Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Joseph's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	21 May 2019
Centre ID:	OSV-0000466
Fieldwork ID:	MON-0024392

About the designated centre

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

St Joseph's Care Centre provides 24 hour nursing care for up to 68 residents of all dependency levels, male and female, predominantly over 65 years of age. The centre can provide care to a range of needs of various complexity including dementia care and cognitive impairment, acquired brain injury, palliative and palliative respite care. The centre is single storey and comprises of two buildings containing three distinct units. Padre Pio accommodates 25 residents in six multi-occupancy four-bedded rooms and one single room. St Therese accommodates 16 residents in various single and multi-occupancy rooms. The Lodge is a separate building that has recently been refurbished and accommodates 27 residents in single and twin bedrooms, with one separate bedroom allocated for palliative care. There are communal rooms and internal gardens available to residents as well as a large chapel. The centre's philosophy and motto is to 'add life to years when you cannot add years to life' and aims to address the physical, emotional, social and spiritual needs of all residents with a holistic approach of empathy and kindness. The centre is located in Longford town within easy reach of nearby shops and restaurants. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64

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
21 May 2019	17:30hrs to 21:00hrs	Manuela Cristea	Lead
22 May 2019	08:45hrs to 13:45hrs	Manuela Cristea	Lead
21 May 2019	17:30hrs to 21:00hrs	Angela Ring	Support
22 May 2019	08:45hrs to 13:45hrs	Angela Ring	Support

What residents told us and what inspectors observed

Conversations with residents during the inspection were positive in respect to the provision of care, facilities and services available. Some mentioned that staff were really kind and quick to respond to their needs. Residents also spoke positively about the food served and choices available to them. A large number of residents mentioned to the inspectors that the day in the centre could be very long and boring as there was nothing happening in the evenings. There was good access to religious services and arrangements in place for community groups to visit the centre.

Over the two days of inspection, inspectors also spoke with a number of relatives visiting in the centre, who were unanimous in their satisfaction with the care and commitment of staff to provide exceptional care to residents. Some relatives mentioned that staff were truly person-centred and very attentive to the little details that could enhance the quality of life for residents. This assured them that their relatives were well looked after in the centre.

Capacity and capability

The centre was well run with a strong and committed management team in place who worked hard to provide a good quality service to residents. There was a structured system of communication between members of the governance, management and nursing team with clear records of meetings maintained. The management team was made up of a provider representative, general manager, Older persons' manager, person in charge (PIC), assistant director of nursing and clinical nurse managers.They had good oversight of the service. The PIC met the general manager on a monthly basis where they discusses issues in relation to staffing, budgets, incidents, complaints, quality processes and risk management. Sufficient resources were in place for the effective delivery of care.

The person in charge was well supported by an assistant director of nursing and the clinical nurse managers. The post of person in charge required clarification in line with recent notifications to the Office of the Chief Inspector, however the current person in charge met the requirements of the regulations and was well known and highly regarded by residents, families and staff.

Good leadership, governance and effective management arrangements contributed to residents experiencing a good service. Those participating in the management of the centre were experienced and suitably qualified. They demonstrated sufficient clinical and operational knowledge and had sufficient knowledge of the legislation

and their responsibilities.

The matters arising from the previous inspection had been addressed. There was evidence of sustained efforts to meet the specific needs of young residents with acquired brain injury, both in relation to increased hours for personal assistance, community involvement and supported discharge arrangements for independent living.

Systems had been developed and implemented to ensure the service provided was safe and continuously monitored by management. There was a robust system of clinical governance with detailed audits taking place in areas such as mealtimes, care planning, use of restraints, advanced directives, complaints medication and falls. These audits were followed up with areas for improvement and further development being identified and there was evidence of shared learning.

An annual review had been completed for 2018, it was comprehensive and reflected the good quality monitoring system in place. It was developed with resident input. The centre was well resourced and well maintained. However, inspectors noted that the Lodge was in need of painting and some minor refurbishments.

Inspectors found that the staffing levels were adequate to meet the needs of residents and the staffing numbers reflected that outlined on the statement of purpose.There was a safe and robust recruitment process and a programme of training, professional development, and appraisal of staff was on-going. A review of a sample of staff files confirmed that all staff had a Garda vetting disclosure in place prior to their commencement in employment. The staff knew residents very well and were seen and heard engaging with them in a warm and person-centred manner. Residents were very complimentary of the staff and said there was enough available to assist them both day and night. There were no open complaints in te centre.

While standard operating procedures, clinical policies and all policies required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available, some policies and procedures were not implemented in practice or sufficiently detailed and communicated to guide staff practice.

Inspectors reviewed the residents guide and found it to be user friendly,accessible, colourful and in line with the Regulations. The insurance certificate and directory of residents were reviewed and deemed to be satisfactory. Improvements were required in the details included in the Contracts of care and maintaining the record of visitors to the centre.

Regulation 14: Persons in charge

The person in charge worked in the centre for several years in a management role, was qualified and up to date with best practice in care of older people. She worked

full time and had a very good knowledge of residents needs.

Judgment: Compliant

Regulation 15: Staffing

There were adequate number and skill mix of staff on duty to meet residents needs, with registered nurses on duty at all times. A sample of staff files were reviewed and contained all the required documentation including vetting disclosures.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was electronic and inspectors found that it contained the prescribed information required and it was kept updated. It was in an accessible format and contained past and present information in relation to all the residents in the centre including all transfers, temporary absences and discharges.

Judgment: Compliant

Regulation 21: Records

Records (hard and soft copies) were stored securely and were accessible when required. The visitors' directory at reception required better oversight and control checks to ensure it accurately represented the persons coming in and leaving the centre. This was for the protection of residents as well as to ensure the safety of all visitors in the event of fire.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was insured with documentary evidence in place to reflect this.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre had sufficient resources and there were systems in place to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of the learning from the monitoring and incident review process. There was evidence of consultation with residents and their representatives.

Whereas there was good oversight of all aspects in the centre, further improvements were required in relation to premises and infection control in order to ensure the service was safe for residents, staff and visitors.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care and found that they were not updated with details of the accommodation provided to each resident as required by the Regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all three day notifiable incidents were brought to the attention of the Office of the Chief Inspector in a timely manner. Where a serious incident occurred, effective governance arrangements ensured that they could maintain the safety and welfare of the residents.

All quarterly and six monthly notifications had been timely submitted as per regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had appropriately notified the Office of the Chief Inspector

of the absence of the person in charge from the centre for more than 28 days.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors found that all policies identified in the Regulations were available in the centre to guide staff, however a small number needed to be updated to ensure they were in line with best practice and reflected the care given in the centre, these included the policy on admissions, use of restraint and vetting of staff.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider had failed to notify the Office of the Chief Inspector with the required details in relation of the arrangements in place for the absence of person in charge, specifically the arrangements made for a new appointment including the proposed date by which the appointment was to be made.

Judgment: Substantially compliant

Quality and safety

Overall the quality of care and support provided to residents was found to be of a good standard. The atmosphere in the centre was calm, friendly and welcoming. Residents' nursing needs were being met through good access to health care services. Residents said they felt safe in the centre and were well cared for. Improvements were required in terms of having formal arrangements in place to enable residents to access their finances outside office working hours and to avail of activities and opportunities for social engagement in the evenings. Improvements were also required in relation to premises in order to ensure compliance with the standards for infection prevention and control.

Pre-admission assessments were in place. Inspectors reviewed a sample of residents' files and noted that they contained the necessary documentation to ensure safe admissions and discharges, including medical summary letter,multidisciplinary assessment details and a nursing assessment. Appropriate information was provided when a transfer occurred from the centre. A communication passport was in place for each resident, which included details about

their needs, preferences and strategies identified to support them. Comprehensive assessments were carried out within 48 hours following admission and care plans were developed based on assessment of need and in line with residents' changing needs. The assessment process involved the use of validated tools to determine residents' risk of malnutrition, falls, skin integrity, manual handling and cognitive status to name a few. Care plans were updated routinely on a four monthly basis or sooner, as necessary. Residents or their representatives, where required, were involved in the care planning process. All residents had up to date assessment for meaningful activities, a key to me and a personalised profile of their daily preferences called 'My day, my way'.

Significant efforts were made to respect residents' privacy and dignity. The multi-occupancy rooms were spacious and equipped with adequate screening and en suite facilities. Staff were observed knocking on bedroom and bathroom doors and respect the privacy and dignity of residents at all times. However, some residents in the shared bedrooms mentioned to the inspectors that their sleep was disturbed at night as the curtains did not provide adequate protection from noises and odours. Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing and preference. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was evident that residents knew the staff well.

Residents had opportunities to participate in activities that suited their interests and capabilities, including occasional day trips with centre's own wheelchair accessible bus. The centre employed one activity coordinator and each unit had a designated health care assistant in charge of activities each day from 9.30 to 15.30. However, a number of residents commented on the lack of activities in the evening. This was also observed on the first day of inspection, which was in the evening. Consequently, improvement was required to meet residents' activation needs for the second half of the day. Residents commented positively on having the choice of getting in and out of bed whenever they wished.

There were no restrictions on visitors and there were a number of areas in the centre where residents could meet visitors in private. Residents' meetings were held on a quarterly basis and widely advertised throughout the centre. Inspectors reviewed minutes from these meetings, which showed large attendance and residents' consultation and participation in the running of the centre. Residents were aware and kept informed of the proposed physical reconfiguration of the centre.

Overall, premises met the needs of the residents, in that bedrooms were spacious, personalised and had good storage facilities. There were a variety of communal spaces available, which were suitably decorated and styled to create a warm and homely environment for the residents. Inspectors noted that the physical environment in the Lodge was in need of refurbishment, as several rooms showed signs of wear and tear with chipped painting on the doors, skirting boards and damaged sink wooden frames.

Significant improvements were also required in terms of sluicing and storage arrangements in order to comply with minimum standards for infection prevention

and control. For example, the sluice facility in the Autumn Lodge was inadequate in that it was inaccessible. In a very narrow space, the sluice stored three commodes, which rendered it inaccessible as the space was too tight to allow staff to safely pass through and reach the cleaning equipment and the hand washing basin. This meant that the room was not fit for purpose, which posed an infection risk to staff and residents.

Storage was also non-compliant with infection control standards in Padre Pio and St Therese units, where inspectors saw skip linen trolleys, clean linen and shower beds stored in the communal shower rooms.

There was good signage available within the centre, however the exterior signage leading to the centre could be further enhanced. Some bedrooms doors were painted in different colours or had the photo of the resident displayed to aid orientation and way-finding for residents with dementia. Grabrails were available along the corridors, in toilets and showers, some of which were of contrasting colours. There were several internal courtyards for residents, some of which were fitted with outdoor equipment for physical exercise. The provider had recently installed a new safe pathway which enhanced residents' autonomy and independence by providing a safe pedestrian passage from the centre to the shops across the road.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Staff had received safeguarding training to enable them to identify and respond to abuse and were knowledgeable of their responsibility to report in their discussions with the inspectors. There was a comprehensive policy in place which provided clear guidance to staff and there was evidence that any allegation of abuse was comprehensively addressed.

There were systems in place to safeguard residents' money, including responsibilities associated with being the pension-agent for a number of residents. There was a comprehensive policy in place and staff were trained and knowledgeable in responding to behaviours that challenge (how people with dementia may display physical, social and psychological discomfort). Residents had detailed behavioural support care plans in place which identified triggers and provided clear guidance to staff on how to respond appropriately. Additional support and advice was available from psychiatric services when required.

There was evidence of robust oversight and efforts to reduce the number of restraints in the centre. A large variety of alternatives were available such as low low beds, floor mats, bed levers, sensor alarms, half bedrails and three quarter length bedrails. However the number of bedrails in the centre remained high, with a quarter of residents using them on a regular basis. Where restraint was used there was a record of the assessment and multidisciplinary decision-making process including other less restrictive measures trialled. A restraint register was being maintained and a policy was available to guide staff on the use of restraints. However, the policy did not provide clear guidance on the definition of restraint and as a consequence there was lack of clarity in relation to their use as both enablers

and restraints. Further review was required to ensure the bedrails in use remained the least restrictive option available for residents and were used for the least amount of time in line with national policy.

Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. Residents had a separate care plan that addressed their communication needs, and there was a comprehensive policy in place available to guide care. Large print and audio books were available and residents in multi-occupancy rooms had access to wireless headphones.

Judgment: Compliant

Regulation 11: Visits

Visits were unrestricted in the centre and relatives confirmed that they were always made feel welcomed.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with a lockable space in their bedrooms to facilitate the secure storing of personal possessions. A property list was created on admission, reviewed at regular intervals and maintained up to date. Each resident had adequate wardrobe space which they could access and retain control over. Laundry was managed on site and residents confirmed that it was returned to them. Discreet labelling system was in place to identify residents' clothing.

The centre acted as pension agent for a number of residents. There were transparent records for all financial transactions. However, inspectors noted that there were no formal arrangements in place for residents to access their money at weekend and outside office hours. Inspectors discussed this with the person in charge during feedback and agreed to address.

Judgment: Substantially compliant

Regulation 17: Premises

Whereas significant efforts were made to create a homely environment with the use of soft furnishings, personalisation of residents' bedrooms and the appropriate décor of communal spaces, the Lodge unit required painting and refurbishing. Further improvements were required in the general maintenance and upkeep of the premises where wardrobe doors and skirting boards had been chipped and damaged. Sluicing and storage facilities throughout the premises also required review, as mentioned in the quality and safety section.

Appropriate resources and assistive equipment to meet resident's needs such as hoists and specialised beds was available.

Judgment: Substantially compliant

Regulation 20: Information for residents

Information was available for residents in the residents' guide as per regulatory requirements and opportunities for resident feedback were facilitated and confirmed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There were processes in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services.

Judgment: Compliant

Regulation 27: Infection control

There was an up to date policy available to guide staff on how to deliver care based on best available evidence. However, inspectors were not satisfied that the procedures consistent with standards for infection prevention and control could be implemented in practice due to environmental limitations, particularly in the Autumn Lodge sluice room. This room was too small to enable staff to safely and effectively store and decontaminate reusable equipment.

Improvements were also required in relation to the arrangements in place for linen and laundry management including handling, storage and segregation of clean and used linen, in line with best practice. Inspectors observed in two units that dirty linen skips were stored in communal shower facilities for the residents.

There were suitable hand washing facilities throughout the centre. Hand gels were also available in various locations. Cleaning schedules were in place and accurately completed.

Judgment: Not compliant

Regulation 28: Fire precautions

Residents were protected against the risk of fire. Each resident had a personal evacuation emergency plan in place and up to date. Record showed that the fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly.The fire procedures and evacuation plans were prominently displayed and staff spoken with were confident and knowledgeable of what to do in the event of fire. Escape routes were regularly checked and maintained free from obstructions.

There was evidence of comprehensive fire drills with good response times and documented learning. There had been two fire drills carried out in 2018 and one in 2019. Inspectors recommended that fire drills by compartment be conducted regularly and more frequent, including night staff levels. Although this was a single storey building, the evacuation equipment available took account of factors that could potentially hinder timely evacuation such as cognitive impairment and brain injury.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A range of validated assessment tools were used to assess each resident's abilities and needs. Wounds were managed well. Care plans were subsequently developed to identify how resident's care needs were to be met. Most care plans were very person centred. The involvement of residents, relatives, allied health professionals and the GP was evident in the care planning process and was subject to regular reviews.

Judgment: Compliant

Regulation 6: Health care

Residents' health care was being maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care support. Residents had timely access to General Practitioner (GP), including out of hours, and a range of health care practitioners such as physiotherapy, occupational therapy, speech and language and dietetic services, chiropody, tissue viability nurse, psychiatry of old age.

A follow up from previous inspection had been actioned with robust pharmacy involvement and oversight evident at both resident and service level.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were satisfied that behaviours that challenge were well managed in the centre. Staff knew the residents well and displayed good knowledge of person-centred de-escalation techniques that they would use to manage individual resident's behaviours and psychological symptoms of dementia.

The local policy on restraints required review to ensure it reflected best practice and the national policy. Inspectors reviewed the restraint register and noted that the use of bedrails remained high, despite regular assessments, multidisciplinary evaluations and various alternatives available. In their discussion with inspectors, the person in charge demonstrated good oversight and commitment to work towards creating a restraint-free environment and presented a few ideas of how she was intending to implement that in the future.

Judgment: Substantially compliant

Regulation 8: Protection

Measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to allegations, disclosures or suspected abuse. A policy was in place and staff had received training and refreshing on what constitutes abuse and neglect.

Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to communicate and enabled to exercise choice and control over their day-to-day routine. However, as per feedback from residents, a review of staffing and the activity schedule, improvements were still required in relation to insufficient activities and choice available for each resident in the evenings.

The centre was part of the local community and residents had access to radio, television, newspapers and information on local events. Mass services were held three times a week in the large Oratory available in the centre, which were attended by people from local community. Facilities and clergy from other denominations were also available to residents.

Residents were consulted and had opportunities to participate in the organisation of the centre. Independent advocacy services were available. In one unit, the residents retained access to their own records as the nursing notes were stored securely in their own rooms. Staff were courteous and respectful in their interactions with residents and visitors. Arrangements had been made for residents to vote in the upcoming referendum.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Care Centre OSV-0000466

Inspection ID: MON-0024392

Date of inspection: 21/05/2019

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Additional signage now on all entry and exit doors to the units including main door requesting all visitors to sign in visitors directory. All staff to work collaboratively to ensure compliance by requesting visitors to the centre to sign in and out of visitors directory. This matter will also be placed on the next agenda for Residents Forum Meeting on 16 July 2019 to assist with compliance.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. As an interim measure, storage of equipment has been reviewed in the Sluice Room in Autumn Lodge and a number of commodes have been removed. Staff can now access the room ensuring an overall improvement in meeting with Infection Control Standards. 2. A plan is in place to review sluice facilities to ensure they meet with Infection Control Standards as part of the refurbishment plans to meet with the HIQA 2021 requirements for the centre. 3. All skips, linen trolleys and clean linen in Padre Pio and St Therese have been removed and alternative storage areas identified.	

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All existing Contracts of Care have been reviewed and amended to include details of individual accommodation provided to each resident as required by Regulation 24.

All Contracts issued after the date of inspection now include details of the accommodation provided to each resident as required by Regulation 24.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies within the centre have a planned review schedule in place. The following policies will now be reviewed to ensure they are in line with best practice.

• SJCC 04 The Admission Procedure (Long Stay) to the Centre.

• SJCC 044 Policy on the use of physical and chemical restraints in the Centre, (underpinned by National HSE Policy on Use of Restraint).

• HSE policy The Management of Garda Disclosures required within HSE Designated Residential Services for Older Persons and People with Disabilities. A local policy will be developed in addition to this document to support implementation.

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially Compliant

Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:
As the recruitment of Director of Nursing is still pending, interim arrangements have been made for extension of appointment of Interim Director of Nursing.

All required documentation will be submitted by the centre to ensure compliance with Regulation 33.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Formal arrangements have been put in place to enable residents to access their finances outside office working hours. A cash float will be kept in a locked cabinet in nursing admin for patient use and amounts distributed will be debited to patient private property accounts monthly in line with financial procedures.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Funding has been secured and and a schedule of works in the Lodge will commence to address the issues highlighted in report and are due for completion 31 October 19.
2. As an interim measure, storage of equipment has been reviewed in the Sluice Room in Autumn Lodge and a number of commodes have been removed. Staff can now access the room ensuring an overall improvement in meeting with Infection Control Standards.
3. A plan is in place to review sluice facilities to ensure they meet with Infection Control Standards as part of the refurbishment plans to meet with the HIQA 2021 requirements for the centre.
4. All skips, linen trolleys and clean linen in Padre Pio and St Therese have been removed and alternative storage areas identified.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. As an interim measure, storage of equipment has been reviewed in the Sluice Room in Autumn Lodge and a number of commodes have been removed. Staff can now access the room ensuring an overall improvement in meeting with Infection Control Standards.

2. A plan is in place to review sluice facilities to ensure they meet with Infection Control Standards as part of the refurbishment plans to meet with the HIQA 2021 requirements for the centre.
3. All skips, linen trolleys and clean linen in Padre Pio and St Therese have been removed and alternative storage areas identified.

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:
• The Multidisciplinary Team is committed to reviewing the use of bedrails within the centre. The team considered on the draft National Policy currently under review and made a submission to the National Restraints Policy review group in October 2018.

• The local policy will be reviewed and will incorporate any changes from the revised policy when finalised.

• The centre's Falls Committee will continue to monitor use of bedrails (included in Terms of Reference for the committee)

• Ongoing audit as evidenced during inspection will continue to ensure that bedrails in use are in line with policy and there is sufficient evidence that alternatives have been considered and trialed where appropriate.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Informal conversations took place with a number of residents and staff with person in charge in order to get feedback and suggestions re activities.

• Focus groups are also planned in the month of July with additional opportunity on 16 July 19 at planned resident's forum meeting.

• Feedback from these forums will assist in development and focus for activities in the evening and at weekends, informal feedback has suggested additional activities such as bingo/film evenings.

• As requested in the report, a review of staffing from within existing resources and activity schedules will be undertaken to incorporate evening activities.

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.	Substantially Compliant	Yellow	31/07/2019
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	27/06/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in	Not Compliant	Orange	31/07/2019

	Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	27/06/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	30/06/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	27/06/2021

	associated infections published by the Authority are implemented by staff.			
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	30/09/2019
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	31/08/2019
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	30/09/2019
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that	Not Compliant	Orange	09/07/2019

	absence, including the proposed date by which the appointment is to be made.			