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:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0040551

About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28

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 21 June 2023	11:30hrs to 18:00hrs	John Greaney	Lead
Thursday 22 June 2023	09:00hrs to 15:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Abbeygale House is a nice place to live and they were happy with the care provided by staff. The inspector arrived at the centre unannounced.

The inspector arrived unannounced at the centre on the first day of the inspection. The provider had recently appointed a new person to be in charge of thr centre but they were not rostered to work on the day of the inspection. The clinical nurse manager (CNM) had initially been scheduled to work but was on unplanned leave. The inspector was greeted by a senior staff nurse. The CNM arrived shortly after the inspection commenced and the person in charge arrived later in the day, even though both were not on the roster on that day. The nursing staff were busy administering medications to residents. The inspector saw that there were folders at the nurses station containing residents' personal information and the nurses' station was unattended.

Abbeygale House is a designated centre for older people that provides care for both male and female adults with a range of dependencies and needs. The centre is on the first floor of a two storey premises, with the ground floor being operated by Wexford Mental Health services. The premises is a modern and purpose-built, and is located on the outskirts of Wexford town, not far from Wexford General Hospital. The first floor can be accessed via stairs or lift. There are a number of rooms off the first floor landing that are considered part of the designated centre and include staff changing facilities, a staff break room, a meeting room, a hairdressing room and an activities room. The activities room and meeting room are shared with mental health services.

Residents' bedroom accommodation comprises twenty four single bedrooms and two triple bedrooms. Residents’ bedrooms were personalised to varying degrees based on each resident’s preferences with personal mementos and photographs. There was adequate space in all rooms for a comfortable chair at each bedside. All residents had a bedside locker and there was adequate wardrobe space for residents’ clothing. New accordion type privacy screens had been installed in the three-bedded rooms since the last inspection.

While there were call bell points in each room, the call bell cable was missing from a small number of bedrooms Some call bells were hanging at the back of the bed, and not accessible to residents.

New fire evacuation maps and fire safety instructions were on display. The orientation of the maps had been changed since the last inspection to allow staff and residents more easily identify where they were in the centre in relation to evacuation routes. The maps were colour coded to clearly identify compartment boundaries and places of relative safety in the event of a fire. In addition to cross corridor fire doors that were located on compartment boundaries, there were other

cross corridor doors that were mid compartment. These were not identified on the evacuation maps. Discussions with staff indicated that all were not clear beyond which cross corridor doors residents should be evacuation during a phased horizontal evacuation.

Communal space comprised two sitting rooms, two dining rooms and a visitors' room. These rooms were relatively small and were furnished appropriately with couches and armchairs. Residents were seen to avail of the sitting rooms on the days of the inspection. The weather was sunny and many residents spend most of their time sitting the garden in the shade. The garden was an inviting area with suitable garden furniture and landscaped to a high standard. A number of residents on the ground floor had direct access to the garden from their bedrooms. Most group activities were facilitated in the garden and mass was celebrated there on the second day of the inspection. There were two dining rooms, both of which were small and could only accommodate a small number of residents at a time. Dining tables were placed on the corridor outside one of the dining rooms and residents were seen to have their meals here. In addition to posing an obstruction on the corridor, placing dining tables on a corridor did not contribute to a positive dining experience for residents.

Considerable focus had been placed on the provision of activities since the last inspection. Activities during the week were predominantly facilitated by staff from a community employment scheme, supported by volunteers. There were also activities facilitated at weekends by the centre's own staff. The inspector observed residents enthusiastically participating in activities over the course of the inspection.

The inspector spoke with a number of residents over the course of the two days of the inspection. Residents were generally complimentary of staff and their responsiveness to requests for assistance.

Visits were unrestricted and visitors were seen to come and go over the course of the inspection. The inspector spoke with a number of visitors and most were complimentary of the level of care, although it was also stated that staff could respond to residents request for assistance with more haste.

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 on the the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Overall, findings of this inspection were that there was a focus on ongoing quality improvement to enhance the daily lives of residents. While

the governance and management arrangements were clearly set out and the centre was well resourced to ensure that residents were supported to have a good quality of life, improvements were required in relation to ensuring that a person appointed to the role of person in charge had a post registration management qualification, electronic records were readily accessible and notifications were submitted in accordance with the requirement of the regulations.

Abbeygale House is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of St. John's Community Hospital, Enniscorthy, which is also a designated centre for the care of older persons. There was a clearly defined management structure for the centre and staff were clear on their roles and responsibilities. The person in charge reported to the Director of Nursing who in turn reported to the Manager Older Persons – Community Nursing Units, who was the nominated person representing the registered provider for the service.

The person in charge of this centre is usually at the level of assistant director of nursing (ADON). The previous person in charge had returned to St. John's Community Hospital, Enniscorthy and a clinical nurse manager 2 (CNM 2) had been appointed as acting assistant director of nursing (A/ADON) of this centre. Management informed the inspector that the appropriate notification had been submitted by registered post. While the proposed person in charge was an experienced nurse and manager, assurances were required that they had the required post registration management qualification.

The A/ADON was supported by a A/CNM 2. They were supported in their role by a full complement of nursing and care staff, multi task attendants (MTAs), housekeeping, catering, administrative and maintenance staff.

There was sufficient staff on duty to meet the needs of residents. The centre's own staff were supplemented by agency staff as there were insufficient staff to meet the needs of the roster. While every effort was made to ensure continuity by using the regular agency staff, this was not always possible. There was a minimum of two nurses on duty over 24 hours. The A/ADON and clinical nurse manager provided clinical supervision and support to staff. Staff were facilitated to attend both face-to-face and online training appropriate to their roles. Assurances were provided to the inspector that all staff were Garda vetted prior to commencing employment in the centre and Garda vetting disclosures were available in the sample of staff file reviewed by the inspector.

There was evidence of effective communication with staff in the centre with regular staff meetings and daily handovers. There was a schedule of clinical audits in place in the centre to monitor the quality and safety of care provided to residents.

There was evidence of consultation with residents through residents' meetings and surveys. An annual review had been completed for 2022 in consultation with the residents. There were systems in place to manage clinical incidents and risk in the centre. Accidents and incidents in the centre were recorded, appropriate action was

taken, and they were followed up and reviewed.

Regulation 14: Persons in charge

The provider had proposed a new person in charge following the relocation of the existing person in charge to a role in another designated centre. Evidence was not available on the day of the inspection confirming the the proposed new person in change had the required management qualification.

Judgment: Not compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were seen to be supervised in accordance with their roles and responsibilities by the clinical nurse manager and the person in charge. Training in the centre was being monitored by the management team. A 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 were also facilitated with other training including infection control education and training.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the the directory of residents identified that the date of discharge or transfer of three residents from the designated centre was not recorded and also did not identify to where the residents were discharged/transferred.

Judgment: Substantially compliant

Regulation 21: Records

While care records remained paper-based, personnel records were stored electronically. Old personnel records had recently been scanned and uploaded to an electronic records management system. The scanned records were not indexed and therefore it was difficult to identify and retrieve Schedule 2 documents, such as photographic identification, references and curriculum vitae (CV). Some of the scanned documents were in excess of 500 pages and there was no way of easily retrieving required documents.

Of a sample of four personnel records reviewed, the employment history for one staff member contained gaps in employment for which a satisfactory explanation was not recorded.

Records were not always stored in accordance with GDPR requirements. For example, there were folders left at the nurses' station at the entrance to the centre that residents' contained personal information. This area was frequently unattended and the records were not stored in a manner that would prevent unauthorised access.

Judgment: Not compliant

Regulation 23: Governance and management

Action was required in relation to the governance and management of the centre. For example:

- a notification was not submitted as soon as practicable of the intended change in the identity of the person in charge. While the provider stated that the notification had been posted on 19 May 2023, the proposed person in charge had commenced in the role on 08 May 2023
- commitments given in the previous compliance plan in relation to ensuring that residents had access to call bells were not implemented and there was a repeat finding on this inspection
- there were not always action plans associated with residents meetings to confirm that all issues raised by residents at the meetings were addressed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of accident and incidents found that one resident had an accident requiring hospital treatment and the required notification had not been submitted to the Chief Inspector.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were that residents were provided with a good standard of care in Abbeygale House by staff that knew residents well and were responsive to their needs. Residents' health and social care needs were being met through good access to medical and allied health care services and opportunities for social engagement. Action was required in relation to assessment and care planning, the use of restraint and infection control.

Nursing care records reviewed indicated that, while improvements were noted in assessment and care planning since the last inspection, further action was required. A new care planning system had been introduced and care plans were no longer pre-printed. Residents were assessed using validated assessment tolls that informed the development of care plans. While some care plans were personalised with adequate detail to guide health and social care delivery, others lacked detail. Actions required in relation to assessment and care planning are described in more detail under Regulation 5 of this report.

From a review of records, it was evident to the inspector that residents had timely access to medical and health care services. Residents were reviewed regularly by a general practitioner, who attended the centre regularly and on call services were also available. Residents were provided with access to allied health and social care professionals in line with their needs.

The inspector saw that the centre was visibly clean on the day of inspection and there was adequate cleaning resources available. Action was required in relation to

cleaning records for both the premises and for equipment. This is outlined under Regulation 27 of this report.

The arrangements to protect residents from the risk of fire were reviewed. Staff training in relation to fire safety was up to date. Fire extinguishers were located throughout the centre and these were regularly serviced. Arrangements were also in place for the preventive maintenance of the fire alarm and emergency lighting. Fire drills were completed routinely but could be enhanced through the simulation of differing scenarios. While some improvements were noted in relation to fire safety management, action was required to support full compliance with fire safety and this is outlined under Regulation 28 of this report.

The inspector saw that the premises were appropriate to the number and needs of residents living in the centre and according to the statement of purpose. Residents had access to a secure and safe outdoor space that was landscaped to a high standard and was an inviting place for residents to spend time when the weather was suitable. A large number of residents were observed to spend time here on both days of the inspection. There are two dining rooms in the centre but both are small. One of the dining rooms had an assisted table that facilitated staff to sit by residents and assist them with their meals. Due to the size and layout of the dining rooms, not all residents could have their meals at the one time. This led to the placement of tables on corridors. While it is acknowledged that a greater number of residents had their meals away from their bedrooms than at the previous inspection, a review was required of the dining experience to make it a more sociable occasion and to support the dignity of residents. This is outlined under Regulation 9 of this report.

There were adequate systems in place for safeguarding residents from the risk of abuse. 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.

A significant focus had been placed on the provision of activities since the last inspection. There was an activities committee that met regularly and included input from residents. Observations of the inspector over the course of the inspection and discussions with residents indicated that the programme of activities was varied. Residents were facilitated with adequate opportunities to participate in activities in accordance with their interests and capacities. There was evidence of consultation with the residents through regular residents' meetings. While it was evident that some of the issues raised at these meetings were addressed, there was no associated action plan to identify that the issues raised were addressed to the satisfaction of the residents.

Regulation 11: Visits

The inspector as informed that normal visiting had returned to the centre in line with national guidance. Visitors and residents told the inspectors that there was no

restrictions on visiting and they were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their rooms for personal possessions. A laundry service is provided at no additional cost to residents. Personal items, clothing and towels are laundered at St johns Community Hospital. Residents' clothing was labelled and returned to the residents' rooms following laundering.

Judgment: Compliant

Regulation 17: Premises

A number of residents were observed to have their meals on a corridor beside the dining room. In addition to the risk associated with the potential obstruction of a fire evacuation route, this does not promote a positive dining experience for residents.

Judgment: Compliant

Regulation 27: Infection control

There were gaps in cleaning records and it was not therefore possible to ascertain what areas of the premises were cleaned each day.

While the inspector was informed that there was a system for identifying what equipment had been cleaned and ready for use, this was not being implemented. The inspector saw commodes in the sluice and it was not possible to ascertain if they had been cleaned following use.

There were bedpans and urinals inappropriately stored in the sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management systems. For example:

- while new evacuation maps had been sourced that clearly identified fire safety compartments, not all staff were knowledgeable of compartment boundaries
- while fire drills were conducted regularly, further detail was required in the drill record, such as mode of evacuation. The drill could be enhanced by adding more variation to the scenarios simulated
- dining tables had been set up on the corridor outside one of the dining rooms. This has the potential to cause an obstruction in the event of the need to evacuate residents in an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the assessment and care planning process. For example:

- not all care plans were reviewed at a minimum of every four months
- while there was significant improvement in some care plans, some were generic and nature and were not adequately personalised
- wound assessments were not completed for one resident that had a wound and it was therefore difficult to assess on an objective basis the progress of wound healing
- blood sugar levels were not always recorded in accordance with the frequency outlined in a resident's care plan

Judgment: Substantially compliant

Regulation 6: Health care

Residents were in receipt of a high standard of medical and nursing care. A medical officer was available in the centre and visited regularly to review residents. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While significant progress had been made in reducing the use of bed rails, adequate records were not available demonstrating that alternatives to using bed rails had been fully explored. It was also found that a bed rail risk assessment had not been reviewed when a resident had climbed out of bed around the bed rails.

Not all staff had up to date training in responding to behaviour that is challenging.

Judgment: Substantially 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 provider acted as a pension agent for two residents living in the centre. Management of residents' finances and invoicing for care was managed robustly in accordance with HSE standard operating procedures.

Judgment: Compliant

Regulation 9: Residents' rights

A number of residents did not have call bells in their rooms or the call bells were not within reach of the resident. While some of these residents may not have the ability to use call bells, all options were not explored to determine if alternative call bells requiring less dexterity could be used.

A number of residents had their meals on tables that were placed on the corridor outside the dining room. In addition to obstructing potential escape routes, having meals on a corridor did not contribute to a dignified dining experience for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0040551

Date of inspection: 22/06/2023

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The provider had proposed a new person in charge following the relocation of the existing person in charge to a role in another designated centre. Evidence was not available on the day of the inspection confirming the the proposed new person in change had the required management qualification. • The proposed new person in charge did display evidence of having completed a management course, however this was not accepted as it was deemed not on the academic framework indicating level 6 as per regulation. • The provider representative submitted a further NF30(a) for an Assistant Director of Nursing who commenced 27/07/2023 and same in progress Complete – 24/07/2023	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: A review of the the directory of residents identified that the date of discharge or transfer of three residents from the designated centre was not recorded and also did not identify to where the residents were discharged/transferred. • Directory of resident's updated following feedback from inspection 22/06/23. • Process introduced to provide assurance of updating/completion of register. • Register to be updated as changes occur by administration staff. • Nurse in charge to ensure any changes are reflected in register as they occur.	

• Communicated to all staff at safety PAUSE handover.

Complete – 23/06/2023

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• The scanned records will be supported by index of Schedule 2 documents, photographic identification, references and curriculum vitae (CV) for the purpose of Inpsection
• Completion date 30/09/2023

-Records were not always stored in accordance with GDPR requirements. For example, there were folders left at the nurses' station at the entrance to the centre that residents' contained personal information. This area was frequently unattended and the records were not stored in a manner that would prevent unauthorised access.
• This practice in relation to Residents documentation has ceased. Residents documentation now kept in locked cabinet.
• All staff were informed at handovers following Inspection.
• Notice in place for all staff.

Complete 23/06/2023

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
While the provider stated that the notification had been posted on 19th May 2023, the proposed person in charge had commenced in the role on 8th May 2023
• The issue identified at the time of Inspection was that the regulator had not received the NF(30)a submitted. The Inspector was provided with proof of postage before Inspection was complete.
• A further NF30(a) has been submitted

Completion 24/07/2023

• All resident’s now have a working call bell and spare call bells are at the nurse station

should one require replacing. Weekly audit of resident's call bells commenced 11/08/2023.
• Residents who have difficulty using call bell system, plan put in place identified. Seeking support from OT for alternative options available.
Completion 30/08/2023

There were no action plans associated with residents meetings to confirm that all issues raised by residents at the meetings were addressed.
• Going forward, feedback will be given from resident's meetings via minutes and communications from resident's meeting and will formulate actions plans giving feedback to residents of outcomes as soon as possible and no later than the next meeting planned for September 2023

Completion – 30/09/2023

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
- A review of accident and incidents found that one resident had an accident requiring hospital treatment and the required notification had not been submitted to the chief inspector. The rationale was that the incident had occurred away from the designated unit when the resident was with family
- Incident to be submitted.

Completed 18/08/2023

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
New cleaning schedules to commence week of 21/08/2023, clearly outlining and identifying areas that are cleaned daily supported by the SECH Cross Divisional Cleaning Guidelines and Procedures.Cleaning Schedules will be audited monthly by ADON to ensure that all cleaning standards are met
Completion 30/09/2023
The system in use is a card system which is red and green to identify what has been cleaned. All staff reminded to use system in place monitoring of compliance by regular inspection by ADON/ CNM's and audit to ensure compliance.

Completion 30/09/2023
There were bedpans and urinals inappropriately stored in the sluice room.
• Although there are racks for storage these are inadequate for the number of items in use for a thirty bedded unit. Techincal services contacted to explore options for additional racking to be provided so that all bepans and urinals can be stored correctly. Plan for additional racks
• Environmental walkabout to take place.

Completion 30/09/2023

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• New evacuation maps had been sourced that clearly identified fire safety compartments, not all staff were knowledgeable of compartment boundaries at time of inspection
Staff meeting on 01/08/2023 and 03/08/2023 highlighted issues with compartments and boundaries ensuring staff are aware. Monthly fire drills to take place.

Completion date 03/08/2023

• Fire drills are conducted regularly, further detail was required in the drill record. Staff to complete monthly fire drills with various situations and locations commencing August 2023. These will be audited by the ADON and action plans put in place should they be required including additional training.

• Dining tables have been removed from corridor.

Completion date 30/08/2023

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:
• Plan put in place to identifying care plans which are requiring updating by named nurse August 2023

• Staff supported with care plan writing by ADON and review by CNM's, audit of documentation on going and additional training to be sought as required.

• All resident's with wounds have wound assessment documentation and wound care plans Resident's are supported with wound management by a Tissue Viability nurse in Wexford General Hospital and by CNS in infection control in Wexford General Hospital
• Communication to all staff at Safety PAUSE handover highlighting importance of blood sugar monitoring and auditing of resiodent's documenation on going.

Completion date 30/08/2023

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

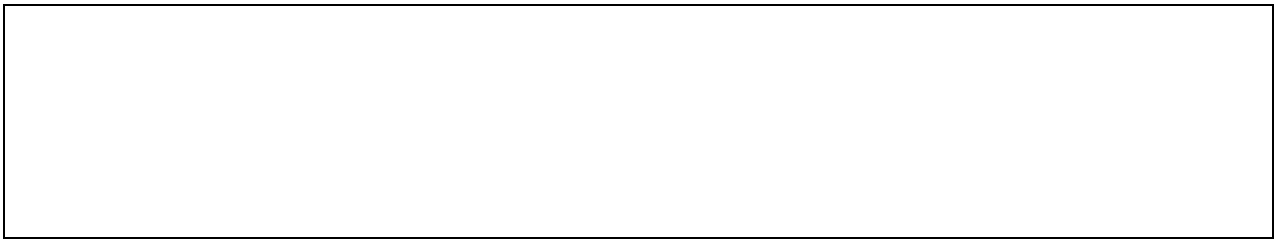
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Alternatives currently in use include low beds, crash mats other alternatives to be explored. Review of Restrictive Practice policy and review of documenation at mext restrictive practice committee meeting.All bed rail risk assessments have been reveiwed August 2023.
• Further training in responding to behaviour that is challenging.

Completion date 30/09/2023

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All resident's now have a working call bell and spare call bells are at the nurse station should one require replacing. Weekly check of resident's call bells commenced 11/08/2023.
• Residents who have difficulty using call bell system, plan put in place identified. Seeking support from OT for alternative options available.
Completion 30/08/2023
• A number of residents had their meals on tables that were placed on the corridor outside the dining room. This practice has ceased. Reconfiguration of the dining room experience allows for dining to take place in three areas. Resident's are not in hallways and all routes of escape are clear.

Completion 23/06/2023



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	24/07/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	23/06/2023
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	23/06/2023

Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	30/09/2023
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	30/09/2023
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 Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2023
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	03/08/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	30/09/2023

	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.			
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	18/08/2023
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	30/08/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour	Substantially Compliant	Yellow	30/09/2023

	that is challenging.			
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	30/09/2023
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	30/08/2023