



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0045368

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life-limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 102 residents in six residential units: 1) Michael's Unit: 12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day 3) Vincent's Unit: 32-bedded unit for male and female residents that includes three rehabilitation beds, three respite beds and three palliative care beds 4) Sacred Heart Unit: 19-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents 5) Francis Unit: 17 bedded unit accommodating female long-term care unit and which was refurbished in 2007 6) Enda's Unit: 12 bedded unit accommodating male and female long-term residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	92
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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
Tuesday 15 October 2024	09:45hrs to 18:35hrs	Catherine Furey	Lead
Tuesday 15 October 2024	09:45hrs to 18:35hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspectors was that they were happy and liked living in Dungarvan Community Hospital. Residents spoken with were highly complimentary of the centre and the care they received. In terms of the centre, one resident described it as "first class", another said in complimentary terms it was a "wicked service", while a third resident informed the inspectors they were very comfortable as the centre was "warm all of the time". In terms of care and attention, one resident told the inspectors that the centre's staff "were always around you" while another complimented the prompt call bell response times stating "any time you ring the bell, you're looked after". When it came to the staff that cared for them, all residents referred to the staff in highly complimentary terms, informing the inspectors the staff were "very kind", "lovely and pleasant" and "bend over backwards for you". Visitors who spoke with the inspectors provided equally positive feedback, referring to the high level of care received by their loved ones, that staff in the centre "go above and beyond" and the regular communication with them as family members.

The inspectors observed warm, kind, compassionate, dignified and respectful interactions with residents throughout the day by all staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspectors arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspectors chatted with many residents and spoke in more detail to 15 residents and five visitors to gain an insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The single-storey premises are set out over six separate units, Michael's Unit, Ann's Unit, Vincent's Unit, Sacred Heart Unit, Francis's Unit and Enda's Unit. Four of the units are designated for long term care, with Ann's Unit offering dementia-specific care. Sacred Heart is a short stay ward providing rehabilitation, transitional care and respite services to residents admitted from the community and hospital. The centre also has five palliative care beds located on Vincent's Unit. Vincent's Unit also had a relative's room with comfortable seating, tea and coffee-making facilities and adjoining private en-suite toilet and showering facilities. The designated centre is laid out in two very contrasting buildings, which are linked together by a long glazed corridor. The newer and more modern building contains the reception, office administration areas, and Vincent's Unit, which opened in 2009 and Sacred Heart Unit. The older, and more dated part of the centre contains Enda's, Francis', Ann's and Michael's units.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable

seating in the various communal areas. These communal areas included a day room on each of the six units. An activity room on Vincent's unit was observed to be used as a storage room, and this reduced the available communal space on this unit significantly. The centre was suitably decorated throughout with paintings, pictures and photograph collages of residents and staff enjoying activities. Attractive furnishings and domestic features, such as comfortable armchair, delph dressers and faux fireplaces provided a homely environment for residents and visitors to enjoy.

Bedroom accommodation throughout the centre consisted of 10 single bedrooms, seven twin bedrooms, three triple bedrooms and 17 four-bedded bedrooms. The majority of bedrooms had adjoining en-suite bathroom facilities that included a shower, toilet, and hand-wash basin. The bedrooms that did not have en-suite facilities had access to shared toilet and shower facilities. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, locked storage and seating facilities. The provider had undertaken significant work in the older multi-occupancy rooms to ensure suitable privacy arrangements for residents.

Residents had personalised their bedrooms and bedspaces with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for residents' needs, although some wear and tear was evident on walls and skirting boards in some parts of the centre.

Each of the six units had outdoor space in the form of an enclosed garden or courtyard areas. These areas were seen to be maintained and contained outdoor seating.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. Group-based activities were observed taking place in the day rooms on each unit. Small groups of residents were partaking in making flapjacks, completing jigsaws, scrabble and card games, facilitated by the activities coordinator. Notwithstanding the efforts of the activities coordinators, a small number of residents informed the inspectors that there were insufficient activities geared towards their interests and capacities. One resident informed the inspectors they were often bored, while a second resident stated "residents in a place like this need activity. I'd love a game of draughts". Several residents were seen relaxing in their bedrooms, watching television, listening to the radio, reading papers and books and using electronic tablets to search the internet.

Residents had access to local and national newspapers, radios, television, telephones and internet services. There were arrangements in place for residents to access independent advocacy services. Roman Catholic mass was celebrated in the centre's on-site church twice per week. The provider also had arrangements to support residents of other denominations practising their faith and maintaining contact with their religious leaders.

Residents could receive visitors within communal areas or in their bedrooms. Multiple families and friends were observed visiting with their loved ones during the inspection day.

Lunchtime at 12:45pm was observed to be a sociable and relaxed experience, with the majority of the centre's residents choosing to eat in the dining rooms on each unit. Some residents were also seen eating in their bedrooms aligned with their preferences. Staff provided discreet and respectful assistance where required. Meals were freshly prepared on-site in the centre's kitchen and the menu choices were displayed as on the white board in the dining room. The food served appeared nutritious and appetising. A choice of meals was offered, and ample drinks were available for residents at mealtimes and throughout the day. Overall residents spoke positively to the inspectors about the food quality, quantity and variety, with one resident referring to the food as "tremendous" while another likened it to the food available in a hotel. One resident provided a more neutral response stating that the food was "ok" and would benefit from more variation.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, inspectors found that Dungarvan Community Hospital was a well-governed service that provided residents with high-quality care and support in accordance with their needs and choices. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being. While there were clear management and oversight structures in place, some of these systems required strengthening to ensure regulatory compliance.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspections of 12 December 2023 and 27 March 2024. The registered provider had progressed with the compliance plan and improvements were identified in Regulation 8: Protection, Regulation 9: Residents' Rights, Regulation 17: Premises, and Regulation 15: Staffing. Following this inspection, further actions were required concerning a number of regulations as set out in this report.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full-time, five days per week, and reported to the manager of older persons' services, who represents the provider for regulatory matters. The person in charge was supported by two assistant directors of nursing, a team of clinical nurse managers, nurses, healthcare assistants, catering, activities, housekeeping, laundry, portering, technical services

and administration staff. There were deputising arrangements in place when the person in charge was absent.

There were sufficient staff on duty to meet the needs of residents living in the centre and staff had access to appropriate training and supervision to support them in their respective roles. There was a high use of agency staff to fill the desired roster, however, this was well-managed and many of the staff were regular staff which provided assurances that continuity of care was promoted.

There was documentary evidence of communication between the manager of older persons' services and the person in charge. Similarly, within the centre, there was evidence of communication between the person in charge, the nursing team and other ward-level staff. There were multiple committees in place to monitor the quality and safety of care delivered to residents, including a senior management committee, a quality and patient safety committee and committees that specifically examined key areas such as restrictive practice, infection, prevention and control, catering, tissue viability and activities.

The provider had an audit schedule examining key areas, including medication management, clinical equipment, security, and infection prevention and control. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider had a risk register for monitoring and managing risks in the centre. The provider had oversight of incidents within the centre and had systems for recording, monitoring, and managing related risks. The provider also collected data relating to key performance indicators metrics such as wounds, antibiotic usage, nutrition and hydration, and restraint usage. Notwithstanding these good practices, further actions were required to support the management team to effectively identify deficits and risks in the service and drive quality improvement. Additionally, the provider had made changes to the purpose and function of a number of rooms in the centre without applying to the Chief Inspector of Social Services in advance. These matters will be discussed under Regulation 23: Governance and Management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Regulation 15: Staffing

Based on a review of the staff rosters and the size and layout of the centre, inspectors found that there was an adequate number and skill-mix of staff available to meet the assessed needs of the residents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The record of training reviewed by inspectors confirmed that all staff had received training in important training modules such as safeguarding of vulnerable adults and fire safety. Training was generally provided via face-to-face formats, supplemented by some online courses. There was good oversight of staff training needs; training was scheduled for the weeks following the inspection for topics such as the management of restrictive practice, to ensure all training remained in date for staff.

Judgment: Compliant

Regulation 23: Governance and management

Management systems and oversight in the centre were not sufficiently robust to ensure the service was effectively monitored.

The registered provider was in breach of Condition 1 of their registration as they had made changes to the purpose and function of a number of rooms. The provider had not informed the Office of the Chief Inspector and had not applied to vary condition 1 of the centre's registration. The changes made included the following:

- The Vincent's Unit activation room had changed function to an equipment store
- A resident's toilet on Vincent's Unit, opposite the day and dining rooms, had signage stating it was a staff toilet and had a keypad lock on the door.

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, action was required with respect to the auditing system and in trending of incidents as identified in the inspection findings below.

The auditing system was not fully effective in identifying risks and driving quality improvement. For example:

- The infection control audits did not identify gaps in the decontamination of resident equipment, storage practices and hand hygiene practices identified on inspection as posing a risk of cross-contamination.
- Each unit was required to complete infection control audits on a quarterly basis; however some units had not partaken in the audits in the last quarter and in the last two quarters, meaning there was a gap in information available and no quality improvement plans for those units.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring urgent medical attention, and the incidents of restrictive practice use in the centre.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through good access to healthcare services, compassionate end-of-life care and informed approaches to behaviour that are challenging. Residents told the inspectors they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were required to ensure a quality, safe and effective care delivery concerning the upkeep of the premises, infection control, individual assessment and care planning and residents' rights.

Overall, the premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There was an on-site laundry service, and secure outdoor areas which were maintained. The provider had also undertaken significant work in the older multi-occupancy rooms to ensure suitable privacy arrangements for residents since the last inspection. Notwithstanding this good practice, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was observed to be generally clean on the inspection day. The centre had an infection control link nurse providing specialist expertise. The volume of antibiotic use was monitored and recorded on a monthly basis. Notwithstanding these good practices, further oversight and actions were required to comply with the regulations.

The person in charge had arrangements for assessing residents before admission into the centre. The inspectors reviewed person-centred care plans based on validated risk assessment tools. Notwithstanding these areas of good practice in care planning, some gaps were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

A restraint-free environment was promoted in the centre and the levels of restrictive practices such as bedrails were monitored regularly. Alternative measures to bed rails, such as low profile beds and sensor alarms were trialled before applying bed rails. Consent was obtained when restraint was in use. Records confirmed that there was a system in place to monitor the safety and response of the resident when bed rails were applied. There were systems in place to ensure that residents were safeguarded from different types of abuse and there was a good understanding amongst staff about what constitutes abuse, and what their obligations were with regard to preventing abuse from occurring.

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had religious services in-house twice weekly and access to pastoral care for residents. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services. Notwithstanding this good practice, some improvements were required to activity provision to ensure all residents had opportunities to participate in activities in accordance with their interests and capacities.

Regulation 13: End of life

Residents approaching the end-of-life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- As the activation room had changed function to a equipment store, there was insufficient communal space for residents in Vincent's Unit.

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, was showing signs of wear and tear. The paint was scuffed on some walls, chipped on doors, door frames, and skirting boards. Plaster was missing from the walls in certain areas.
- The day room had a retractable folding partition and this was not secured when opened. This presented a risk whereby a resident may lean on the partition for support and lose balance. This risk was not included in the risk register
- There were damaged floors to a number of areas including the Vincent's Unit day room and in a sample of bedrooms.
- A shower door was missing two of its panels and a toilet in a female multi-occupancy en-suite bedroom was missing a toilet seat.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The decontamination of resident care equipment required review, for example:

- Two crash mats were observed to be visibly dirty with staining and other debris. Furthermore, these crash mats were torn which would prevent effective cleaning.
- A number of staff informed the inspectors that the contents of commodes were manually decanted into the sluice hopper and cleaned with a toilet brush before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles. The system to identify that equipment had been cleaned after use had not been consistently implemented, with several items of clinical equipment not tagged after cleaning.

Some storage practices posing a risk of cross-contamination required review, for example:

- A storage area on one unit contained clinical equipment used by residents, which was tagged as being clean and stacked alongside visibly unclean equipment.

- Appropriate segregation of clean and dirty equipment in a sluice room on one unit was not in place. Clean items, such as commodes and basins were stored beside the sluice hopper.
- A urinal bottle which contained residual urine was located on the window sill of a communal bathroom.

Hand hygiene practice required review as a small number of staff were observed wearing nail varnish, wrist watches and other hand jewellery, contrary to the provider's infection prevention and control guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care records were generally seen to be person-centred and reflect residents' needs, some action was required concerning individual assessment and care plans to ensure the needs of each resident was comprehensively assessed and an appropriate care plan was prepared to meet these needs within the required regulatory time frames. For example:

- One resident at risk of unexplained absences from the centre did not have this risk assessed using a validated risk assessment tool.
- A sample of care plans found the resident profile template, section A, which document details of healthcare associated infection and MDRO colonisation status, were not completed.
- One resident did not have a record of a care plan being developed until 12 days after admission, which is not in line with regulatory time-frames. This care plan was seen to be brief and did not contain sufficient detail to guide staff in meeting this resident's needs.

Action was also required to ensure there was consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and healthcare based on their needs. A medical officer was in the centre Monday to Friday. Residents who require specialist medical treatment or other healthcare services, such as mental health services, tissue viability nursing, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records

reviewed showed evidence of ongoing referral and review by these healthcare services for the benefit of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There were established systems in place in relation to responsive behaviour, including detailed plans of care which explained the triggers to the behaviours and the methods to minimise the behaviour.

There was good oversight of restrictive practices, and these were found to only be used in accordance with national policy, and the centre's own local policy.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The records reviewed showed incidents and allegations of abuse had been investigated in line with the provider's policy.

Judgment: Compliant

Regulation 9: Residents' rights

The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While baking, quizzes and card games took place in the centre on the day of inspection, a number of residents informed the inspectors that there were insufficient activities geared towards their interests and capacities.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0045368

Date of inspection: 15/10/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An application to vary the centre’s registration (condition 1) will be submitted in relation to the staff toilet at Vincent’s Unit. For completion by 31/12/2024 to allow for payment to be made & received by HIQA prior to submission. • The Activation Room at Vincent’s Unit has been restored to use as an activation room. Complete. • A review of the IPC auditing system on each unit is underway with the regional IPC Clinical Nurse Specialists and unit CNMs to ensure compliance, address gaps in quarterly auditing & ensure actions plan are monitored & evaluated in order to ensure quality improvement. Ongoing, for completion by 31/12/2024. • Additional training arising from the above review and noted areas for improvement such as decontamination of resident equipment, identifying & segregating cleaned equipment and hand hygiene will be provided in a targeted manner. • As identified by the inspectorate, each fall is individually reviewed at unit level by the CNM & team with outcome and actions noted on NIMS incident report. These are reviewed by the senior nurse management team prior to submission to the Regional Quality & Patient Safety office. Serious incidents are reported to Quality & Patient Safety Advisor & RPR in line with the HSE’s Incident Management Framework. If required a SIMT (Serious Incident Management Team) is convened to ascertain causes, risks, underlying factors, ascertain need for further review and consider opportunity for quality improvement initiatives. • A post fall investigation tool has been implemented on each unit, which will identify causal & contributory factors and support the development of an action plan to promote learning & resident safety. • A quarterly report is compiled for the centre from the Regional Quality & Patient Safety office which allows for tracking & trending of incidents at the centre. This report is reviewed at quarterly risk management meetings with the PIC, RPR and QPS Advisor to provide oversight and further analysis into all incidents, including falls, in order to identify areas for review and further improvement. This report is further reviewed at CNM 	

meetings and the center's Health & Safety Meeting. Incidents are also reviewed as required at the centre's governance meeting, the Waterford-Wexford CNU Quality & Patient Safety Meeting (chaired by the RPR) & the Older Persons Regional Quality & Safety Executive meeting (chaired by the Head of Older Persons Services) to promote opportunities for shared learning.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The Activation Room at Vincent's Unit has been restored to use as an activation room. Complete.
- There is an ongoing & iterative refurbishment plan in place for areas in all units requiring repainting, patching of plaster and floor repair as required.
- In the interest of resident safety, the folding partition is being removed from Vincent's day room. Expected completion 02/12/2024.
- The damaged shower door & toilet seat have been replaced.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The crash mats are all being reviewed and replaced as required.
- A review of Infection Prevention & Control precautions is underway with a focus on the direct use of the bed pan washer and ensuring compliance with the tagging system to identify decontaminated equipment. This is being supported by regional Clinical Nurse Specialists in Infection Prevention & Control.
- Additional training & education arising from the above review and noted areas for improvement such as decontamination of resident equipment, identifying & segregating cleaned equipment and hand hygiene will be provided in a targeted manner.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A risk assessment is now in place for the resident at risk of unexplained absences.
- All care plans for existing residents are being reviewed to ensure their MDRO or HCAI colonization status is recorded on section A.
- In line with the regulatory requirements, there is a protocol in place to ensure an initial care plan is completed for each new resident no later than 48 hours after admission. This will be completed in consultation with the resident and, where appropriate, the resident's family.
- As is required, the care plans will be formally reviewed, and revised where required, at intervals not exceeding 4 months in consultation with the resident and, where appropriate, the resident's family.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Each unit has an assigned Activation Co-ordinator who plans the weekly activities & event schedules in line with residents' interests and suggestions. The schedule is circulated weekly to all residents.
- Residents are actively encouraged at unit level & at resident forum meetings to put forward suggestions for variations of activation of their choice. A Residents activation survey will be also carried out to ensure resident choices/preferences of activation is met.
- Each resident is encouraged to participate in a range of activities but may choose to opt-out of a specific activity on a given day. In this case, it will be noted on their care notes so that this feedback can also be taken into account when further planning for activities.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	30/01/2025
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	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/11/2024
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	15/11/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	15/11/2024