



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	09 April 2019
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0020900

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 and the layout of the building is reflective of buildings of that era. It is run by the Health Service Executive (HSE) and provides long-stay and respite care predominantly for the older population; however it is registered to care for any person over the age of 18 years, both male and female. Of the 38 beds, 32 are for those requiring continuing care, one bed is for those with palliative care needs, two are for respite care and three beds are for community support. The hospital provides 24-hour nursing care provided by a team of doctors, managers, staff nurses, health care attendants (HCAs) and other staff members. These members of staff are trained in all aspects of older adult care. The residents have access to a visiting consultant Geriatrician where this is necessary. Each resident has an individual care plan which is completed in consultation with the resident and/or their representative. These are reviewed every four months or sooner as the need arises. Residents have access to a wide range of services including podiatry/chiropractic, speech & language therapy (SALT), dietitian, optical, dental and hairdressing. The multi-disciplinary team works together to provide holistic care for residents. Physiotherapy and occupational therapy are available through referral to the HSE. Close links exist with the local community services which ensures appropriate follow up for respite residents and those for discharge. Residents' medicine is provided by a local pharmacy; however should a resident wish to use an alternative pharmacy they may do so. All religious denominations are facilitated and there are established close links with the local clergy. There is a chapel on site and the mass from the local community church is relayed by video link to the hospital. The catering department provides nutritious meals which are tailored to meet the different dietary requirements of each resident. Bed linen laundry is outsourced. Residents personal clothes are washed in the centre. There is an activity programme in place for residents' social needs ranging from art therapy, music, external activity providers, visits by local schools/choirs, gardening opportunities in the raised flower boxes, day trips, movies and bingo. Residents have access to an external, independent advocacy group, complaints are welcomed and residents' meetings are routinely organised. Fund-raising is supported by the friends of Macroom Hospital group. The centre aims to protect residents' rights and to promote a homely, safe environment for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
09 April 2019	10:45hrs to 19:00hrs	Mary O'Mahony	Lead
10 April 2019	10:00hrs to 19:15hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with a number of residents in the centre. They were happy to be in a centre that was located within walking distance from the town. They said they could be accompanied to the local shops or restaurants if they wished. They informed the inspector that there was a range of activities available to them and that the staff were very kind. They knew the names of the people in charge of the centre and who to approach if they had a concern or complaint. Residents said they felt safe and they were aware of the inspector's role. Residents told the inspector that they attended meetings and their input was taken on board. Residents said that they were happy with the decor in the communal room and the new television and entertainment equipment. A number of them said that they were included in the development of their care plans. Each resident was given a contract of care on admission.

Nonetheless, a large number of residents said that they would like more privacy, a lot more storage space for personal items and more space in the communal sitting/dining room and in their bedrooms. One resident said that the wardrobes when available were like "doll-house" type wardrobes. Other residents had no wardrobe. Female residents said that the available personal storage space was "way too small". A number of residents spoke about the difficulty of getting to the toilet due to the walking distance involved. Residents said they would be waiting quite a while to avail of the shower in the morning as there were only two showers available for 38 residents. Residents also spoke about the challenges of sleeping in large multi-occupancy rooms in very close proximity to residents with diverse needs, such as residents who might call or shout out for extended periods of time. A resident told the inspector that not all residents in the eight-bedded rooms agreed with each other in relation to whether windows should be opened or closed and in relation to which TV programme to watch. Residents in the combined dining/sitting room spoke to the inspector about the noisy, busy atmosphere during meal times and the fact that the room was very crowded when all were present for the meals. During the meals two residents were unable to walk out to the toilet because of the placement of their personal bed-tables and walking aids, as well as the location of their chairs behind other residents' large specialised chairs.

These issues were discussed with the person in charge and staff who were aware of the issues but were restricted in the remedial action they could take due to the limitations of the premises layout and the lack of sufficient space.

Capacity and capability

This unannounced inspection of Macroom Community Hospital took place over two days. As part of the inspection the inspector met with the person in charge, the registered provider representative, administration personnel, residents, relatives, and staff from all areas of care and support.

The findings of this inspection were that the registered provider, the Health Services Executive (HSE), had failed to ensure that an effective and safe service was provided for residents living in Macroom Community Hospital. The registered provider had not ensured that the service provided met the needs of residents living there, particularly in terms of the arrangements for privacy and dignity, residents' rights, fire-safety, personal accommodation and storage provision. Issues related to the quality and safety of care were further addressed in the Quality and Safety dimension of this report. Although a number of improvements, namely the decoration of bedrooms, the provision of an enclosed outdoor seating area and the upgraded communal room had been completed, significant non-compliances were found. The provider had not adequately addressed many previously identified regulatory non-compliances, nor had it taken a proactive approach to ensuring that the proposed improvements, specified in its 2017 action plan submitted to the Chief Inspector, had been satisfactorily progressed.

In particular, the failings as regards compliance with the regulations on premises and the consequent negative impact on the rights, privacy and dignity of residents were highlighted during all previous nine inspections since 2010. The Chief Inspector had imposed a condition on the previous registration of the centre as follows: "The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on April 2016. The reconfiguration must be complete by end of 2019".

The condition was attached 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. On the previous inspection in 2017 the person in charge had informed the inspector that she had been advised that the renovations works were to commence following the inspection and she was confident that there would be no further delay in improving the lived experience of residents. The project had not progressed since then however, much to the disappointment of management staff. The provider (HSE) had given an undertaking following the inspection in October 2017 that the required works would commence in 2018 and be completed by 2019. On this inspection the registered provider representative (RPR) stated that there had been no commencement date set for the proposed building works. Moreover, planning permission had not yet been sought. This meant that the action plan commitment in October 2017 would not be fulfilled and the provider was in breach of a condition of the current registration as above.

Both residents and staff were frustrated with the lack of the promised commencement of the renovations. They spoke with the inspector about the negative impact on their daily lives as outlined in the section above on the views of residents in the centre. Staff spoke with the inspector about trying to preserve privacy and dignity of residents in the multi-occupancy rooms. This was specified in

detail under Regulation 9, Residents' rights, in the Quality and Safety dimension of this report

The inspector found that local governance and management arrangements were interim in nature and that the key positions of person in charge and the assistant person in charge had been filled in an acting capacity for a number of years. As a result managers based locally in the centre were not sufficiently empowered to effect the substantive change required to bring the centre into compliance particularly in relation to residents' rights to privacy and dignity and in taking action to address known risks such as fire safety issues and risk management. The inspector found that there were ineffective systems of governance and management in relation to fire safety and notifications in the centre as follows:

In relation to fire safety: significant improvement was required to ensure the service provided was safe in relation to fire safety. Internal and external fire safety correspondence dating back to 2010 highlighted risks to residents not all of which had not been addressed. Specific concerns were described under Regulation 28 in the Quality and Safety dimension of this report. There was no evidence of follow-up from the governance and management structure, who were charged with regulatory responsibility and accountability. The provider was issued with an immediate action plan in relation to fire safety arrangements in the centre.

In relation to notifications: A number of key notifications had not been submitted in line with the Regulations, details of which were described under Regulation 32(1) and Regulation 31.

The inspector found that not all staff had the required mandatory and appropriate training updates. In addition, staff meetings were infrequent, the most recent staff meeting was held in November 2018. These systems were required to promote good communication between staff in relation to residents changing needs and to maintain updated knowledge and skills in the key areas of care such as the prevention of elder abuse, supporting residents with the behaviour and psychological symptoms of dementia and medication management. Effective audit systems were in place in general, and staff files were well maintained. Daily handover reports were detailed and there was a staff communication book in use.

Overall, the findings from this inspection demonstrated deficits in the overall governance and management of the service as evidenced by: A lack of comprehensive oversight by senior management; long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, privacy and dignity; a failure to address identified fire risks in a timely manner; a comprehensive review of occupancy levels was not undertaken to inform the profile and numbers of residents who could be accommodated in the centre.

Regulation 14: Persons in charge

The person in charge and the deputy person in charge had all the required knowledge and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to support the needs of residents. Staff files were in order and all staff nurses had the required registration with An Bord altranais. The person in charge and provider representative confirmed that all staff had Garda Vetting clearance in place prior to taking up employment.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had not been afforded the required mandatory training or refresher training in same. This included training in safeguarding older adults, responsive behaviours and fire training. Staff meetings were not held frequently enough, which was relevant considering the interim change of person in charge.

Judgment: Not compliant

Regulation 21: Records

Not all medication errors were recorded as these had not been noted on audit.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the HSE failed to demonstrate effective governance and management of the designated centre as evidenced by:

- Lack of comprehensive oversight in relation to the day to day experience of residents, medication management, the management of risks, training and fulfilling the previous actions as required by the office of the Chief Inspector.
- A failure to take all the necessary actions to improve the quality of life,

privacy and dignity and lived experience of residents

- A comprehensive review of occupancy levels was not undertaken to inform the profile and numbers of residents who could be accommodated in the centre considering the layout.
- Long-stay residents continued to be accommodated in situations which adversely impacted their quality of life, privacy and dignity.
- Fire safety risks had not been addressed and all risks had not been identified or assessed.
- Action plan responses following the previous inspection in October 2017 had not been followed through.
- The condition imposed on the registration of the centre had not been progressed or addressed.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating in relation to the map of the centre and a full and detailed narrative account of all rooms in the centre. The copy of the registration certificate for the designated centre contained in the Statement of Purpose did not include the additional conditions placed on the most recent registration of the centre. This was a requirement of Schedule 1 of the Regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A notification of the absconsion of a resident had not been submitted to the office of the Chief Inspector as required under the Regulations. This was relevant as the centre had up to 14 exit doors in the centre, a number of which opened out to the car park. This notification was sent in retrospectively.

Judgment: Not compliant

Regulation 32: Notification of absence

The required notification in relation to the planned absence of the person in charge

had not been submitted to the office of the Chief Inspector.

Where there was a planned absence of the person in charge there was a regulatory responsibility on the provider to notify the office of the Chief Inspector no later than one month prior to the absence. This was significant as the management structure was set out in the statement of purpose which had been submitted to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were managed according to the centre's policy.

Judgment: Compliant

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

A relevant notification had not been made in relation to the procedures and arrangements for the management of the centre in the absence of the person in charge.

The provider was obliged under the Regulations to notify the office of the Chief Inspector of the name of the person who was to assume the role of person in charge for the period of absence in the interests of continuity of management duties and supervision of care provision for residents.

Judgment: Not compliant

Quality and safety

The findings of this inspection were that significant improvements were required to enhance the quality of life of residents living in Macroom Community Hospital. Despite staff making great efforts to improve individual areas and room decor the prevailing culture of the designated centre was one reflective of a hospital rather than a home, which was impacted on by the age and era of the building.

Similar to findings on previous inspections the premises did not conform to the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for

Residential Care Settings for Older People in Ireland, 2016. This non-compliance had a serious and significant negative impact on the lived experience of residents and on the environment in which residents were accommodated, as described in this report. The quality and safety deficits impacted on residents' privacy, dignity and consultation, premises, personal hygiene facilities, fire safety issues and availability of storage for their personal property.

While efforts had been made to enhance the environment, as were noted by the inspector in previous reports, this did little to minimise the negative effects of the layout and design of the premises. Nor did it mitigate the negative impact on residents' daily and nightly experience of living in large multi-occupancy rooms with barely enough individual space to consider the area where they slept "a personal bed-space". Residents spoke with the inspector about their difficulties as described under Regulation 17. An example of the impact of the crowded accommodation was particularly evident in the two small annex rooms. In these spaces only one of the three residents had a wardrobe, as there was no room for any other furniture. The inspector found that it would be very difficult to evacuate these three residents out through the fire exit door provided in the annex area, as the privacy screen location impinged on the fire exit door. A fire drill had not been carried out in this area at the time of inspection.

The multi-occupancy bedroom accommodation consisted of two eleven-bedded wards which were made up of an eight-bedded ward and a three-bedded interconnected small 'annex' ward, an eight-bedded ward, a seven-bedded ward and one single-bedded room. Due to the design and layout of these multi-occupancy wards the largest area of which accommodated up to eight residents, there was inadequate personal space for residents to ensure that their privacy and dignity was protected on a daily basis. For example, the design and layout of these wards significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private. Only 16 of the 38 residents had been supplied with a personal wardrobe. The impact of the lack of sufficient storage space was evident. A small number of residents remained in bed all day due to their high care needs. However, as these residents shared large multi-bedded room accommodation there was a restriction on the space available for staff activity within the bedroom areas. In addition, the impact of the the bedroom layout in relation to visitors was was evident. A further challenge arose, according to staff, as the shower areas were located a distance away from residents' beds some residents had to cross the corridor to access a shower room. For this reason it was very difficult to ensure that residents' privacy and dignity rights were preserved.

Staff spoken with agreed that it was very challenging to attend to residents' toileting care needs with discretion as beds were too close together. The inspector noted that the staff made every effort to protect the privacy and dignity of residents through the use of fixed telescopic screens. As the bed-screens were fixed in very close proximity to each bed due to the ward layout and lack of space, it was very difficult to assist residents with specialised chair, wheelchair or commode use within the small enclosed spaces. The inspector noted on this inspection also that the screens from the bed opposite were often utilised additionally, to enhance the private space available to staff and residents. There were two toilets for each 11-bedded multi-

occupancy room. There was one bath available for the 38 residents and two showers shared by the 38 residents, which were difficult to access for most residents due to their location. Nevertheless, staff stated that the availability of an overhead hoist system had served to enhance the provision of care to residents with high needs, even though its use impacted on the environment of other residents because of noise and the movement of the hoist from one side of the room to the other. There continued to be inadequate storage space available for the storage of equipment such as hoists, wheelchairs and walking frames. The inspector saw that equipment was stored in the residents' oratory and externally.

Further to the findings of unsatisfactory fire safety arrangements outlined briefly under the Capacity and Capability section of this report the following aspects caused particular concern:

- Incorrect personal evacuation plans: which indicated that evacuation ski sheets were to be used when none were available for the relevant residents.
- No fire evacuation training in relation to the use of the evacuation ski pad available for one resident whose bed could not be evacuated.
- Beds in two wards, of 11 residents in each, could not be evacuated with ease due to the bed design and the presence of a known risk consisting of a raised "lip" on the threshold of the fire exit doors.
- Risk assessments were not completed in relation to the known risks as described under Regulation 26: Risk assessment.

Following submission of the urgent action plan on fire safety from the office of the Chief Inspector the provider took steps to address some of the immediate risks and fire safety issues identified by the inspector, following the inspection.

The inspector viewed a sample of residents' care plans which indicated that there was timely access to the general practitioner (GP) service. A choice of GP was highlighted in the statement of purpose, as required by regulations. In addition, residents who were on respite stay were facilitated to retain their own GP. End of life care wishes were documented for most residents. There was evidence that residents had access to allied health-care services. The deputy person in charge stated that similar to findings on the previous inspection the services of an occupational therapist and the physiotherapist had been withdrawn and was available by referral only. This impacted on the physical well-being of residents some of whom told the inspector that they would like to walk more and keep active.

Throughout the inspection staff were seen to support residents to maintain their independence where possible. Premises, fittings and equipment were well maintained and clean due to the attention of the relevant staff and the oversight of the management team. Questionnaire responses from residents and relatives indicated that staff were kind and had excellent communication skills. In addition, residents and relatives stated that the food was varied and afforded adequate choice. Family, friends and community involvement were encouraged and relatives confirmed this with the inspector.

Information on the activity programme was on display and available to residents. A

number of residents spoken with by the inspector said that they enjoyed the various events which formed part of the activity programme. However, not all residents were happy with the choice on offer. This was addressed with the deputy person in charge who stated that since the regular activity staff member had retired they had been lacking designated activity staff. The registered provider representative stated that this was being addressed.

The inspector observed the dining experience of residents. The majority of residents ate their meals in the spacious conservatory type dining room/communal room. The inspector saw that 30 of the 36 residents were up and dressed in the dining room for dinner. It was apparent to the inspector that this was the daily practice as resident had their preferred seats during meal times. However, due to the increased dependency levels of a number of residents and the provision of specialist seating for these residents the dining experience took place in a noisy, crowded atmosphere where staff were seen to struggle in and out around tables to serve meals to residents.

The inspector found that there were a number of non-compliances in the management of medicines in the centre as set out under Regulation 29: Medicines and Pharmaceutical Services.

In summary, the inspector found that since the last inspection the following actions remained outstanding:

- Bedroom space and appropriate use of communal space having regard to privacy and dignity of residents.
- Adequate private accommodation was not provided for residents.
- Suitable provision for storage of personal belongings was not provided in the designated centre.
- Privacy to the extent that each resident was able to undertake personal activities in private by ensuring that there were adequate visitor, bathroom and toilet facilities was not evident.
- There was inadequate individual bedroom space: The bedrooms consisted of 'ward-type' accommodation and there continued to be inadequate bedroom space or private accommodation to ensure privacy and dignity for residents.
- Fire safety issues had not been addressed.

Regulation 10: Communication difficulties

Residents who communicated by loudly calling out impacted on the privacy and dignity needs of other residents and vice versa.

Judgment: Not compliant

Regulation 11: Visits

While visitors were always welcome they had no space to sit by their relative's bed. They could not hold private conversations with their relatives. The absence of space for visitors or space for chairs meant that visitors were seen standing up in groups around the beds of those they were visiting. This meant that the other residents were aware of the presence and conversation of visitors and the privacy of all concerned was negatively impacted on.

The presence of visitors in such crowded bedrooms impacted on the privacy and dignity of other residents who were in bed. Visitors were present on some occasions in bedrooms when other residents were in bed. This had a negative impact on the promotion of privacy and dignity for vulnerable residents.

Judgment: Not compliant

Regulation 12: Personal possessions

There was inadequate provision for the storage of personal belongings as evidenced by:

- Lack of space for personal possessions in most wards.
- Residents said they needed a lot more more storage space for personal items and more space in the communal sitting/dining room and in their bedrooms.
- One resident said that the wardrobes when available were like "doll-house" type wardrobes.
- Female residents said that the available personal storage space was "way too small".
- Up to 16 residents of the 38 accommodated in the centre had no wardrobe.
- All wardrobes available in the centre consisted of a narrow "double height locker" type wardrobe approximately four feet high and nine inches wide. This meant that residents were restricted in the clothes and personal belongings they could bring into the centre. They told the inspector that their relatives obliged them by taking home all clothes apart from two or three outfits.
- The inspector saw that extra personal clothes were stored on the floor of an external building in green bags.
- Other clothes were seen stored in plastic boxes in a shared press at the bottom of each ward. The inspector found that these shared presses were often obstructed by the placement of a resident's chair, as the space for bedside chairs was at a minimum.

Judgment: Not compliant

Regulation 13: End of life

There was access to specialist palliative services available and residents were treated with respect at this stage of their lives. Staff had relevant training in this aspect of care and a number spoken with were found to be knowledgeable of the end of life care wishes and needs of residents.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the statement of purpose. The impact of the design and layout of the premises were documented in detail in this report; In relation to:

- privacy and dignity
- personal possessions and storage
- carrying out activities in private
- lack of sufficient communal spaces
- lack of sufficient showers and accessible toilets
- noise and impact of other residents on personal space and environment
- The bedrooms looked untidy and crowded especially when all residents were in their beds or when personal care was taking place.
- All residents could be seen from the corridor when the privacy screens were moved and the layout of the bedrooms had the appearance of a large old-style hospital ward instead of a homely living space.
- Visitors and staff passed by residents in the eight-bedded 'ward' to attend to residents in the two three-bedded annex rooms.
- Residents in these very small three-bedded bays had to pass down the long eight-bedded ward to get to a toilet or shower area. This was a difficult task particularly at night time for feeble residents and a commode was required by residents who were capable of getting out of bed.
- The use of a commode in such a confined space had consequences on the environment of other residents. The commode had to be brought down through the "ward" to a sluice room to be washed and emptied. This created additional noise and disruption for other sleeping residents.
- The inspector formed the opinion that the small three-bedded annex "ward" spaces were only suitable to accommodate one resident due to the lack of space for furniture and the unsuitable living and sleeping

arrangements for residents.

- The communal dining/sitting space was too small to accommodate all the residents at meal times due to their diverse needs.
- Not all residents had space for a bedside chair and where one was available it was often a small chair which was not suitable for the needs of all residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Food looked nutritious and plentiful. Home baking was available daily. There was evidence that any concerns regarding nutritional status were addressed by the dietitian and SALT. The Malnutrition Universal Screening Tool (MUST) assessment was undertaken on admission and it was repeated at intervals.

Judgment: Compliant

Regulation 26: Risk management

Not all risk were assessed and managed appropriately and included among others:

- the risks to staff from unsafe evacuation
- the risk of unsafe storage of medicinal products
- no fire resistant door on the sluice room where two bedpan washers were seen to be in use
- there were gaps noted in this door frame
- a risk assessment with confirmation that the newly converted laundry room had been made fire-safe in all aspects.
- inadequate risk management training sessions provided to all senior staff.
- the fixed screens when located adjacent to the fire doors had the potential to impede speedy evacuation as their placement and size blocked the edge of the fire exit doors in some bedrooms.
- the central IT control unit and the electrical fuse boxes were located in the well-stocked linen press. Other combustible materials were stored in this room. This had not been risk assessed at the time of inspection.
- In relation to manual handling risks to staff members; staff said that they had to lift up each bed to enable it to be evacuated through the fire exit doors in each individual bedroom area. They informed the inspector that where a bed had been successfully evacuated out to the external courtyard it was impossible to bring the bed back in, without calling on the extra strength of the maintenance personnel. This would be particularly significant if the issue

arose at night as these personnel would be off duty.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety issues had not been addressed and significant concerns remained a number of which were also specified under Regulation 26 on risk assessment above:

- There was a significant risk to residents due to the impact of the premises layout on evacuation procedures.
- Staff were not trained in all aspects of evacuation and fire safety risks had not been addressed.
- Unsafe fire safety evacuation techniques,
- Inaccurate personal evacuation plans,
- The absence of alternative means of evacuation and other known risks which were not assessed or addressed.
- Bed-linen stored adjacent to electrical equipment.
- Inability to move out beds through fire exits due to door design and bed design.
- Lack of documentation in relation to all fire drills.
- The location of the privacy screens next to the exit doors causing an obstruction.
- Eleven residents in bedroom areas to which there was no access from the outside in through the fire exit doors, if required.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Not all unused medicines had been returned to pharmacy. Eye drops were not labelled with the opening date which resulted in some residents having two bottles of eye drops in use. It was difficult for the inspector to ascertain which eye drops had been opened for longer than a month after such time they should be discarded. Not all staff had signed for the administration of medicines as required by regulation. Ointments and eye drops were not securely stored.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained. Documentation was in place which confirmed that residents received treatment from the dietitian, the psychiatrist, palliative services and the speech and language therapist (SALT) among others. The consultant geriatrician made three-monthly on-site visits. Staff stated that this was of great benefit to residents who were facilitated with specialist medical input without having to go to an outpatients' department. Residents' representatives were seen to have been consulted where residents were unable to participate in care planning decisions.

Judgment: Compliant

Regulation 6: Health care

There was limited access to the physiotherapist and the occupational therapist outside of the referral, or private process which was expensive for those whose sole income was the pension. While the referral process was free there was awaiting time involved. In addition, residents said they would like to have more access to the service to maintain their mobility.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

All staff did not have updated knowledge and skills to meet the needs of these residents in line with regulatory requirements. This was a repeat non-compliant finding.

- The staff in the centre did not had the required training in this aspect of care.
- There were a number of residents in the centre whose needs were very high due to the behaviour and psychological effects of dementia (BPSD). One of these behaviour episodes was seen by the inspector who found that there were very few options open to the staff to intervene in a positive manner in the absence of distraction techniques and space for diversionary activities such as a well equipped relaxation room.

Judgment: Not compliant

Regulation 8: Protection

While the majority of staff had been afforded the appropriate training in this aspect of care a number of staff were overdue refresher training or awaiting training in this aspect of care which was a mandatory requirement of the Care and Welfare Regulations for Older People.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had failed to ensure that residents had a satisfactory lived experience as evidenced by:

- Residents who had a tendency to call out repeatedly had no private space in which to vocalise and this impacted on all residents.
- The lack of privacy and dignity afforded to residents in the confined bedroom spaces was significant.
- Residents had limited access to toilets and showers.
- The use of commodes within multi-occupancy rooms, in the absence of easily accessible toilets, impacted on the privacy and dignity of all concerned
- Residents had to wait for long periods of time to use the shower as there were only two showers for the 38 residents. In addition, they were not easily accessible and access required having to cross out into the main hallway for a large number of residents.
- Not all residents were happy with the activities on offer.
- Residents could not speak with visitors in private and residents in bed, or by their bed, could not avail of privacy when other people had visitors.
- The communal dining sitting space was crowded at meal times, meaning that it was not as enjoyable an occasion as it should have been. Some residents found it difficult to walk around chairs to get to the toilet during meals.
- The fixed screens while providing added privacy were seen to impinge on the neighbouring bed-space when pulled around each bed. These screens also impacted on the safe passage of residents accommodated in the three-bedded annex-room adjoining the eight-bedded 'wards'.
- The overhead hoists were noisy when in use and when transported across the ceiling from bed to bed, especially at night.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Not compliant
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0020900

Date of inspection: 10/04/2019

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Staff meetings are now up to date - May 2019. • Safeguarding is within a 2 year time frame – staff requiring training for quarter 3 will commence in June 2019 with completion in Aug 2019. • Responsive behavior training commencing onsite in June 2019 with completion by Aug 2019. • Fire fighting equipment training is due in Sept 19 will be completed by the end of Sept 2019. • Fire evacuation for all staff will be completed by end of June 2019. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • All medication errors will now be recorded on NIMS and submitted to General Manager's office on the monthly Quality and Patient Safety stats. • The current medication audit tool, Usage and Legibility of prescription charts is currently being revised to include medication practices 	

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>"This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."</p> <p>A review and plans to improve the quality of life for the residents in their current environment are carried out continuously in this centre. The communal day room has recently been refurbished with new chairs, fireplace and television unit. Plans are in place to create a sitting room and quiet area in the existing oratory. This will create more room in the existing communal room and the overcrowding will reduce as it will be a dining area only. Dining tables will be changed and allow for a positive dining experience. Larger chairs will be removed to the new area.</p> <ul style="list-style-type: none"> • Whilst the environment can be challenging, protecting residents' privacy and dignity is a priority for staff. • The planned new build extension will have a positive impact on the Long-stay residents. The plans for the new build are entering the planning application stage. • Fire safety risks are now addressed and all staff are up- skilled and trained to safely evacuate in a safe and timely manner. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Statement of Purpose has now been updated in relation to the map of the centre, full and detailed narrative account of all rooms in the centre. • A copy of the registration cert is now attached to the Statement of Purpose and includes additional conditions placed in the most recent registration as per Schedule 1 of the Regulations. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

NF05 was sent in retrospectively (April 12th 2019) on the absconson of a resident. Going forward all NFO's will be submitted within the appropriate timeframe

Regulation 32: Notification of absence	Not Compliant
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Outline how you are going to come into compliance with Regulation 32: Notification of absence:

As per Regulation 32, NF30B Form notifying the Absence of Person in Charge was sent in retrospectively April 12th 2019. The Office of the Chief inspector will in future be notified of a planned absence 1 month prior to the absence immediately when known.

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant
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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:

NF30B sent in retrospectively April 12th 2019. The office of the Chief Inspector will in future be notified of any planned absences of the Person in Charge immediately when known.

Regulation 10: Communication difficulties	Not Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

"This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."

Refresher Responsive Behaviour training is commencing onsite in June and will be completed by Aug 31st 2019.

Individual Care plans in place for residents with Responsive behaviours using evidence based interventions.
One to one supervision for diversion therapy is provided when necessary

Regulation 11: Visits

Not Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
"This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."

Visitors are encouraged to use the library and oratory for private visits. We have a plan in place to develop the existing oratory with more comfortable seating and décor by September 2019.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

"This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."

As below under Premises , an extension to the hospital will reduce multi-occupancy wards and provide more space for personal possessions

A review by the estates department of storage and possible options has been requested

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
"This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."

As part of the Capital Plan for new builds and refurbishments an extension to the hospital is planned. This will comprise of 24 single rooms, 1 double room and reconfiguration of existing wards to 3 bedded rooms. Design plans are completed and it is moving towards planning application

Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

- All "lips" on doorways have been removed and access to outside space is unobstructed External access on fire exit doors are now fitted.
- Medicinal products are now stored in the medication trolley as per policy.
- Fire resistant door installed at sluice room.
- Gaps present in fire doors is now rectified – April 2019.
- Laundry room is fire safe as per inspection report by Maurice Johnson.
- Evacuation training identified the existence of fixed screens. Evacuation successfully completed with moving the screens on wheels thereby reducing the risk to speedy evacuation.
- The central IT control unit and electrical fuse boxes are now in the existing room. Linen is now stored in another reconfigured area. Risk assessment completed.
- Fire exit doors are now repaired allowing easy access and exit from the wards to complete a successful evacuation safe for residents and staff.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The significant risk to residents is greatly reduced with the repairs carried out on the fire doors.
- Staff training is in date. Full fire evacuations were supervised by the Fire and Safety Officer on May 16th.
- Personal Evacuation Plans have been updated and are correct.
- Bed Linen re-stored in a re-configured room.
- Beds can now be easily moved through fire exit doors.
- Fire drill documentation is updated to include the area evacuated, time required to evacuate and any issues of concern.
- Privacy screens are on 8 – 10 castors depending on length. Easily moved to gain access to the fire exit doors.
- Outside access is now available on all fire exit doors.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> ● Ointments and Eye drops are secured in the medication trolleys for each resident. ● Eye drops are labelled with the opening date and discarded after 1 month of opening as per medication policy. ● All unused medicine is returned to the pharmacy as per policy. Drug disposal box available for returns. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> ● Limited OT service is on the Risk register. ● Physiotherapy Service is available by referrals and supplied by a physiotherapist at no expense to the resident. 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> ● Refresher Responsive behavior training will be delivered onsite to all staff from June – August 2019. ● The oratory is used as a quiet area in the management of residents with Responsive Behaviors. Walks on the grounds, rummage box and music are used as distraction techniques. One to one attention is always provided in the event of a resident getting agitated or upset. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Safeguarding Training is delivered onsite 2 yearly. Staff due for refresher training in quarter 3 will be trained by end of August 2019. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: "This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations."</p> <p>Residents with episodes of responsive behaviours are currently taken to the Oratory for quietness or taken for a walk outside, weather permitting. As per the individual care planning, any diversionary methods of distraction are used to settle the resident.</p> <ul style="list-style-type: none"> • Privacy and dignity remains a priority in caregiving for all residents. This involves the use of the fixed screens and wheeling residents requiring commodes to the nearby toilet for privacy. Whilst this may be challenging at times, the work practices are always mindful and anticipatory of the residents needs in their care. • The bedroom spaces are made as personal as possible for the residents. Family photos etc. are displayed at resident's bed spaces. All residents are encouraged to use the communal room at daytime thus reducing the time spent in bedrooms • Whilst there are only 2 showers and 1 bath, the staff work diligently to ensure that all residents are assisted with their preference of a shower or bath • There are several activities on offer – Elderwell attend twice weekly, bingo is played daily at the residents request, physical exercises to music are scheduled twice weekly with a trained staff member, hair styling by staff is done when requested by the ladies, painting is done weekly by volunteers, Mass is weekly and Communion is brought on Sundays, a choice of movies are projected on a big screen, music is played daily by DVD or live music when possible. Resident outings to a shopping centre were facilitated at Christmas, a garden fete will be organised in the summer, and any other opportunistic outings will be organised. Regular resident meetings identify any areas that will interest the residents and the staff are always striving to improve in any area they can. • Visitors are encouraged to go to the library or oratory when possible to speak in private to their relative. There are tea and coffee making facilities in the oratory area. • The communal dining area is enjoyed by the residents as it is familiar to them. However, there are plans in place to develop an area in the oratory as a sitting area and quiet space. This will benefit the communal room as the armchairs can be moved to the new area in the oratory and make more space to improve the dining experience. • The overhead hoists are used as little as possible at night to reduce the noise level but when required, the noise level is kept to a minimum. The high dependency level of our residents warrants the use of the hoist but a sliding sheet moving and handling system is 	

used when at all possible.

- The fixed screens provide the residents with the privacy they require. In the event of a resident needing to pass through, they are accommodated by a staff member as the screens are very mobile on wheels.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Not Compliant	Orange	31/08/2019
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private	Not Compliant	Orange	30/09/2019

	area, which is not the resident's room, is available to a resident to receive a visitor if required.			
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	30/06/2019
Regulation 12(b)	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 his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/06/2019
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	Not Compliant	Orange	31/12/2020

	finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	30/09/2019
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	31/12/2020
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	31/12/2020
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	Substantially Compliant	Yellow	31/05/2019

	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.	Not Compliant	Orange	30/06/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/05/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/05/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding	Not Compliant	Red	16/04/2019

	and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Red	16/04/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	16/04/2019
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Red	16/04/2019

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	16/04/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/05/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/05/2019
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been	Substantially Compliant	Yellow	31/05/2019

	dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/05/2019
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	12/04/2019
Regulation 32(1)	Where the person in charge of the designated centre proposes to be	Not Compliant	Orange	12/04/2019

	absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.			
Regulation 6(2)(c)	The person in charge shall, in so 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.	Substantially Compliant	Yellow	07/06/2019
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 that is challenging.	Not Compliant	Orange	31/08/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/08/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	07/06/2019

	activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	07/06/2019
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	07/06/2019
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	07/06/2019
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.	Not Compliant	Orange	12/04/2019
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, or are	Not Compliant	Orange	12/04/2019

	proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.			
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.	Not Compliant	Orange	12/04/2019