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St Camillus Community Hospital, OSV-0000640, 19 July 2022

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

Issued by the Chief Inspector

Name of designated centre:	St Camillus Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Shelbourne Road, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 July 2022
Centre ID:	OSV-0000640
Fieldwork ID:	MON-0037434

About the designated centre

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

The designated centre of St Camillus' Community Hospital is located on the main campus of the hospital in Limerick city. The centre is operated by the Health Service Executive (HSE) and is registered to accommodate a maximum of 73 residents. Information provided in the statement of purpose for the centre describes care for people over 18 years of age across the range of abilities from low to maximum needs in relation to advanced age, vascular and neuro-injury, dementia and physical or psychiatric chronic illness. Care planning processes are in accordance with assessments using an appropriate range of validated assessment tools and in consultation with residents. Arrangements are in place to provide residents with access to activities and there is a variety of communal day spaces provided including a large activity area on the first floor. Visiting arrangements are in place and residents are provided with information about health and safety, how to make a complaint and access to advocacy services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 19 July 2022	08:45hrs to 17:15hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Through conversations with residents and the inspectors' observations, it was evident that residents living in St. Camillus Community Hospital received a satisfactory quality of evidenced-based care and support from a team of staff who knew their individual likes, preferences and needs well. Residents were supported to engage in social activities designed to account for each resident's individual interests and capabilities and to support residents to maintain connections with their community.

The inspector completed a COVID-19 screening on arrival to the centre. Following an introductory meeting with the person in charge, and newly appointed assistant director of nursing, the inspector walked through the centre and each of the three units where the inspector spent time speaking with residents and staff.

On each unit the inspector observed a calm and relaxed atmosphere. Staff were observed to be busy attending to residents needs but the care they provided was observed to be unhurried. Polite and meaningful conversations were overheard and there was an observed comfort and familiarity in the interactions between residents and staff. Some residents were sitting around the nurses station, where discussions were being held about the day's activities, while others were observed having their breakfast in their bedrooms and communal areas watching the morning news and chatting to others.

Overall, the residents expressed a high level of satisfaction with the quality of care they received, the kindness of the staff and, the quality of the activities they had to keep them occupied. Some residents told the inspector that dayrooms had been painted and this gave the place a 'fresh look'. Residents were very much looking forward to the new building being opened and having new bedroom accommodation, but equally expressed sadness as they described the current building as 'a piece of Limerick's history'.

The inspector observed that many areas previously found in a poor state of repair during the last inspection had been redecorated. This included communal dayrooms, corridors and toilets. All residents had access to a call bell and some residents told the inspector 'you would rarely need to use it because there is always someone passing by or checking on you'. The inspector observed some areas such as bedroom walls and floor that were in a poor state of repair.

The inspector spent time talking with residents living in multi-occupancy bedrooms. A small number of residents told the inspector that they were happy in their bedroom and enjoyed the company of other residents. The inspector observed that additional storage units had been provided for residents and that residents were afforded space to have a chair by their bedside. Residents confirmed that if they required additional storage space, the staff would ensure that this was made

available. Some privacy screens did not ensure that resident's privacy was maintained, as they were not securely fitted on the rail.

Overall, the inspector observed that the centre was cleaned to a satisfactory standard. Housekeeping staff were observed cleaning corridors, communal bathrooms and showers in the morning and progressed to clean residents' bedrooms, with the residents' permission. The cleaning procedure was observed by the inspector and it aligned with best practice to minimise the risk of cross contamination.

The residents dining experience was observed to be a pleasant, relaxed and social occasion. The management team had purchased additional seating for staff to sit with residents at eye level in order to provide discrete assistance and support. Meals were presented in an attractive and appealing way and residents were provided with a choice at mealtimes. Residents confirmed the availability of snacks and refreshments at their request.

There was an activities area on the first floor of the premises that was brightly decorated in support of the All Ireland hurling final and many residents were delighted with the lead up to the final with local radio stations attending the centre. The inspector observed residents taking part in activities throughout the day. Residents from all three units came together in the activities centre if they wished or could avail of one-to-one activities. There were photographs displayed throughout the centre that showed the past activities that had taken place. An outdoor area had been established for residents to use and enjoy.

Residents told the inspector that they could freely express any concerns they may have to a member of staff in the confidence of knowing it would be resolved. Residents were facilitated to express their opinion and feedback on the quality of the service through formal resident's forum meetings and through surveys. Residents had access to daily newspapers, telephone, Internet and television if they wished.

Residents were facilitated to receive visitors in their bedroom or a designated visitor room if they wished. Visitors were observed meeting residents throughout the day but were required to book a visit in advance and complete a COVID-19 screen.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents living in the centre.

Capacity and capability

The findings from this inspection were that the provider had taken significant action to improve the governance and management of the centre and this had resulted in improved oversight of the management systems to monitor, identify and respond to risks and deficits identified in the quality and safety of the service provided to

residents. While action had been taken to comply with some of the regulations that support the quality and safety of the service provided to residents, the actions taken by the provider were not sufficient to achieve full compliance with Regulation 17, Premises, Regulation 28, Fire precautions and Regulation 27, Infection control under the quality and safety section of this report.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed information submitted by the provider and person in charge and the action taken by the provider to address the non-compliant issues found on inspection in November 2021.

The inspector found that systems had been put in place to minimise the impact and limitations of the current premises on the privacy, dignity and quality of life of residents living in multi-occupancy bedrooms. Those systems included ongoing engagement with residents to establish their privacy and personal storage needs and reconfiguration of privacy screens in bedrooms to provide equitable space for residents to sit out in a chair by their bedside. The inspector found that an ongoing programme of maintenance was established to ensure the physical environment was safe and maintained to a satisfactory state of repair and decoration for residents living in the centre.

The Health Service Executive is the registered provider of this centre. There was an effective governance and management structure to oversee the quality and safety of the service provided to residents. Capacity within the structure had been increased with the addition of a third assistant director of nursing to support the person in charge to implement the systems to monitor the service. Records evidenced frequent quality & governance meetings taking place between senior levels of management to provide effective oversight of the service and support to the clinical management teams on each of the three wards.

An electronic auditing system had been implemented since the previous inspection. A range of clinical and environmental audits had been completed including residents' care plans, the dining experience, fire safety, maintenance and infection prevention and control (IPC). There was monthly peer-to-peer auditing of each unit's infection prevention and control measures and the quality of environmental hygiene. There was evidence that deficits identified through auditing were progressed through a quality improvement action plan and actions were delegated to staff in their relevant area to ensure completion of the actions. There were effective systems of communication between staff. Scheduled shift handovers and twice daily safety pauses took place to discuss clinical performance indicators such as falls, wounds and nutritional risk.

Risk management systems were guided by a centre-specific risk management policy. As part of the risk management strategy, a risk register was maintained that included clinical and environmental risks to the safety and welfare of residents. Actions were implemented to mitigate the risk of harm to residents. There was ongoing risk assessment of the on-site building works and the potential for those

works to impact on residents living in the designated centre. Noise and dust reducing measures were in place and were observed to be effective. A record of incidents involving residents, staff and visitors was maintained and there was evidence that this information was analysed to improve the quality of the service and prevent incidents from recurring.

There was adequate staffing resources in place to ensure the service was delivered to residents in line with the centre's statement of purpose and function. Each unit had a staffing structure that consisted of clinical nurse managers, registered nurses and health care assistants. Multi-task attendants supported the service through housekeeping and catering duties. These roles had been segregated following the previous inspection to ensure consistency in the quality of environmental hygiene, the residents dining experience and to minimise the risk of cross contamination.

Systems were in place to ensure staff training needs were assessed, and that staff were facilitated to attend scheduled training. Progress had been made with regard to the provision of training to support staff to care for residents living with dementia. However, some staff had not completed fire safety training. The inspector acknowledged that training had been scheduled, and staff received an overview of fire safety precautions during induction. However, the inspector found that staff demonstrated poor practice in relation to fire safety precautions.

Action had been taken to improve record management in the centre. All information requested by the inspector was securely stored, maintained and easily retrieved. A sample of staff personnel files evidenced that the information required by Schedule 2 of the regulations was in place.

Residents were aware of the procedure to make a complaint and a summary of the procedure was displayed in all units. Complaints were appropriately managed in line with regulatory requirements.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included cleaning, catering and activities staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that not all staff had completed mandatory training in;

- Fire safety. Staff demonstrated a poor awareness of fire safety measures as a number of fire doors were wedged open with wooden wedges and furniture.
- Safeguarding of vulnerable people.

Judgment: Substantially compliant

Regulation 21: Records

Record keeping and file management systems ensured that records set out in Schedule 2, 3, and 4 of the regulations were kept in the centre and available for inspection.

A sample of staff personnel files reviewed evidenced that the requirements of the regulations were met. Records contained a valid An Garda Síochána (police) vetting disclosure.

Records requested, with regard to the medical and nursing care provided to residents, were maintained in a manner that was safe and accessible and accurately detailed the care and treatment provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of accountability and responsibility were clearly defined.

Management systems were implemented and effectively monitored to ensure the service provided to residents was safe, appropriate and consistent.

The centre had adequate resources to deliver care to the residents in line with their assessed needs and as detailed in the centres' statement of purpose and function.

The annual review of the quality and safety of care for 2021 had been completed in consultation with the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. Records reviewed by the inspector evidenced that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

There was evidence that complaints were analysed and used to inform quality improvement actions in the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures, as required by the Schedule 5 of the regulations, were maintained in the centre. All policies had been reviewed within the previous three years and were available on each unit for staff to refer to for guidance and support.

Judgment: Compliant

Quality and safety

The inspector found that residents received a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with the quality of the care they received. The provider had taken action to comply with the regulations in respect of residents' assessments and care plans, supporting residents with behaviours that are challenging, and the quality of the dining experience and nutrition for residents. Action was also taken to ensure resident's rights were upheld in the centre. As described in the capacity and capability section of this report, further action was

required to fully comply with the regulation in regard to the premises, fire precautions and infection control.

Care plans were found to be person-centred and developed following a comprehensive assessment of needs. Reviews were completed at intervals not exceeding four months or updated following a change in the resident's assessed care needs.

Resident's healthcare needs were met. Residents had access to a medical officer who attended the centre weekly to carry out in-person reviews and medication reviews. Arrangements were in place for residents to access additional expertise of allied health and social care professionals. There was evidence of timely referral, assessment and recommendations were implemented and integrated into the resident's plan of care.

There was an ongoing initiative to reduce the incidence of restrictive practices in the centre. Where restraint, such as bedrails, were required, there was a comprehensive risk assessment completed with the multi-disciplinary team and resident concerned. Residents living with dementia and responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support that was respectful and non-restrictive.

While the physical environment placed constraints on the provision of private, single bedroom, accommodation for residents, arrangements were in place to provide compassionate end-of-life care to residents. The inspector observed that, where possible, residents approaching end-of-life, were provided with privacy with their families in single room accommodation.

The provider had taken action to ensure the premises was maintained in a satisfactory state of repair and decoration for residents. A large number of bedrooms and corridors had been painted since the previous inspection. Repairs were carried out on some walls and floor that were damaged. Equipment used by residents was observed to be in a satisfactory state of repair. Residents were provided with access to a designated outdoor garden space that was also used to host music events and coffee mornings. Multi-occupancy bedrooms had been reviewed and, in some cases, reconfigured to ensure residents had equitable space for storage and to have a chair at their bedside. Nonetheless, there were aspects of the premises that required action to ensure it met the needs of the residents. This is discussed under Regulation 17, Premises.

Actions, with regard to fire safety, had been taken following the previous inspection. Up-to-date service records were in place for the maintenance of the fire equipment, fire detection and alarm system and emergency lighting. Personal Emergency Evacuation Plans were in place for residents, and these were updated regularly to reflect the evacuation methods applicable to individual residents for evacuations. However, action was required to ensure that residents were adequately protected from the risk of smoke and fire. The inspector found that escape plans were not accurate and some fire doors were being held open, compromising their integrity.

The inspector found that the quality of environmental hygiene had improved as a result of enhanced auditing and management oversight of the cleaning procedure, infection prevention and control measures and through the provision of additional training and support for staff. Housekeeping staff demonstrated an appropriate awareness of their training and the single use, colour-coded, mop and cloth system. Cleaning agents were appropriate for healthcare setting and records were maintained in respect of the daily cleaning schedule. The centre had experienced outbreaks of COVID-19 since the previous inspection. Management were supported during these outbreaks by an infection prevention and control nurse lead and public health guidance and support. A contingency plan was in place and this was updated following a review of each outbreak. The infection prevention and control management in the centre did not fully comply with the requirements under Regulation 27, Infection control.

Residents told the inspector that they felt listened to and were consulted about matters in the centre that affect them through regular resident forum meetings. These meetings provided residents' with opportunities to be consulted about and participate in the organisation of the centre. Residents had access to independent advocacy services. Residents were observed to be engaged in group and one-to-one activities throughout the inspection. Residents told inspectors they enjoyed activities in the centre, describing group activities they had participated in.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were required to be booked in advance and this decision was underpinned by a risk assessment taking into account the on-site building works and recent outbreak of COVID-19.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage areas in their bedrooms. Residents were provided with additional storage space if required or following an assessment of their storage needs to ensure residents could retain control over their personal property.

The inspector observed that personal clothing was managed carefully and returned to residents in good condition. Residents told the inspector that they were satisfied with the laundry service.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under schedule 6 of the regulations. For example,

- Some floor coverings on corridors and in communal shower rooms were lifting and were visibly torn and damaged and in some areas black tape was used to conceal the damage. which presented a trip and falls hazard to residents.
- Some bedroom walls were visibly damaged as a result of friction from furniture and beds.
- Wooden bedroom doors, bathroom doors and door surrounds were chipped and damaged.
- The position of privacy screens in a small number of shared bedrooms did not ensure that residents could undertake personal activities in private.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place that underpinned the risk management systems. The policy addressed the requirements of the regulation. A risk register was maintained as part of the centre's risk management strategy.

Judgment: Compliant

Regulation 27: Infection control

Some aspects of infection prevention and control measures required further action to ensure the centre was in compliance with infection prevention and control regulations and associated standards. This was evidenced by;

- Some wall mounted hand sanatisers were visibly unclean.
- Staff did not demonstrate an appropriate knowledge of the correct management of single use items, such as dressings or saline.
- Staff were observed wearing personal protective equipment inappropriately such as gloves which reduced opportunities to perform hand hygiene.
- There were no hand wash facilities in the treatment room on the Sarsfield unit.

- Some linen rooms held excessive amounts of boxes and stock on the floor that impacted on effective cleaning of the area.
- Areas of damaged floor were covered by black tape that could not be cleaned effectively.
- Damaged surfaces in the treatment rooms and nurses stations prevented effective cleaning of the areas.
- Numerous bins, including clinical waste bins, were rusted and damaged and could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Risks identified on the day of inspection with regard to fire safety required action to ensure compliance. This was evidenced by;

- Fire escape plans did not align with the current layout of the premises. The centre's fire compartments were not indicated on some of the plan's drawings to ensure staff and residents could identify the closest point of safety in the event of a fire.
- Poor practice was observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's care plans were developed upon admission and formally reviewed at intervals not exceeding four months in consultation with the residents and, where appropriate, their relatives.

Care plans were developed following a comprehensive assessment that assessed each residents support and care needs with regard to their personal hygiene, continence care, mobility and falls, nutritional needs and risk of skin integrity.

Risks identified through assessment had a corresponding person-centred care plan developed to ensure the residents received appropriate care with regard to their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents had access to medical assessments and treatment by a medical officer who attended the centre weekly.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Wound management systems ensured that residents identified as at risk of impaired integrity were provided with pressure relieving equipment and onward referral to tissue viability expertise to ensure the best outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents who experienced responsive behaviours received respectful and non-restrictive care that supported their physical, psychological and social care needs.

There was a low incidence of bedrails used in the centre and records evidenced records that alternative and less restrictive interventions were trialed prior to physical restraints being implemented and this was underpinned by a multidisciplinary risk assessment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted and could actively participate in the organisation of the centre. The records of residents' meetings conveyed that residents were consulted about activities, menus and how the centre was organised.

The inspector observed that residents' choice with regard to their day to day routines as described in their care plans was respected. Residents confirmed that they could get up when they chose, return to their rooms or spend time with others in the communal rooms as they wished.

There were activity staff available to ensure that residents had access to a consistent regular programme of organised social care and entertainment every week. Healthcare staff supported the provision of activities to residents.

Judgment: 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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Camillus Community Hospital OSV-0000640

Inspection ID: MON-0037434

Date of inspection: 19/07/2022

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training undertaken by staff on 10th June 2022 was updated into the training matrix and this captured those whose fire training was outstanding on the day of inspection within the training matrix. Further fire training dates scheduled x 3 over the course of the rest of the year 2022 to capture all staff who need fire training on a rolling basis.</p> <p>Safeguarding: further in-person training in safeguarding has been scheduled for 17th August 2022. All staff have undertaken HSELand safeguard training. There is a full schedule of training in place for all mandatory training and structures in place to ensure that training dates are communicated to line managers and staff in a timely manner. Frequent audit of the matrix occurs to support compliance in all mandatory training requirements.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is an ongoing schedule of maintenance in place for the designated center. Regular environment reviews and audits are completed to ensure that areas requiring attention are escalated up to maintenance in the timely manner. Every effort is made to accommodate residents personal and individualised needs especially in multi-occupancy rooms. There is a schedule of work ongoing to identify all individualised needs of our residents for the new hospital build to ensure transfer into the new build is efficient and captures the needs of each of our residents.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There is a monthly environmental audit undertaken in all of our units and this is completed through peer to peer auditing. The recent finding of some hand sanitizers being unclean has been escalated to our teams and included in our monthly auditing to eliminate further incidents of same. Single use items have been highlighted to our teams and Clinical Nurse Managers in each unit are responsible for ensuring these are replaced, are not reused and are single use only. Our Infection Prevention and Control (IPC) nurse has undertaken training in each unit again on PPE usage and through our IPC link nurses, we have increased hand hygiene audits including reiterating appropriate glove usage for all staff. Clinical bins requiring replacement had been escalated to senior management for approval and this is in place, we are awaiting delivery of the new bins. There is a maintenance schedule in place for the units and a mechanism for Clinical Nurse Managers to communicate maintenance needs onto our maintenance department for timely action.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A full review of the fire maps within the centre has been undertaken and areas not clearly identifying compartments have been addressed and replaced. This is ongoing with review if there is any change in fire exits as a result of our capital build. We have also reviewed areas where staff were seen to have doors propped open and have identified where door closing systems needs to be installed or replaced. All staff have been reminded it is a serious breach of our fire procedures to prop open any fire door and that this cannot be allowed in any area within the designated centre.</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
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2022
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	30/09/2022
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	31/08/2022

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/08/2022