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Maynooth Community Care Unit, OSV-0000516, 5 February 2018

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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Announced
Date of inspection:	05 February 2018
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0020731

About the designated centre

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

This centre is a purpose built two storey building located on the edge of Maynooth town. The centre has been operating since 2005 providing continuing, convalescent and respite care to male and female residents over 65 years with high dependency needs. A regular turnover of two respite persons was confirmed.

The centre was registered for 42 residents but of late up to a maximum of 38 residents were being accommodated. The centre is designed around a central courtyard accessible from the ground floor. Communal day, dining and sanitary facilities were available. There is an additional balcony / terrace off the sitting room on the first floor with a view over the nearby canal.

Residents private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single (6), twin (5), three bed rooms (2) and four bedrooms with four beds. A separate spacious palliative care room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching end of life. This room was spacious and had facilities for both the resident and their family.

A passenger lift is available between the ground and first floor. The ground floor accommodation is primarily occupied by office and administration staff, but includes a spacious oratory for prayer, reflection and repose for residents.

The following information outlines some additional data on this centre.

Current registration end date:	24/06/2021
Number of residents on the date of inspection:	37

How we inspect

To prepare for this inspection the inspector or 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
08 February 2018	10:00hrs to 16:00hrs	Sonia McCague	Lead
05 February 2018	09:00hrs to 17:00hrs	Sonia McCague	Lead
05 February 2018	09:00hrs to 17:00hrs	Sarah Carter	Support

Views of people who use the service

Residents gave positive feedback about the service they were receiving.

They were satisfied with regard to the decisions and arrangements available in their daily lives and the choices that they could make. They told inspectors about their daily routines, activity plans and interactions with the local community. The residents expressed satisfaction regarding food and mealtimes. Residents were happy with the support and assistance provided by staff to meet their needs.

Residents reported that staff were kind and respectful and treated them in a courteous and dignified manner. Some residents knew staff by their name and were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Capacity and capability

Overall, this was a good centre. The staff and management team were welcoming and strived to promote a high standard of care and professional services. An annual review of the quality of care and safety was completed to inform an improvement plan in line with the provider's corporate plan.

Governance arrangements and reporting structures were in place with roles and responsibilities clearly defined. Despite these systems and processes Inspectors found that the governance and management arrangements particularly in the context of fire safety and risk management required significant improvement. This was communicated to the management group during and after this inspection.

The application to renew the centre's registration was incomplete, management were initially undecided about the number of residents to be accommodated, the available floor plans did not reflect the layout found and the statement of purpose required revision to comply with schedule 1.

Other governance arrangements that required improvement to ensure robust quality assurance arrangements were in place related to policies and procedural matters including the completion of a contract for the provision of service to residents admitted for respite and short stay.

Meetings to discuss and inform decision-making, risk management and resource

planning aligned to the aims and objectives of the service provider were in place. But improvements were required to ensure the centre had appropriate systems and arrangements in place to ensure an effective service was provided in a safe environment with sufficient resources.

Staff numbers and skill mix was adequate during this inspection. Systems were in place to monitor and supervise staff. Since the previous inspection the recruitment of staff was completed in accordance with legislative requirements that included Garda vetting. But some staff positions remained vacant. A difficulty in deploying core staff to a new care attendant shift from 5pm-11pm was evident and on occasion this shift was not provided for. The regular use of agency staff was also required for night duty to fulfill the required nursing compliment.

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre and in the delivery of care to residents. Gaps in training provision found were to be addressed by the person in charge.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process.

The person in charge and authorised representative for the provider were present during the inspection and participated in the discussions at feedback meetings along with other senior managers.

Regulation 14: Persons in charge

There was a full-time person in charge in the centre, with the relevant skills and experience.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' concerns were listen to and acted upon in a timely manner and details of external independent services were advertised to offer residents support.

Judgment: Compliant

Regulation 15: Staffing

Some staff vacancies remained outstanding since the last inspection and a difficulty in resourcing a new care attendant shift from 5pm-11pm was evident. The regular use of agency staff was required to fulfill the required nurse and care staff compliment.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre and in the delivery of care to residents.

Some gaps in training provision for core staff was found. A plan to address these was in place.

Judgment: Substantially compliant

Regulation 21 : Records

In general practices related to record maintenance and management was good. But inspectors were not assured that fire drill practices and documentation were sufficient to demonstrate that the arrangements for evacuation in the event of fire were fit for purpose or that action was taken to remedy any defects found.

Judgment: Not compliant

Regulation 23: Governance and management

During the course of this inspection, inspectors found that there was a clearly defined management structure with explicit lines of authority and accountability. However the governance and management arrangements in place required review and improvement to ensure that the service provided was safe particularly in the context of fire safety.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident admitted to long term care had an agreement for their contract of care, in an accessible format. However, those admitted for respite and short stay were not offered a contract.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A written statement of purpose relating to the designated centre was available that contained most of the information set out in Schedule 1 of the Regulations, but further details was required in relation to the facilities to be provided, description, size and primary function of rooms available to residents, fire safety precautions and criteria for admission. The information regarding the conditions of registration were incorrect and the inclusion of named personnel subject to change required review.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Operating policies and procedures were available for the centre, as required by Schedule 5 of the regulations. Policies examined such as fire safety management, risk management and responding to emergencies required review and improvement to guide safe and appropriate practice.

Judgment: Not compliant

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of the centre's registration was incomplete at the time of this inspection. As a result, the prescribed documents were not available to inspectors at the commencement of this announced inspection. The centre's registration expires 24 June 2018.

Judgment: Not compliant

Quality and safety

Residents' health and social care needs were being well met through good access to healthcare professionals and support services following continuous assessments and treatment plan reviews. Timely access to a medical officer and multidisciplinary team were available onsite. Care was delivered in accordance with care plans that were subject to review and updating. Staff liaised with the community services to ensure appropriate admission and discharge arrangements.

Good opportunities for social engagement and meaningful activity were facilitated in accordance with residents' interests, abilities and capacities. But improvements were required to the premises, fire precautions and assessment of risk in order to ensure resident comfort, safety, privacy and dignity. Inspectors found a lack of available personal space was evident for some residents accommodated in multi-occupancy bedrooms. There was insufficient space to facilitate a comfortable bedside chair, bed table and wardrobe or locker for personal property storage, and support equipment required by some residents was seen stored in communal dining areas.

Monitoring devices used for individual residents accommodated in shared and multi-occupancy compromised their privacy and dignity and that of others occupying or visiting these bedrooms.

The centre was found to be equipped with a fire alarm system and emergency lighting and signage throughout. There were maintenance records indicating that these systems had been serviced. The fire alarm system was recently upgraded, divided the centre in zones and had the capability of informing the user of which one of the zones a fire was located in.

Inspectors reviewed the fire safety procedures, policies and documentation in place in the centre and discussed their findings and concerns with the management team. Despite the information provided and systems described, inspectors were not assured that suitable and sufficient fire precaution arrangements were in place. Based on the layout of the premises and dependency of residents, inspectors were not assured that they would ensure a safe and timely evacuation of residents from a compartment or from the centre in the event of a fire.

The personal emergency evacuation plans available did not assure inspectors that suitable staffing numbers and equipment was considered and available to aid a safe evacuation of up to 16 residents from one compartment. While records showed up to five fire drills had been carried out in since 5 April 2017, the provider was not able to demonstrate the effectiveness or otherwise of the evacuation arrangements in place.

The matter arising at the previous inspection in relation to identified risks within the risk register being assigned to a responsible person was addressed. However, hazard identification and assessment of risks throughout the designated centre required improvement. The risk associated with emergency evacuation procedures,

equipment for use by residents and available to staff when the maximum number of four staff was available at night had not been sufficiently risk assessed to ensure adequate control measures.

Emphasis was placed on positive clinical outcomes and providing evidenced based nursing care. A range of 56 policies were available to guide staff practices, however, a policy for the management of risks set out under regulation 26 was not found. Other health and safety policies related to the emergency evacuation plan and fire policy required improvement to reflect the current systems, equipment and arrangements in place.

The centre has reduced its use of bedrails over 12 months. Documentation was shown as well as equipment seen in use on the day, indicating that alternatives were being trialled and used if successful. Where bedrails were in use, there was a multidisciplinary assessment, the required risk assessments, maintenance checks and control and release checks were seen by inspectors on the day.

A resident with responsive behaviours had an appropriate care plan in place. Staff spoken with were aware of the resident's needs, which were captured in the care plan. An accompanying log of behaviour was being kept and updated if required.

Appropriate policies and procedures were in place to promote safe medicine management practices. Systems were in place for ordering, supply, dispensing and administration of medicines to residents.

While the centre was clean, suitably equipped with supportive equipment and had a good selection of communal rooms, it was noted that the paintwork on walls and décor in parts was in need of repair and maintenance. Plans were described and proposed to improve the lived environment with contrasting colour schemes for residents and mainly those with dementia (40%). An occupational therapist was involved in this initiative to be funded and progressed.

Regulation 27: Infection control

Practices and procedures were in place for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The management of medicines was satisfactory.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

An assessment to determine the needs and abilities of each resident was completed prior to and following admission in accordance with the centre's policies and procedures.

Care plans were informed by evidenced based assessment tools and were subject to regular reviews and updating following changes and or recommendations made by health professionals and care providers.

Judgment: Compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare arrangements.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint was as a last resort in accordance with the national guidance document. Details and records of consensus and consent for decisions in relation to interventions such as restraint and active treatment were maintained.

Judgment: Compliant

Regulation 8: Protection

Great emphasis was placed on residents' safety, and the inspectors saw that a number of measures had been taken to ensure that residents were protected, felt

safe and had opportunities for maintaining independence and fulfilment.

Judgment: Compliant

Regulation 17: Premises

Parts of the premise was not appropriate to the number and needs of the residents as it did not conform to schedule 6 of the Regulation.

Judgment: Not compliant

Regulation 26: Risk management

The matter arising at the previous inspection in relation to identified risks within the risk register being assigned to a responsible person was addressed. However, despite the range of 1-56 policies seen available, a policy that included the management of risks set out under regulation 26 was not found.

The registered provider failed to assure the inspectors that the fire safety hazards and risks identified by inspectors on inspection had been identified and assessed, and effectively managed.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors were not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and efficient evacuation of residents from each compartment or from the designated centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' independence, choice and autonomy were promoted. There was evidence that residents were consulted with and had opportunities to participate in their daily routine. However, some improvement was required in relation to their involvement in the organisation of the centre, namely admission of regular respite persons into bedrooms occupied by long stay residents.

The inspectors saw that residents' privacy and dignity was respected and personal care was provided in private. However, the use of specific monitoring devices within shared and multi-occupancy bedrooms was inappropriate and compromised residents and others privacy.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21 : Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0020731

Date of inspection: 05/02/2018 and 08/02/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>One Whole Time Equivalent (WTE) permanent Clinical Nurse Manager 2 (CNM2) post will be advertised for the centre to the CNM2 panel by HSE Recruitment week commencing 09/07/18.</p> <p>One WTE permanent Clinical Nurse Manager 1 (CNM1) has taken up position in the centre on 30/04/18.</p> <p>One WTE Health Care Assistant (HCA) has taken up position in the centre on 02/04/18.</p> <p>One WTE HCA has been appointed to commence duty in the centre on 28/05/18.</p> <p>One WTE Assistant Director of Nursing (ADON) has taken up position since 30/04/18.</p> <p>Any outstanding vacant permanent posts in the centre are with Human Resources (HR) and are in the process of permanent recruitment.</p> <p>The 5pm-11pm shift in the centre was discussed at a meeting on 26/04/18. Present at this meeting were representatives from HSE Senior Management, Nurse Management and the Union. A decision in relation to staffing on this shift will be reached by 31/7/2018.</p> <p>This process will be complete by the 30/11/18</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

Mandatory training is requested for 2018 to include Manual Handling, Infection Control, Managing Actual and Potential Aggression, Safeguarding Vulnerable Adult and Fire Training. Open Disclosure Training in the centre will be complete for all staff by 30/09/18.

This process will be completed by 30/9/2018.

ADDITIONAL TRAINING

Two staff in the centre, one staff nurse and one HCA, will be trained in “Lifestory and Activity in Dementia Care” by 14/11/18. Two Staff Nurses will be trained in Leadership in Dementia Care by 01/06/18.

This process will be completed by 14/11/2018.

Regulation 21 : Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21 : Records:

Timed fire drills have been carried out weekly since the HIQA inspection on 05/02/18 and will be continued in the centre in order to, improve evacuation times of the multi-occupancy rooms. In addition, fire training with the Fire Officer is booked in the centre for all staff to have annual training on the following dates:

- 30/04/18
- 31/05/18.
- 20/09/18
- 04/12/18

Two Ski sleds have been purchased for the centre since 05/02/18 to ensure that fire regulations are being adhered to.

This process has been completed since 27/4/2018.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

APPOINTMENTS

One WTE CNM2 permanent position will be advertised to the panel on week commencing 09/07/18.

One WTE Assistant Director of Nursing (ADON) post has been filled on a permanent basis in the centre since 30/04/18.

One WTE CNM1 post has been filled on a permanent basis in the centre since 30/04/18.

This process has been completed since 30/4/2018.

ADDITIONAL GOVERNANCE MEASURES

Long Stay Unit Meetings are held regularly with the Provider Nominee, Business Manager and Manager of Older Person Services in attendance. A standard agenda is followed to include Finance, Human Resources, Operational Issues, Quality and Risk, Health and Safety and any other business.

Monthly Management Team meetings are taking place in the centre with the person in Charge, Assistant Director of Nursing and Clinical Nurse Managers in attendance. A standard agenda is followed to include Finance, Human Resources, Operational Issues, audits of Key Performance Indicators and any other business.

Ward meetings are being held every eight weeks with the CNM2 and nursing representatives in attendance. Clinical and operational Challenges are discussed and collaborative, problem focused solutions are sought. Risks are escalated to the Person in Charge and Provider Nominee as required.

Multi-disciplinary team meetings are held quarterly in the centre. The Person in Charge/Delegate, Physiotherapist, Occupational Therapist, Dietician, Speech and Language Therapist, Ward CNM1 and CNM2 and a representative from the Activities team are in attendance. A comprehensive review and assessment of each resident's current status and potential with particular reference to quality of life issues are discussed at these meetings.

Minutes from the above meetings are recorded to ensure record keeping is adequately maintained.

This process has been completed.

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Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

A Contract of Care for respite residents in the centre will be in place by 30/09/18.

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Additional information has been added to the Statement of Purpose to provide the residents with the following:</p> <ul style="list-style-type: none"> • Description of the centre and the facilities offered • Size and function of the rooms in the centre • Admission Policies <p>This process has been completed since the 27/4/18</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Fire Policy for the centre has been reviewed and updated 09/02/18.</p> <p>The Emergency Policy in the centre was reviewed and amended on 27/04/18.</p> <p><u>ADDITIONAL POLICIES UPDATED SINCE THE HIQA INSPECTION ON 5/2/2018</u></p> <p>The Positive Risk Taking Policy in the centre was updated on 27/04/18 to include 'Self Harm'.</p> <p>The Policy on Managing Episodes of Violence and Aggression in the centre was introduced on 27/04/18.</p> <p>This process was completed on the 27/4/2018.</p>	
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>An application for renewal of registration was submitted to HIQA on 15/12/2017. The payment of the fee for renewal of registration was received by HIQA on 15/12/2018.</p> <p>The process was completed on 15/12/2018.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The paintwork on walls and décor in the unit will be updated in Dementia friendly fashion with contrasting colour schemes by 30/9/2018.</p> <p>This process will be complete by September 2018.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The following policies have been updated in the centre as part of overall risk management policy:</p> <ul style="list-style-type: none"> • Hazard identification and assessment of risks throughout the centre have been updated in the Safety Statement. • The Positive Risk Taking Policy in the centre was updated on 27/04/18 to include 'Self Harm'. • The Policy on Managing Episodes of Violence and Aggression in the centre was introduced on 27/04/18. <p>Furthermore, Risk Management Education is planned for staff in the centre in June 2018</p> <p>This process will be completed by 30/6/2018.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The following fire precautions have been undertaken in the centre since the HIOA inspection on 5/2/2018:</p> <p>The Fire Policy for the centre has been reviewed and updated 09/02/18.</p> <p>The Fire Policy was updated on 09/02/18 and is displayed throughout the centre. In addition, the following points illustrate the fire safety in the building:</p>	

- A high degree of subdivision within the residential part of the building – under the awarded fire safety certificate, each individual bedroom is surrounded by 30-minute fire-resisting construction and has the protection of a fire-resisting door (FD30S) with a free swing closer (this is a device connected to the fire alarm system that will release the door to close on activation of that system.)
- This subdivision augments compartmentation by reducing the immediate initial worst-case fire / evacuation scenario to that of a 4-bedded room (which is the maximum occupancy of any bedroom at Maynooth.)
- The principle is that on discovery of a fire in such a room, these 4 residents would be immediately evacuated to safety in the corridor, the bedroom door (a 30-minute fire door) would then be closed – the fire door and bedroom construction will assist in confining the fire to this room of fire origin while staff continue with further evacuation of those residents and others.
- The centre is of course provided with a modern fire detection and alarm system, which is regularly maintained and forms an integral part of the building's early warning system – allowing an early response to any incident.

In addition, Timed Fire Drills commenced weekly in the centre on 11/02/18. Two ski sleds have also been purchased for the centre since 5/2/2018.

This process was completed on 11/2/2018.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Two single rooms in the centre are now being used for respite residents to avoid respite residents being admitted to bedrooms which are occupied by long stay residents.</p> <p>Monitoring devices which were in use on the day of inspection in shared and multi occupancy rooms have since been removed and alternative methods have been sourced which do not compromise resident's privacy and dignity 08/02/18. For example, bed strip alarms.</p> <p>This process has been completed since 8/2/18.</p>	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	15/12/2017
Registration Regulation 4 (3)	The fee to accompany an application for the registration or the renewal of registration of a designated centre for older people under section 48 of the Act is €500.	Not Compliant	Orange	15/12/2017
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is	Substantially Compliant	Yellow	30/11/18

	appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/11/2018
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	30/9/2018
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 the Chief Inspector.	Not Compliant	Yellow	27/04/2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/4/2018

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	30/4/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/09/2018
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	30/6/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management	Not Compliant	Orange	31/5/2018

	policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	27/04/18
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	30/06/2018
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Not Compliant	Orange	31/5/2018
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	Not Compliant	Orange	11/02/2018.

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	11/02/2018
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	27/04/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	27/04/2018
Regulation 9(3)(a)	A registered provider shall, in	Not Compliant	Yellow	27/04/2018

	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.			
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