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:	The Sheil Community Hospital
Name of provider:	Health Service Executive
Address of centre:	College Street, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	10 September 2019
Centre ID:	OSV-0000624
Fieldwork ID:	MON-0024404

About the designated centre

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

The designated centre is located in the centre of Ballyshannon, County Donegal and is within walking distance from shops and local amenities. It is registered for 16 residents, male and female over the age of 18. The centre provides 24 hour nursing and social care to both male and female residents mainly over the age of 65. The centre can accommodate residents with various dependency needs: low, medium, high and maximum. The nursing care provided includes general, intellectual disability and mental health. The designated centre is located on the first floor of a two store building. Accommodation is provided in five single rooms, two twin rooms, one triple room and one four bedded room. Communal facilities include a dining/activity room and a sitting/ day room. Residents have access to an oratory on site. The centre's stated philosophy is to embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
10 September 2019	19:15hrs to 20:15hrs	Ann Wallace	Lead
11 September 2019	09:40hrs to 16:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents and their visitors during the inspection. Residents told the inspector that they were very satisfied with the care and services that they received in the centre and that they were comfortable.

Families said that overall they were happy with the care provided to their relative and that staff were always available to keep them up to date about the resident's health and well-being. Where families had raised any issues with the staff they said that they were listened to and that the issue was addressed promptly.

Residents said that the staff were kind and that they would do anything to help. Residents said that they could trust staff and that there was always somebody to talk to if they were worried about anything.

Some residents said that their rooms were small and others told the inspector that they would prefer a single room. Residents and some families also said that the lounge was too small and that they sometimes found it difficult to find a quiet space.

Residents said that they enjoyed their food and that there was plenty of choice available. Residents said that they could ask for a hot drink at any time and staff would ensure they got one.

Residents told the inspector that they enjoyed the activities that were on offer. One relative told the inspector how the staff had worked with the family to create a memory book and items of fishing memorabilia to provide items of interest and prompt memories and discussion with a resident who had dementia

Capacity and capability

The centre was well managed for the benefit of the residents who lived there. There was a clear management structure in place and staff were supervised and supported in their work. There were well established monitoring processes which were being used to identify where improvements were needed.

Most of the required actions from the previous inspection in January 2018 had been addressed by the provider. The service continued to be non-compliant in Regulation 17 premises and Regulations 16, 23 and 34 were found to be substantially compliant on this inspection. In addition the Statement of Purpose required review to ensure that it included the person in charge who was new in post and any other changes in

staff that had occurred in recent months.

The designated centre had a condition attached to its current registration which stated that the current premises were to be refurbished as per the plans submitted to the Chief Inspector in April 2016 and that this was to be completed by December 31st 2021. Following the inspection the inspector met with the registered provider representative and found that the planned refurbishment project, which included the temporary transfer of residents from the Sheil to another nearby designated centre, was being progressed within the agreed time frames. The inspector was informed that the funding was in place for the project.

The person in charge (PIC) had been in post since July 2019. She was a registered nurse and met the requirements of the regulations. The PIC was well supported by the registered provider and records showed that they met regularly to discuss any complaints, staffing issues or incidents that had occurred in the centre. The registered provider was aware of any current issues in the centre. There were no open complaints at the time of the inspection.

There was a comprehensive range of monitoring systems in place to provide oversight of clinical care and services. Nursing Metrics were available for key performance indicators such as pressure sores, medication errors and incidents. Action plans were in place to address any areas for improvement. However there was no clear record that the improvement actions were followed up by managers.

Although residents and their families were consulted about their care and services, the inspector found that some improvements were required to ensure that their feedback was used to inform the development of the service. For example an annual review had been completed in 2018 and this was available for residents and families to read. However the annual review and the subsequent quality improvement plan were not informed by feedback from residents and their families.

There were enough staff on duty to meet the needs of the 16 residents who were accommodated in the designated centre on the two days of the inspection. The staff on duty matched the staff listed on the duty roster. Any changes to the planned roster were clearly recorded. All staff on duty had received a comprehensive handover at the beginning of their shift and were clear about their allocated work and responsibilities. The inspector observed that staff were worked well together demonstrating cooperation and flexibility to ensure that resident's needs and preferences for care and support were met. Residents told the inspector that there were usually enough staff to meet their needs and that they did not have to wait long before staff responded to their call bells.

The inspector reviewed a sample of staff records and found that they contained all of the documents required in Schedule 2 of the regulations. This included an up to date Gardai vetting disclosure which was a required action from the previous inspection.

Staff had access to a comprehensive training programme which included mandatory training in fire safety, safeguarding and moving and handling. Although most staff were up to date in these areas records showed that a number of staff were not up

to date in infection control and cardio-pulmonary resuscitation. In addition only some staff had attended dementia training and the management of responsive behaviours including the use of restraints.

Regulation 14: Persons in charge

The person in charge was a qualified nurse with more than three years experience of working with older persons. She worked full time and was fully engaged in the effective governance, operational management and administration of the designated centre. The person in charge was well known to residents, staff and relatives.

The person in charge had a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the needs and number of residents and the layout of the designated centre.

There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There were clear lines of accountability and reporting in place. Staff had access to support and supervision in their work. As a result staff were clear about their roles and responsibilities and demonstrated accountability in their work.

Staff had access to a programme of ongoing training and mandatory training updates. However improvements were required to ensure that staff were trained in key areas such as dementia care, responsive behaviours, hand hygiene, cardiopulmonary resuscitation, and managing responsive behaviours.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to provide care and services in line with the Statement of Purpose.

There was a clearly defined management structure in place which identified the lines of authority and accountability and areas of responsibility.

There was a quality assurance programme of monitoring and oversight which required improvement to ensure that where improvement actions were agreed that these were implemented and followed up by managers.

The annual review for 2018 had been completed and a copy was available for residents and families to read. The review process need to improve to ensure that the views of residents and families were included and used to inform future changes in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose had been updated in August 2019. The document included the information set out in Schedule 1 of the regulations however two persons participating in management who no longer worked in the designated centre were included in the current document.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The policy included information about the HSE Your Service Your Say policy and the local arrangements that were in place for how to make a complaint and how to appeal a decision if the complainant was not happy. However the policy did not include the name of the person who was responsible for managing complaints in the centre and the complaints procedure was not displayed in a prominent position.

There was only one formal complaint recorded since the last inspection. records sowed that the complaint had been investigated in line with the centre's policy and that appropriate actions had been taken to resolve the complaint. The record included the level of the complainant's satisfaction with how the complaint was

managed.

Judgment: Substantially compliant

Quality and safety

Overall the inspector found that residents were well cared for by staff who knew them well and who worked hard to ensure that each resident's needs and preferences for care and support were met. The actions form the previous inspection in relation to care plans and monitoring the whereabouts of those residents at risk of absconding had been addressed by the provider. However the required actions in relation to how restraints were managed in the designated centre and how fire drills were recorded and improved upon had not been adequately addressed. In addition this inspection found that the monitoring and maintenance of fire escape routes required significant improvement. As discussed earlier in the report Regulation 17 premises remained non-compliant.

Each resident had an assessment of their needs prior to coming to live in the designated centre and again on their admission. The assessment included their self-care abilities and preferences for care and daily routines as well as their nursing and care needs. The information was included in each resident's care plan which ensured that staff caring for the resident knew about their current care needs, what they could do for themselves, their preferences for daily routines, preferred clothing and makeup/jewellery and how they liked to spend their day. As a result care was found to be person centred.

Each resident's daily care was recorded clearly. This was an improvement from the previous inspection. The record included what care had been given and by whom. Where a resident refused care this was recorded. The daily record included meals and drinks taken, skin integrity and elimination as well as what activities the resident had participated in and any visitors that had been in to see them.

Records showed that residents enjoyed a good standard of evidence based nursing care. Clinical risk assessments were completed for skin integrity, nutritional risk and falls risk. Nursing staff had the requisite knowledge and skills to care for residents with a wide range of health and social care needs. Nurses had access to on-going training and updates in key areas such as wound management, pressure sore prevention and end of life care.

Residents had access to a range of medical and specialist services to meet their needs. This included a General Practitioner (GP), pharmacist, speech and language therapy (SALT) and dietitian. Physiotherapy and occupational therapy services were available however access to these services was largely focused on crisis intervention and assessments for specialist equipment. This limited the resident's access to health promotion opportunities such as mobility improvement programmes and a comprehensive falls management programme. For example one resident had had

three falls in recent months and although they had been reviewed by their GP after each incident there had been no referral to or follow up by either a physiotherapist or an occupational therapist.

There was a comprehensive policy in place for the management of responsive behaviours ((how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However records showed that less than 50% of staff had attended training in dementia care and the management of responsive behaviours. In addition the responsive behaviours care plans did not provide sufficient details of triggers for behaviours or the appropriate de-escalation interventions required to support and reassure the resident.

Improvements were also required in how restraints such as bed rails and wander alarms were used in the designated centre. Less than 50% of staff had attended training in the management of restraints. In addition the risk assessment and care plans that were in place for residents who were using these types of equipment did not provide sufficient details about what alternatives had been trialled prior to their use and in what forum the restraint had been discussed with the resident and where appropriate their relative. Records also showed that the restraint register was not maintained as required in the centre's own policy.

Where residents had specific communication needs there was a clear care plan in place which identified the resident's needs and recorded the equipment and interventions that were required to support them to communicate with others. Staff knew each resident's communication needs and worked hard to ensure that residents could communicate effectively. For example those residents who preferred to speak in Irish were supported to do so as there were sufficient staff on duty who spoke the native language. One resident who had cognitive impairment was supported by staff to choose what clothes they wanted to send to the laundry using pictorial cards with photographs of their personal clothing.

Resident told the inspector that they enjoyed their meals and that they had plenty to eat and drink at times that suited them. The inspector saw that there were enough staff on duty to assist residents at meal times. A new role had been created since the last inspection entitled homemaker. The home-worker was a member of care staff who was allocated each day to provide activities and to serve meals and assist residents at meal times. The homemaker was familiar with each resident and was able to verbalise their needs and preferences at meal times. The dining room was bright and recently decorated however it did not provide adequate dining space for all of the residents who were accommodated in the centre. This was an outstanding action from the previous inspection and would be addressed in the planned refurbishment of the designated centre. In the shorter term residents could choose to take their meals in their bedrooms or in the lounge.

The provider had implemented appropriate measures to protect the residents form abuse. Staff had been trained in elder abuse and safeguarding. Comprehensive policies and procedures were in place and staff were aware of their responsibility to keep residents to report any incident or allegation of abuse. The person in charge

was aware of her responsibility to investigate any such allegations or incidents. Residents told the inspector that they felt safe in the centre and that they could talk to a member of staff if they had any concerns.

The inspector found that although the health and safety of residents, staff and visitors was promoted significant improvements were required in the monitoring of external fire exit routes to ensure that they were well maintained and provided a safe egress in the event of a fire emergency. One of the fire exit routes leading to an external fire escape had a temporary repair of the flooring which gave way when stepped on and created a hazard for those might need to use the route in an emergency. In addition the external fire escape was wet and mossy which created a slippery surface underfoot creating a second hazard in the event of staff and residents needed to use this as an escape route. These hazards had not been identified on the routine fire exit checks carried out each day in the designated centre. The inspector also found that fire drill records did not include information in relation to the learning and improvements required to improve the time taken to evacuate residents. This was an action from the previous inspection.

In addition the cleaning and maintenance of assistive equipment required improvement. For example one pressure relief cushion was frayed on both sides and a comfort chair being used by one resident was found to be in a poor condition with worn upholstery. Both items of equipment posed a potential infection risk and were not being maintained in line with the manufacturer's guidance.

The premises remained non-compliant on this inspection. Bedroom accommodation consists of five single rooms,two twin rooms, one triple room and one en-suite four bedded room. There was adequate screening in the multi-occupancy rooms and 'care in progress' signs were used by staff to alert anyone who might enter the room whist personal care was being given to one of the residents. There was enough space around the beds for a comfortable chair and bedside table. Residents said that they had enough wardrobe space and drawers to store their clothes and belongings. However resident's personal space was limited if they wanted to personalise the area with photos and artefacts from home.

There were enough communal toilets and shower rooms for residents. Equipment such as hoists and specialist chairs were available if required. However there was not enough storage space and the equipment was stored in communal bathrooms and the lounge when not in use.

Communal dining and lounge rooms were warm and comfortable and provided a homely atmosphere for residents however the rooms were not adequate to accommodate more than six or eight residents at any one time.

Resident's rights were upheld in the designated centre and residents were consulted about their care and the services that they received. Where a resident refused a care intervention or a service this was respected by staff. Mass and other religious activities were available on a weekly basis. TV, radios and a daily newspaper were available for residents.

Residents had access to meaningful activities that met their interests and needs.

The homemaker was responsible for planning and delivering activities throughout the day. Activities staff had completed additional training in dementia care and SONAS therapies for residents with cognitive impairment. The inspector saw that there was a planned activities schedule however this was flexible and the homemaker added to this during the afternoon to ensure that one resident who was becoming agitated could watch a video that she enjoyed.

Resident meetings were held monthly. Minutes of the meetings were available for residents and families to read. Residents had access to independent advocacy services if they needed them.

Regulation 10: Communication difficulties

Each resident who had communication needs had a care plan in place which outlined the care and equipment that was required to enable them to communicate freely. Staff were aware of individual resident's communication needs and were observed using effective verbal and on verbal strategies to enable residents to verbalise their needs and preferences for care and support.

Judgment: Compliant

Regulation 11: Visits

There was open visiting in the designated centre with some protected times around meal times. Visitors were made welcome and were encouraged to be involved in the residents' ongoing lives in the centre.

There was no visitor's room in the designated centre for residents to meet with their visitors in private and visitors were seen meeting with residents in their bedrooms or in the communal areas.

There was a visitors book located outside of the nurse's station and visitors were observed signing in and out of the designated centre.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not appropriate to meet the needs of the residents currently living there;

- the layout and size of a number of single and twin bedrooms did not provide adequate space and privacy for the residents.
- there was no quiet space for residents to meet with their visitors in private.
- the communal lounge and dining room did not provide enough space for 16 residents.
- there was insufficient storage space for assistive equipment such as hoists and specialist chairs.
- the flooring on one corridor leading to an external fire escape had not been adequately repaired.

Judgment: Not compliant

Regulation 18: Food and nutrition

The dietary needs of the residents were met. Where specialist practitioners had recommended specific interventions such as dietary supplements and thickened fluids or meal textures these were implemented by staff.

There were sufficient staff available to support residents at meal times.

Meals were nicely presented and provided a choice of freshly prepared meals in sufficient quantities to meet the needs and preferences of the residents.

There was a variety of hot and cold drinks available for residents throughout the day.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures needed to improve to ensure that they were consistent with the national standards for the prevention and control of health care associated infections;

- A number of staff were not up to date in hand hygiene training
- A pressure relief cushion and one comfort chair were poorly maintained and the surfaces were torn and frayed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that the external fire escapes provided a safe means of exit from the building in the event of a fire.

The fire drill records did not provide assurance that staff would be able to carry out a safe horizontal evacuation of residents within an acceptable time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had an assessment of their needs prior to their admission.

Each residents had an up to date care plan in place which was person centred and reflected their needs and preferences for care. Staff were familiar with each resident's needs, their preferred daily routines and what activities they liked to do during the day.

Care plans were reviewed every four months or if a resident's needs changed. Records showed that residents and where appropriate their families were involved in care plan reviews.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a GP and specialist medical services to meet their needs and they enjoyed a high standard of evidence based nursing care. residents were facilitated to take part in national health screening and health promotion programmes.

The current levels of access to physiotherapy and occupational therapy services did not provide residents with appropriate health promotion and disease prevention opportunities such as falls prevention and mobility improvement programmes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Less than 50% staff were up to date in their training in the management of responsive behaviours.

Records showed that here were low levels of responsive behaviours in the designated centre. Staff were observed using appropriate skills to support those residents who became agitated or displayed responsive behaviours.

The assessment for and management of restraints such as bed rails did not reflect best practice guidance. This was repeated non-compliance form the previous inspection;

- records did not clearly show what alternatives had been trialled prior to the decision to use the restraint equipment.
- staff were not clear about what constituted a restraint/enabler when equipment was being used.
- lap belts were not included in the restraint register.

Judgment: Not compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from abuse. All staff had received training in safeguarding and were aware of their responsibilities to keep residents safe.

There was a comprehensive policy in place in relation to reporting abuse investigating any allegations or incidents of abuse and ensuring that a safeguarding plan was in place for the resident concerned. The person in charge was aware of her responsibilities to investigate any safeguarding issues and to report same to the appropriate authorities.

There had been no incidents reported since the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Overall resident's rights were protected in the designated centre however the size and layout of some of the bedrooms did not ensure that residents' privacy and dignity were maintained at all times especially when residents were receiving personal care in their bedrooms.

There were adequate opportunities for residents to participate in meaningful activities in accordance with their interests and abilities. Residents were offered choice in their daily routines, the activities they took part in and at meal times. Residents were supported to maintain their self care abilities and independence in their daily lives.

Residents had access to television, radio and newspapers each day. Families and friends were encouraged to visit and keep the resident in touch with their local communities. Those residents who were able to go out into the local community were supported to do so.

Residents were consulted in how the service was run and their views were used too inform menus and activities/entertainment programmes.

There was an independent advocacy service if required. This information was easily accessible for residents and their families.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Sheil Community Hospital OSV-0000624

Inspection ID: MON-0024404

Date of inspection: 11/09/2019

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Following consultation with the Centre of Nurse Education (CNME), staff have been identified to attend a 2 day national programme on Dementia in November 19th and 26th. 2 senior staff are to attend a Master Class on Cognitive Rehabilitation for Persons with Alzheimer's disease and other dementia's on November 15th. Staff have been identified to attend CNME 1-day workshop on Infection Control and CPD in December. Date to be confirmed. Thereafter, to work in collaboration with Infection Control CNS to lead out on hand hygiene within the centre. CPR training to be facilitated on site, November 13th & 21st and Dec 5th which will facilitate a total of 18 staff. CNME to facilitate additional training in Dementia, awaiting dates to be confirmed for 2020.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

In order to complete the annual review for 2019, views of the residents and families will be reflected by incorporating feedback from consumer meetings held regularly in the centre. In addition to this feedback, in November, a questionnaire will be distributed to residents' family/carers to obtain views regarding current service provision and how the service can continue to improve, provide and sustain person centered care. This data will be collated by 31st December 2019.
An analysis of the data collated shall be available to residents' ,families and staff in February 2020.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose will be updated in accordance to the HIQA template, reflect the information set out in Schedule 1 and include recommendations as set out by the Inspector, updating the persons participating in management in the updated version.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Complaints Policy will be amended to identify the name of the person responsible for managing complaints in the centre.
The Complaints procedure shall be displayed in a prominent positon within the centre.
Staff shall be updated on the complaints procedure and the importance of being competent in the processing of a complaint.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
The designated centre has limited space for the facilitation of a visitor's room. The oratory meets the spiritual needs of the residents where mass is held weekly on a Thursday. A consultation process with visiting clergy, staff, residents and families is planned during the month of November with a view to partition off a section of the

oratory to facilitate an area for quiet time/mindfulness for the residents and their families.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is a new build planned for the Sheil Community Hospital. The details have been supplied to the Inspectorate subject to the normal approvals .30 May 2020.

The flooring on the corridor leading to the fire exit has been repaired. 29th September 2019.

A space within the oratory may be identified to facilitate an area where residents can spend quiet time with family/friends. 28 February 2020.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Infection Control CNS to facilitate a meeting with staff re general infection control measures to be monitored and maintained within the centre.
A staff member has been identified to take a lead on facilitating and managing hand hygiene education and infection control audits within the centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following the HIQA inspection, the flooring has been attended to.29th September 2019.

Fire Safety Procedures include the checking of fire doors/ escapes on a daily basis. Additional fire safety mechanisms are checked weekly in accordance to the Fire Register. All fire procedures are maintained to facilitate a safe means of exit from the building in the event of a fire.

The fire drill records will demonstrate that staff are deemed competent and efficient to carry out a safe horizontal evacuation within an acceptable time frame. A recent fire drill in October 2019 was carried out in the centre. It was identified following the drill that the time to evacuate was outside the recommended time frame.

Fire Drills will now be carried out on a monthly basis and records will be maintained to verify this practice.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Currently, each resident in collaboration with their family/carer is having their care needs reviewed utilizing the services of the multi-disciplinary team in identifying individual health and social care needs. Residents' care plans will be patient centered and individualized.
A review of care needs will be carried out four monthly unless otherwise indicated.

Time Scale: 31 December 2019

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Individual staff will be identified to attend education and training in the Management of Responsive Behaviours. Consultation with the CNME to identify study days to be delivered on site is currently being addressed.

November 15th, two senior staff members are to attend a master class on 'Cognitive Rehabilitation for Persons with Alzheimer's Disease and Other Dementia's.
Learning from this Master Class will be facilitated through a workshop forum to disseminate the information to all staff grades. Reflective Practice will be incorporated into the workshop forum.

The local policy on Restraints has been updated. Educational sessions have commenced on updating staff on the updated version of the policy. Two staff nurses have been assigned to assess each resident in accordance with the restraint policy. The outcomes of the individual assessments will be shared amongst all staff and care plans updated accordingly.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The current building poses a challenge to the delivery of care as identified by the Inspector with the use of multi occupancy rooms insitu.
Staff endeavor within the current constraints to respect and protect the residents' receiving personal care in their bedrooms.

As outlined a new build is planned and progressing as per plan outlined by the Service Provider.

Time Frame : 30 May 2020.

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 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 area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	28/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2020
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published	Substantially Compliant	Yellow	28/02/2020

	from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.			
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	30/05/2020
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	30/05/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2020
Regulation 23(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	28/02/2020

	review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/01/2020
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 and furnishings.	Not Compliant	Orange	30/09/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Orange	30/09/2019

	building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2019
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	Orange	30/01/2020
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	07/11/2019
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	31/10/2019
Regulation 34(1)(c)	The registered provider shall provide an accessible and	Substantially Compliant	Yellow	31/10/2019

	effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
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	31/12/2019
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.	Substantially Compliant	Yellow	31/12/2019
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	31/12/2019

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	28/02/2020