



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

## Issued by the Chief Inspector

|                            |                            |
|----------------------------|----------------------------|
| Name of designated centre: | Macroom Community Hospital |
| Name of provider:          | Health Service Executive   |
| Address of centre:         | Macroom,<br>Cork           |
| Type of inspection:        | Unannounced                |
| Date of inspection:        | 27 May 2020                |
| Centre ID:                 | OSV-0000578                |
| Fieldwork ID:              | MON-0029478                |

## About the designated centre

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

Macroom Community Hospital dates from the 1930's. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroom town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 38 residents. It is a single storey building configured in one long corridor with bedrooms and day room on either side of the corridor. Bedroom accommodation comprises five wards: Dilis and Barra - two 11-bedded wards with eight residents accommodated in one room with a three-bedded annex off the larger rooms; Suaimhneas - seven-bedded ward; Abbey - eight-bedded room, and Alainn, a single bedded room. There is a toilet and family room alongside Alainn and this is used for specialist care and end of life care. There are nine toilets, two showers and one bathroom available to residents. Communal areas comprise a day room and an oratory. Residents have access to an outdoor seating area to the front of the building. Macroom Community Hospital provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 32 |
|--|----|

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 27 May 2020 | 10:00hrs to 16:00hrs | Breeda Desmond | Lead    |
| Wednesday 27 May 2020 | 10:00hrs to 16:00hrs | Ella Ferriter  | Support |

## What residents told us and what inspectors observed

Inspectors observed that residents continued to be accommodated in a premises that failed to provide adequate personal, private, storage and communal space to enable a positive living experience.

## Capacity and capability

The findings from this inspection relating to the premises remained unchanged from previous inspection findings in that the premises remained unfit for its intended purpose. Overall, the arrangements to enable and ensure the provision of residents' rights, privacy and dignity could not be facilitated. Residents continued to be accommodated in multi-occupancy bedrooms that remained grossly inadequate with little or no space between beds to accommodate either a wardrobe or bedside chair. There was poor access to shower and sanitary facilities, communal and private spaces, and personal storage space. The impact of the poor premises was more pertinent in the current pandemic crises. Even though some of the bedrooms had a reduced number of beds, the precautions necessary during the COVID 19 pandemic (as per Health Protection Surveillance Centre guidance) (HPSC) recommending a minimum of 2 metres between people to minimise risk associated with contact transmission of the disease, could not be guaranteed.

The Chief Inspector had imposed an additional condition of registration as follows: 'The physical environment in the designated centre must be re-configured as outlined in the plans submitted to the Chief Inspector April 2016. The reconfiguration must be completed by December 2019'. As this condition was not met, the service provider applied to the Office of the Chief Inspector to vary this condition in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015; the proposed new date for completion of the reconfiguration was December 2021. The rationale for applying this additional condition was to ensure that all existing and future residents were afforded appropriate dignity and privacy through the provision of adequate personal space and to ensure that the premises met the diverse needs of residents. To date, planning permission had been granted and March 2020 was the proposed time for the tendering process, with building commencing June/July 2020. However, due to the pandemic, this date was now pushed out and the tendering process was to commence in June 2020.

There was a clearly defined management structure with identified lines of accountability and responsibility for the service. Following the COVID-19 pandemic outbreak, the general manager provided daily support to the centre and alternate-day teleconferences with all the persons in charge for the CH04 area. This provided

a forum to give updates on HPSC guidance and discussion regarding the ever-changing COVID-19 landscape. The person in charge was responsible for the day-to-day running of the centre and was the designated lead for COVID-19 response team in the centre. She was supported in her role on site, by the clinical nurse manager (CNM) and senior staff nurses, staff, administration and maintenance.

Data collected through key performance indicators fed into the fortnightly internal Quality and Patient Safety (QPS) meetings, which in turn fed into the monthly regional QPS meetings facilitated by the general manager. A new system to support the audit process called Vi-clarity was in place that supported the QPS strategy of Cork Community Hospitals. It enabled information sharing relating to key performance indicators between community hospitals to improve outcomes for residents. There were weekly reminders identifying the subject matter for auditing. These were discussed and it was highlighted that audit of practice was not included in Vi-clarity process. Nonetheless, work-place culture critical analysis observations were undertaken and practices were reviewed and improved to ensure better living experiences for residents. Satisfaction surveys were also completed with residents to get their feedback to improve the service, for example, changes were made to meal-times following residents' feedback. A safety pause formed part of the daily routine whereby staff gathered to discuss residents and their care needs as well as providing updates on COVID-19 with ongoing discussions and reminders relating to infection prevention and control precautions.

A synopsis of the complaints procedure was displayed in the centre, however, this required updating with current information. While there were some complaints recorded, records as required in the regulations were not routinely maintained.

Staffing levels were adequate to the size and layout of the centre. The training matrix was reviewed. Most mandatory training was up-to-date. Manual handling and lifting training was outstanding for some staff. This training had been scheduled for earlier this year but had to be postponed due to the pandemic outbreak.

While notification were submitted in accordance with the regulations, all restrictive practices were not routinely included.

Residents continued to be accommodated in a facility which adversely impacted their quality of life and basic human rights of privacy, dignity, autonomy and independence.

## Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated knowledge regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

### Regulation 15: Staffing

There was adequate staff to the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Sixteen staff had completed the 'HSE Interim Clinical Guidance for the Pronouncement of Death by Registered Nurses in the Context of the COVID-19 Pandemic'. Other COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE.

The training matrix demonstrated mandatory training as well as other relevant training completed. The system in place enabled oversight of training needs with alerts when training was due.

Judgment: Compliant

### Regulation 23: Governance and management

The Health Service Executive (HSE) failed to address deficits in governance and management as evidenced by:

- lack of comprehensive oversight in relation to the day-to-day experience of residents living in the centre
- a failure to take all necessary action to improve the privacy and dignity of current residents
- residents continued to be accommodated in situations which adversely impacted their daily quality of life, privacy and dignity
- failure to take interim measures to address quality of life issues for residents while planning, design and building remained outstanding
- inadequate measures taken to facilitate social distancing in multi-occupancy wards in line with HPSC guidance.

While there was a substantial COVID-19 folder available with up-to-date information from HPSC and Public Health, a contingency plan with easy accessible information with operational detail would be invaluable should an outbreak occur.

While there was a quality improvement strategy in place with scheduled audits to enable the service to be monitored, audit of practice was not always undertaken to ensure that the service provided was safe, appropriate and consistent. For example, audit of controlled drugs records could assist in identifying issues and possibly mitigate medication near misses or errors; while psychotropic medication usage was previously monitored, it was not part of the new Vi-Clarity audit programme.

Information submitted in notifications relating to restrictive practice were not comprehensive.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Notification to the Office of the Chief Inspector were submitted in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure displayed did not have current information detailed.

While some complaints were recorded, all complaints were not recorded in line with the requirements set out in the regulations. Issues were not followed up to ensure the issue was remedied and that the complainant was satisfied with the outcome.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

All staff had access to up-to-date guidance issued by the HPSC and the HSE. The COVID-19 policy detailed changes to policies during the COVID pandemic crises in areas such as admissions, visiting, provision of information to residents, infection prevention and control, risk management and communication to reflect the impact of COVID-19. End of life care information included the most recent information on the 'HSE Interim Clinical Guidance for the Pronouncement of Death by Registered Nurses in the Context of the COVID-19 Pandemic'.

Judgment: Compliant



## Quality and safety

Similar to the findings of the previous 10 inspections in Macroom Community Hospital, the premises did not conform with the requirements of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. This negatively impacted people's quality of life and resulted in poorer outcomes for residents. The premises was not fit for its intended purpose and did not correlate with the aims and objectives set out in their statement of purpose. Due to the over-accommodation (seven residents in a space of 9.8ms x 5.7ms; and three residents accommodated in a space 3.6ms x 6.2ms) in the multi-occupancy bedrooms, minimal communal space, no private space, poorly accessible shower and sanitary facilities, residents' quality of life was significantly impacted, and maintaining privacy and dignity continued to be a serious daily challenge. This was more pertinent in the current pandemic crises. There were inadequate storage facilities in the centre so assistive equipment such as specialist chairs was stored in the oratory. However, staff now used the oratory as additional space for their breaks to facilitate social distancing, consequently, the oratory was unavailable to residents.

Due to the pandemic, admissions to the centre were on hold. Visiting restrictions were in place as part of COVID-19 precautions. Nonetheless, telephone conversations with relatives were scheduled with relatives outside the glass door by the oratory, and face-time and whatsapp messages set up to enable communication between families and residents.

The external facilitators that provided activities two hours per week was cancelled as part of COVID-19 precautions. Residents had access to televised daily mass from the local church and residents' prayer groups continued to gather on a daily basis. Relatives provided music sessions outdoors. While staff actively engaged with residents, and the impact of COVID-19 crises acknowledged, facilities for occupation and recreation activities in accordance with people's interests and capacities remained very limited.

New care plan assessments and documentation had been rolled out in the centre earlier in the year. There was significant improvement in care plans and assessments to inform individualised care. Residents' notes showed that people had access to medical care as well as access to allied health professionals such as speech and language therapy.

The person in charge assured that textured diets and their presentation had improved. A sample of new menus were seen and these showed fun and good humour to brighten people's day.

## Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions were displayed at entrances to the centre. Scheduled 15-minute visits were in place whereby the visitor came to the glass door and spoke with their relative by phone. Inspectors observed this where a comfortable armchair was provided for the resident to sit and relax while talking to their relative. The person in charge described contingency plans should a resident need end of life care to enable family members be with the resident.

Judgment: Compliant

## Regulation 12: Personal possessions

Space to enable residents to store and maintain their clothes and personal possessions, as described in the regulations, remained wholly inadequate. Some residents had access to a mere bedside locker; others had an additional narrow mid-height wardrobe. As most people residing there were availing of long-term care, these facilities were grossly inadequate and did not respect the basic human rights approach to care, promoted in the statement of purpose.

Judgment: Not compliant

## Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. All residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19. A list was readily available with residents names and resuscitation information.

Judgment: Compliant

## Regulation 17: Premises

The premises continued to be in serious breach of the requirements detailed in Regulation 17 and Schedule 6. As such, people continued and would continue, to live in accommodation which seriously undermined their basic human rights of dignity, privacy, autonomy and respect.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, the CNM or nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy had general clinical risks and these were updated to reflect the risks associated with COVID-19. The risk register was updated with additional controls put in place to mitigate the risk of COVID 19 infection to residents and staff working in the centre. They were subject to ongoing monitoring to ensure their effectiveness.

Judgment: Compliant

### Regulation 27: Infection control

The multi-occupancy bedrooms had been adjusted and beds reduced as follows:

- Abbey - eight to seven beds
- Barra - eight to six beds
- Dilis - eight to five beds
- Suaimhneas remained the same with seven beds
- Both three-bedded rooms remained unchanged.

The layout of these rooms was such that the side with four beds was so confined that socially distancing in accordance with the HPSC guidance could not be guaranteed. Likewise in the two three-bedded rooms, the side accommodating two beds could not facilitate social distancing and minimise the risk to residents.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Improvements were noted in the sample of medication management documentation reviewed. Medication administration records were comprehensive; prescriptions were in accordance with best practice. The controlled drug book was upgraded and records were better maintained.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

New care planning documentation was rolled out in this centre earlier in the year. A sample was reviewed and these showed significant improvement with detailed person-centred information to inform individualised care. Assessments had associated care plans to ensure positive outcomes for residents.

New COVID-109 documentation was in place for all residents. There was twice daily temperature recording and assessing for symptomatic and atypical signs of Covid-19.

Judgment: Compliant

## Regulation 6: Health care

There was limited access to physiotherapy and occupational therapy as reported in previous inspection reports. While there was a referral system in place, there was waiting times for these services.

The person in charge reported that alternatives to bed rails could not be trialled to facilitate the least restrictive form of restrain, due to the physical environment. Inspectors were informed that alternatives such as low-low beds and crash mats could not be used due to the lack of space in the multi-occupancy bedrooms.

Wound care management was not in place for one resident's care plan reviewed.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

There was significant improvement noted in care plans associated with challenging behaviours. Assessments were based on decision-making tool to enable positive supports for residents with challenging behaviour.

Judgment: Compliant

### Regulation 9: Residents' rights

While the person in charge gave assurances that residents had been continually update with information regarding the issues impacted by the pandemic precautions, there was no documentary evidence of this. In addition, minutes of the last resident's meetings available were from December 2019.

Commodes were routinely used in bedrooms. As multi-occupancy bedrooms had significantly restricted space available, using a commode in such close proximity to other residents impacting their environment and their quality of life.

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      |
|--|---------------|
| <b>Capacity and capability</b>                             |               |
| Regulation 14: Persons in charge                           | Compliant     |
| Regulation 15: Staffing                                    | Compliant     |
| Regulation 16: Training and staff development              | Compliant     |
| Regulation 23: Governance and management                   | Not compliant |
| Regulation 31: Notification of incidents                   | Compliant     |
| Regulation 34: Complaints procedure                        | Not compliant |
| Regulation 4: Written policies and procedures              | Compliant     |
| <b>Quality and safety</b>                                  |               |
| Regulation 11: Visits                                      | Compliant     |
| Regulation 12: Personal possessions                        | Not compliant |
| Regulation 13: End of life                                 | Compliant     |
| Regulation 17: Premises                                    | Not compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant     |
| Regulation 26: Risk management                             | Compliant     |
| Regulation 27: Infection control                           | Not compliant |
| Regulation 29: Medicines and pharmaceutical services       | Compliant     |
| Regulation 5: Individual assessment and care plan          | Compliant     |
| Regulation 6: Health care                                  | Not compliant |
| Regulation 7: Managing behaviour that is challenging       | Compliant     |
| Regulation 9: Residents' rights                            | Not compliant |

# Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0029478

Date of inspection: 27/05/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

| Regulation Heading  | Judgment      |
|---|---------------|
| Regulation 23: Governance and management  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Director of Nursing and Clinical Nurse Manager 2 maintain a comprehensive oversight of the day to day experience of the residents living in the centre through ongoing supervision and surveillance. The Director of Nursing and/ or Clinical Nurse Manager 2 ensures daily contact with all residents, providing information and reassurance and identifying/ resolving any issues/concerns the residents may have. A record of all interactions is now maintained.</p> <p>The minutes of all the residents meetings are now up to date. Surveillance of the lived experience of the resident is guided and measured through resident satisfaction surveys, WACCAT observations and clinical audit (including observation of practice). A resident forum is held every month or more frequently if the residents desire/ request.</p> <p>Staff awareness on privacy and dignity is maintained through quarterly staff meetings and the ward daily safety pause. Silentia screens are in place in all wards and utilized by staff to maintain residents’ privacy and dignity. An additional number of portable screens have been purchased to further enhance privacy and dignity within the ward environment.</p> <p>The Director of Nursing and/ or Clinical Nurse Manager 2 monitors the controlled drug records on a daily basis to ensure ongoing adherence to local policy and best practice guidelines. A new psychotropic drug log has been introduced to ensure the Director of Nursing and Clinical Nurse Manager 2 has governance and oversight of the PRN psychotropic medications administered.</p> <p>Beds have been reduced in compliance with the HPSC Interim Public Health Infection Prevention and Control Guidelines of a minimum of 2 meter distance between residents.</p> |               |



|  |               |
|--|---------------|
|  |               |
| Regulation 34: Complaints procedure  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are now recorded in line with the requirements set out in the regulations. All complaints are now followed up to ensure the complaint was remedied and that the complainant was satisfied with the outcome. All issues requiring notification to the Office of the Chief Inspector will be submitted in accordance with the regulations.</p>  |               |
| Regulation 12: Personal possessions  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Due to the reduction in beds, hospital management is currently reconfiguring bed spaces. The reconfiguration will result in larger bed space areas that will accommodate larger wardrobe/ locker combinations (with a locked drawer).</p>  |               |
| Regulation 17: Premises  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new extension is planned for Macroom Community Hospital and current wards will be refurbished. This will provide 24 single en suite rooms and one double en suite room. The existing multi-occupancy rooms will be reduced from 2 x 11 bed rooms, 1 x 8 bed room and 1 x 7 bed room, to 4 x 3 bed rooms. The new extension will also include a visitors meeting room, a family kitchenette, a recreation room, a sitting room, a hairdressing room and a physiotherapy room. The earliest construction completion date is December 2021.</p> <p>In the interim as per the recently submitted application to vary, the current multi-occupancy bed rooms will be reduced to 4 x 4 bedrooms and the current annex off 2 of these 4 bed rooms, Barra and Dilis (which contained 3 beds each) will be converted into quiet seating areas. This will reduce the bed compliment from 38 to 17. No admissions will be taken until we have reached a compliment of 16.</p> <p>In the interim hospital management will exhaust all available options to safeguard</p> |               |

|   |               |
|---|---------------|
| residents' basic human rights of dignity, privacy, autonomy and respect.  |               |
| Regulation 27: Infection control  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The sluice room now contains extra shelving to store bedpans/equipment. The creation of additional storage has ensured that the hand wash sink in the sluice is now accessible at all times.</p> <p>The CNM2 has delivered an IPC awareness raising session to all team members. All staff have undertaken the HSELand 'Hand Hygiene' programme and the HSELand 'Breaking the Chain of Infection' programme. IP&amp;C compliance at ward level is under continuous surveillance and assessment by onsite hand hygiene assessors. Hand Hygiene audits are being undertaken regularly through the Community Hospitals automated audit system. WACCAT observations are being undertaken by the DON and CNM2 to enhance ward surveillance.</p> <p>Beds have been reduced in compliance with the HPSC Interim Public Health Infection Prevention and Control Guidelines of a minimum of 2 meter distance between residents.</p> |               |
| Regulation 6: Health care   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Physiotherapy and Occupational Therapy services are available on referral and prioritized in accordance with service demands and individual need. Every effort is made to ensure referrals are met in a timely manner.</p>  |               |
| Regulation 9: Residents' rights   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The residents have been/ are continually updated with information regarding the HPSC Interim Public Health Infection Prevention and Control Guidelines. A system is now in place to ensure that evidence of these meetings are documented. All resident meetings</p>  |               |

are now up to date.

## 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 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.          | Not Compliant | Orange      | 31/10/2020               |
| Regulation 12(c) | 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 he or she has adequate space to store and maintain his or her clothes | Not Compliant | Orange      | 31/10/2020               |

|                  |  |               |        |            |
|------------------|--|---------------|--------|------------|
|                  | and other personal possessions.  |               |        |            |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Not Compliant | Orange | 26/07/2020 |
| 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 | 28/05/2020 |
| 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.   | Not Compliant | Orange | 27/05/2020 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,  | Not Compliant | Orange | 28/05/2020 |

|                     |  |               |        |            |
|---------------------|--|---------------|--------|------------|
|                     | consistent and effectively monitored.  |               |        |            |
| 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.  | Not Compliant | Orange | 02/09/2020 |
| 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. | Not Compliant | Orange | 28/05/2020 |
| Regulation 34(2)    | The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken  | Not Compliant | Orange | 28/05/2020 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.  |                         |        |            |
| Regulation 34(3)(b) | The registered provider shall nominate a person, other than the person nominated in 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).   | Not Compliant           | Orange | 28/05/2020 |
| Regulation 6(1)     | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Not Compliant           | Orange | 27/05/2020 |
| Regulation 6(2)(c)  | The person in charge shall, in so  | Substantially Compliant |        | 28/05/2020 |

|                        |   |                         |        |            |
|------------------------|---|-------------------------|--------|------------|
|                        | far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. |                         |        |            |
| Regulation 9(2)(b)     | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.   | Not Compliant           | Orange | 28/05/2020 |
| Regulation 9(3)(b)     | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.   | Not Compliant           | Orange | 28/05/2020 |
| 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.  | Not Compliant           | Orange | 27/05/2020 |
| Regulation 9(3)(d)     | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the   | Substantially Compliant |        | 28/05/2020 |



|  |  |  |  |  |
|--|--|--|--|--|
|  | organisation of the designated centre concerned. |  |  |  |
|--|--|--|--|--|