bring the centre into compliance with the regulations and to ensure that residents were adequately protected from fire risks. The provider was required to submit an action plan to the Chief Inspector by 04 March 2022, setting out how they would mitigate the fire risks identified on this inspection. An appropriate response was received from the provider which demonstrated their commitment to address the fire safety issues promptly.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

There was a clearly defined management structure in place, and deputising arrangements were in place for when the person in charge was absent. The staff team working in the centre was well established and experienced. Even so, the inspector noted that the centre's governance and management arrangement required improvement to improve the quality and safety of the service provided to the residents.

In addition, the inspector found that the staffing resource did not ensure that all the residents in the centre were supported to engage in meaningful activities and recreation in line with their preferences and capacity. The inspector noted that the

staff who supported the residents in their social care activities were not sufficiently supported in their role, and some staff required further training to provide meaningful activities for residents with cognitive impairment and those residents living with dementia.

The inspector also found that the centre's complaint procedure required improvement. There were some gaps in the record-keeping of the complaint investigations carried out, and as a result, the inspector was not assured that the complaints were appropriately managed in line with the regulatory requirements.

Regulation 15: Staffing

The inspector noted that the numbers and skill mix of staff were not adequate with regard to the residents' dependency levels and the size and layout of the centre. For example:

- There were not sufficient staff allocated to support the residents to meet their social care needs during weekends.
- There were not sufficient staff allocated to provide activities and social contact for those residents who did not attend the group activities in the communal areas.
- There was no laundry staff allocated on the day of inspection to carry out laundry duties, and the care staff were found to be carrying out laundry duties in addition to their caring roles. This reduced the time available to meet residents' social care needs.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector noted that the staff needed further training to ensure they had the necessary skills and competencies to meet residents' needs. For example, the staff with responsibility for facilitating residents' social activities have not completed appropriate training to ensure that they have the required knowledge and skills to provide activities for residents with dementia.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents, which was up to

date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector noted that the staff files maintained in the centre did not contain all the information required in Schedule -2 of the regulations.

In addition, the residents' records for social care activities were not completed on a daily basis and were not signed and dated by the nurse on duty. This documentation was required in order for the nurses to monitor the effectiveness of residents' social care plans.

Furthermore the daily nursing progress notes were not completed and were not sufficiently detailed to ensure that residents received care in line with their care plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector noted that the provider's arrangements to fill the staff vacancies were not effective, and as a result staffing resources were not made available to support residents in the centre.

The provider did not have adequate oversight of the fire safety precautions that were in place in the designated centre. The inspector identified several significant fire safety risks on the day of the inspection that the provider had not identified.

The inspector noted that the centre's quality assurance systems did not ensure that the care provided in the centre was safe and appropriate. The quality audits and reports that had been carried out had not identified the non-compliances found during this inspection.

In addition, the annual review 2021 was not available for review on inspection day and was not kept in an accessible location for the residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector noted that the centre's complaints procedure was not sufficiently detailed to support effective complaints management and did not meet the regulatory requirement. In addition, the inspector noted gaps in the record-keeping of the complaint investigations carried out.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector noted that the centre's policies were not consistently implemented in the centre. For example, the inspector found that the record of residents' responsive behaviour (How residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was not maintained in line with the centre's responsive behaviour policy.

Judgment: Substantially compliant

Quality and safety

Overall, the nursing care provided for residents in the centre was of good standard and met their needs. However, improvements were required to ensure that the residents' social care needs were met in line with their preferences and capacity to participate. In addition, improvements were required to ensure that the residents' assessments and care plans meet the regulatory requirements.

The inspector found that the general maintenance of the interior of the premises did not ensure that the premises was well maintained in all areas. In addition the centre's general environment was dull and lacked items of interest and a number of areas were in need of redecoration.

Residents were accommodated in a mixture of single and multi-occupancy rooms. The inspector found that one bed in each of the three and four bedded rooms did not ensure that residents accommodated in that bed space could carry out personal activities in private. This is discussed further under Regulation 9.

In addition to the lack of maintenance in the designated centre the inspector found that the provider had not taken adequate precautions to protect residents in the event of a fire emergency. this is discussed further under Regulation 28.

The inspector noted that the residents in the centre were confined to one floor of the building and required the assistance of staff to use the lifts and stairs in order to

access the garden areas or to leave the designated centre.

Although some residents were enjoying group activities on the day of the inspection the inspector found that a significant number of residents were not facilitated to engage in meaningful activities and these residents spent a lot of time with little to do. Many residents stayed in the bedrooms, and several residents did not have access to television in their bedrooms

Regulation 11: Visits

Visiting for residents with their families was taking place in line with public health guidance for visitation in long term care facilities. The centre had arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to the completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The current premises was not well maintained and was in need of redecoration in a number of areas. As a result the premises did not conform to the matters set out in Schedule 6 of the regulations.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre's environment was not visibly clean on the day of inspection, and dust had accumulated in several areas of the communal rooms. In addition, the inspector noted gaps between the skirting board and the lining of the floor in several bedrooms. As a result, the staff could not perform effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noted that the provider did not sufficiently review the centre's fire precautions and did not take adequate precautions against the risk of fire in the centre to ensure the safety of residents. For example:

- The fire evacuation strategy was not effective and did not ensure that the residents accommodated in the centre could be safely evacuated in a timely manner in the event of a fire. For example the provider had failed to identify the centre's largest fire compartments accommodated 13 residents and the inspector was not assured that the dependencies of the residents had been fully considered in the centre's evacuation strategy.
- The provider had not carried out a simulated fire drill with minimum staffing at appropriate intervals. The inspector requested the provider to carry out a simulated fire drill, and the fire drill report was submitted to the inspector following the inspection.
- The fire exit stairs at one side of the building were blocked at a landing area due to the storage of kitchen equipment.
- This final fire exit door was not working correctly on the day of inspection and this had not been identified by the staff. The inspector was informed that the final fire exit door had been repaired and was operational by the evening of the inspection.
- The procedures to follow in the event of a fire emergency were not displayed at appropriate locations around the designated centre. Furthermore, staff who spoke with the inspector on the day of inspection were not clear about how to respond to a fire emergency and the evacuation procedures that were in place.
- Some fire exits were not clearly signed and one of the fire exit signs that was in place was not been illuminated.
- There was no appropriate signage to direct staff to the final fire assembly point.
- One of the final fire exit doors led to an unsecured area close to the main road. There was no fencing or barrier in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector noted that the care plans and assessments for residents were not always person-centred, and they did not contain the most up to date information about the residents. For example:

- The inspector reviewed a sample of meaningful activities and end of life care plans of residents and noted that they were not sufficiently detailed.
- In addition, the inspector reviewed a sample of resident records and noted that the residents who presented with delirium were not appropriately assessed following a change in their clinical condition. As a result, appropriate care plans were not developed for the residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practice, specialist medical and nursing services, including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate. Residents were supported to attend out-patient appointments in line with public health guidance.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre's environment did not positively support residents with responsive behaviours as resident were confined to the indoor environment with no access to the outdoor gardens without the support of staff. As a result residents who may have benefited from being able to access the garden independently when they became anxious or agitated were unable to do so. In addition those residents who wandered with purpose could not access the garden areas without the supervision of staff as the garden areas were not secure.

In addition, the inspector noted that some residents with responsive behaviour did not have an appropriate mood and behaviour care plan, and the resident's care plan did not serve as a guidance document to manage the resident's responsive behaviour.

Furthermore, the behavioural records maintained for residents were not sufficiently detailed to explain and monitor the use of chemical restraints. The records showed that medication interventions were provided without carrying out an appropriate de-

escalation or distraction measures.

Judgment: Not compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Although a small number of residents were brought into the day room for group activities, the inspector noted that several residents stayed in their bedrooms during the inspection and were not sufficiently supported to engage in meaningful activities.

In addition, the inspector noted that several residents in multi occupancy rooms did not have access to television.

The inspector noted that the residents' access to the stairs and lifts from the first floor of the centre was restricted with keypad locks. The inspector noted on the day of inspection that the residents were confined to one floor of the building and had to seek assistance to access the centre's outdoor garden area.

The inspector noted that wash hand basins were located inside the bed space of residents in all the three and four-bedded rooms. As a result, the residents accommodated in that bed space could not maintain their privacy when other residents or staff were using the wash hand facility.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Killybegs Community Hospital OSV-0000620

Inspection ID: MON-0036032

Date of inspection: 01/03/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels reflect 4 patients/residents to 1 member of staff for the morning shift. Patient/resident numbers are reduced as necessary to ensure safe staffing levels.</p> <p>There is an active recruitment campaign in progress with vacant positions expected to be filled by 30th June 2022</p> <p>There is a full time activities person in post. A member of care staff is allocated to assist with activities in the afternoon. There is an additional person available to assist with activities who visits KCH 3 days per week under the Killybegs Employment scheme.</p> <p>Negotiations are in progress to outsource laundry going forward.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The activities person has completed training that included Understanding Dementia Training in 2019 and Creative learning Workshops in 2020, sponsored by Age and Opportunity.</p> <p>Other training is currently being sourced via the CNME for the activities coordinator. Staff have access to appropriate training and training records are maintained.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A member of the Clerical team has been tasked to check all staff files to ensure that All photo ID is of a current photograph(Ie a passport photo that is in date) and that all Work History's contain both the year and Month.</p> <p>The activities person runs daily activities for residents. An activities log is maintained of all residents who attend activities. The Nurses are informed of their resident's activities, which they then record in the residents Daily Nursing dairy notes. Care plans are updated accordingly.</p> <p>Nurses have been instructed to ensure that the resident's daily diary notes reflects the care that has been delivered to the resident and that it corresponds with the residents care Plans</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in Charge has completed all the necessary hire forms for vacant positions and a recruitment campaign is currently on going.</p> <p>Fire Risks noted on the day of inspection have been addressed and resolved.</p> <p>The Nursing staff responsible for carrying out Audits have been instructed to be vigilant during the audit process.</p> <p>Ward Managers have been tasked with overseeing the Audits. The Ward Managers take a sample of each completed Audit and Review findings.</p> <p>The Annual Review is displayed on the Notice Board and was in place and available on the day of Inspection.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The complaints procedure has been revised.
 The Complaints procedure is displayed in a prominent position including the name and contact details of the local Complaints officer, the local Complaints Over-seer and the Complaints Appeals officer.

More attention to detail for the completion of the complaints forms will be addressed.

Information re advocacy services are displayed on notice boards

Regulation 4: Written policies and procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 31 staff attended training on May 6th that included, training on Understanding responsive behaviors, rationale for developing necessary responses and skills for responsive behavior and Understanding how to use the ABC model as a way of responding to responsive behaviors.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 Inspection observations have been reported to the maintenance department, quotes for painting are being sourced. Tender documentation is expected to be returned by June 1st.

Works are due to commence on June 14th to complete upgrade works on the sluice room.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

control:

Cleaning issues have been addressed.

Quotes have been obtained to rectify issues with flooring. Tender documentation is expected to be returned by June 1st.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Dependencies of the residents are considered in the centers evacuating strategy, Resident information is contained within the PEEP folder which contains photographic ID and the type of evacuation the resident requires during an emergency situation. This is factored into staff training as part of evacuation drills.

The reference to the largest fire compartment accommodating 13 residents is incorrect, as the fire compartment is further sub-compartmented into 2 sub compartments as per the submitted and approved Fire strategy to Donegal Fire Authority, Therefore, the largest Fire Sub-Compartment accommodates a maximum of 7 residents, which is based on current night time staffing levels.

Simulated Fire Evacuation drills are conducted with both day time and night time staffing levels at regular intervals and notes taken and feedback given to staff.

Fire Exits are checked daily on each shift by the Nurse in Charge and documented.

All Fire Doors are operating fully and regular fire safety inspections are conducted and recorded in the Fire Register.

Additional Fire Emergency Procedure signs have been installed throughout the hospital.

All Fire exit signs are illuminated and regular fire safety inspections are conducted and recorded in the fire Register.

Fire Emergency procedure plans clearly state the route to the Fire Assembly points.

The residents cannot access the ground floor final exits unless there is a serious emergency situation and a full evacuation of the building is required, therefore cannot access unsecured areas on their own. The staff are trained to evacuate the residents into adjoining compartments/sub-compartments as part of a progressive evacuation strategy. During an emergency situation where a full evacuation of the building is required as a last resort, only then will the residents be assisted to the final exits by the staff (and fire tender personal) as part of the evacuation strategy for the building and assembled with staff at the designated external perimeter assembly points outside the building. This ascertains a controlled escape of the residents to a place of safety under supervision which mediates the risk of residents leading to unsecured area unattended. The erection

of fencing or barriers close to the said final exit in close proximity to the road would potentially provide an obstruction to the fire personals access and reduce their response time to an emergency should it arise.

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:
 Nursing Staff have been instructed to include more detail in patient/residents care-plans and care plans will be monitored by Managers.

A Care Plan buddy system has been introduced, where-by a Ward manager has been allocated a number of Staff Nurses, to monitor their care plans, the manager reviews residents care plans and advises the Staff Nurse of any changes that are required to ensure that all resident care plans are person centered and relevant.

A folder is being prepared of examples of good care plans that staff can use as a reference if required.

Additional care Plan training will be sought for staff if required.

Regulation 7: Managing behaviour that is challenging	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Staff facilitate patients and residents to access the outside space.
 Families avail of the outside space for visits with their loved ones. Due to the buildings layout it is not possible to provide free access to outside space.
 However, following a risk assessment, if a resident is both cognitively and physically deemed safe, they may access the garden unsupervised if they request to do so.

Care plans have been amended to provide more detail where necessary.

Training took place for staff on May 6th which incorporated highlighted issues raised during the inspection.

If in the event of a resident displaying challenging behavior, following a period of

assessment, measures will be put in place to mitigate/reduce risk to themselves or others, this may include additional staffing levels or relocation to another more suitable facility, ie a dementia unit.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All patients and residents are asked daily if they would like to attend activities taking place on the ward and Patients who decline to attend group activities are facilitated at their bedsides. Some resident's choose to decline all activities. All resident's choices in relation to activities are respected.

Activity Schedules are displayed on the notice board, informing residents of the activity schedule.

Televisions are provided in all single rooms. There are 3 communal areas with TV's available, there is a portable TV, Portable CD player, iPads and a mobile computer for patients to avail of in their rooms if they wish.

The Multi Occupancy rooms do not allow for individual televisions, this has been verified by a television engineer.

An extra television will be provided in an additional communal area. Quotes obtained for same.

The issue of the hand wash sinks has been escalated to the estates department for review.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
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	Substantially Compliant	Yellow	30/06/2022

	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.	Substantially Compliant	Yellow	30/06/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	04/03/2022

Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	01/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Not Compliant	Red	04/03/2022

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	04/03/2022
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.	Not Compliant	Red	04/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	04/03/2022
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.	Not Compliant	Red	04/03/2022

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	04/03/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Red	04/03/2022
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	04/03/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	04/03/2022

	appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	04/03/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	04/03/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in	Substantially Compliant	Yellow	04/03/2022

	paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/04/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/03/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is	Substantially Compliant	Yellow	06/05/2022

	not restrictive.			
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	31/03/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	04/03/2022
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	04/03/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Not Compliant	Orange	04/03/2022

	personal activities in private.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/07/2022