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:	Tymon North Community Unit
Name of provider:	Health Service Executive
Address of centre:	Tymon North Road, Tallaght, Dublin 24
Type of inspection:	Announced
Date of inspection:	05 June 2020
Centre ID:	OSV-0007793
Fieldwork ID:	MON-0029585

About the designated centre

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

Tymon North Community Unit construction was completed in 2019 and open to receive residents in March 2020. Tymon North Community Unit is located centrally with local services in reach, e.g. frequent bus routes, community centre, Tymon Park, local library shops and a pub is nearby. It is located beside a primary school, Tymon North Scouts and Enable Ireland School. Tymon North Community Unit is off the M50. Tymon North Community Unit provides a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents. Tymon North Community Unit provides care primarily for dependent older persons, male and female, aged 18 years or over. The following are the categories of care provided by Tymon North Community Unit: Long-term residential and respite specific care needs catered, general nursing care, active elderly, frail elderly, dementia/Alzheimer's, physical disability, intellectual disability, psychiatry of old age, and general palliative care. There are three floors in Tymon North Community Unit, the ground floor accommodates the day care and other rooms, 1st Floor has two units namely Clover and Primrose and the second floor has two units named as Cherry blossom and Bluebell.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 5 June 2020	09:30hrs to 15:30hrs	Michael Dunne	Lead
Friday 5 June 2020	09:30hrs to 15:30hrs	Sarah Carter	Support
Thursday 27 August 2020	09:30hrs to 12:45hrs	Gearoid Harrahill	Support
Thursday 27 August 2020	09:30hrs to 12:45hrs	Maria Kiely	Support

What residents told us and what inspectors observed

Inspectors observed that on entering the centre the provider had deployed a range of infection protection and control measures which adhered to national guidance on COVID-19. There were arrangements in place regarding the measuring of staff temperatures and the use of uniforms. There were additional protocols in place for permanent and agency staff to complete self declaration forms indicating their current health status on a daily basis.

On the day of inspection there were 29 residents living in the centre located on the second floor in two units called Cherry Blossom and Bluebell.

Residents were observed sitting apart in the large day-room areas, and they were well dressed. Several residents were also observed resting and sleeping in their bedrooms. A large number of residents were wheelchair users, and sat in a variety of tilt-in-space and larger comfort-type wheelchairs.

It was not possible to engage with some residents verbally, but other residents reported that they were coping ok, and liked their new surroundings and bedrooms. They reported that nursing staff had done their best to provide care and that there had been many new faces to get to know during the pandemic. Residents spoken with had communicated with their loved ones on the telephone but had not seen visitors in several weeks, they said they missed them but were able to explain why they couldn't have visitors at the moment.

Residents spoken with indicated that the food was alright, and that they participated in activities that suited them. However one residents mentioned that they would like to have access to a newspaper. They reported they could see the doctor when they wanted.

Capacity and capability

The centre had been open for approximately ten weeks at the time of the first day of inspection. All the residents living in the centre had been transferred from their previous home at St Brigids Crooksling in the last week of March 2020. This move coincided with the outbreak of COVID-19 with symptomatic residents tested prior to the move.

The inspection was carried out over two days. The purpose of the first day of this risk inspection was to monitor on going compliance in the centre due to the outbreak of COVID-19. Twenty five residents had tested positive for COVID-19 with 15 residents having recovered and ten residents having sadly passed away. During

the outbreak which started with residents showing symptoms on the 20th of March 2020 there was regular contact with the centre where issues relating to testing, the availability of PPE, the maintenance of staffing levels were discussed. Assurances were also sought regarding appropriate interventions for residents who were at end of life.

Residents were familiar with staff who transferred with them and it was clear that staff were familiar with the needs of the resident's. The emergence of COVID-19 in Tymon North also had a significant impact on the staff team with 70% of permanent staff off sick at one point which included senior nursing and care staff. This proved to be difficult for the remainder of existing staff as they had to come to terms with working in a new centre but also having to work alongside large numbers of agency staff. It was also acknowledged that this was a difficult time for residents who had to self isolate, and also for family members who were unable to visit their loved ones in the new centre due to restrictions on visiting.

The provider ensured that there were resources in place to cover for staff sickness and had arranged where possible for regular agencies to be used. Senior nursing staff from the HSE were drafted in to cover for management sickness with these resources on site on the day of the inspection. There was significant investment in the provision of personal protective equipment with ongoing monitoring of stocks in place.

At the time of the inspection it was noted that the majority of staff had returned to duty including regular management personnel. A plan of recruitment for existing vacancies was also underway.

It was noted that key notification documentation which was required to be submitted to the office of the chief inspector during the pandemic had been submitted outside of the designated time frame and did not give sufficient detail with regard to the issue been notified, however this was recognized by the management team who gave assurances that measures would be in place to deal with this issue.

On the second day of the inspection inspectors reviewed the additional parts of premises that the provider had applied to register. Inspectors discussed the provider's plan regarding admission arrangements to ensure a safe and effective admission of residents with appropriate access to required assessments and clinical input. The provider committed to admitting a maximum of four new residents per week to the designed centre, with no admissions on Friday, Saturday and Sunday to ensure access to clinical services. The provider and inspectors also discussed planning for increasing resources gradually to ensure that the staffing complement remained suitable for meets residents' assessed support needs as the numbers increased.

Regulation 15: Staffing

The provider had taken the necessary measures to ensure that there was sufficient numbers of staff available in the centre to meet the needs of the residents. On the day of the inspection inspectors observed residents being attended to by staff who knew their care needs and were seen to deal effectively with resident queries. Staff were observed to be kind and respectful of resident communication needs affording residents time and space to highlight their issues.

There were arrangements in place for ongoing supervision of staff with senior nurses and care staff participating in handovers and communicating with each other throughout the day.

During the COVID-19 pandemic there were significant numbers of permanent staff off due to illness which included the management team and other senior nursing staff and carers. The provider ensured there were sufficient numbers of staff on duty and subsequently sourced senior nursing management cover from the Health Service Executive (HSE) and used agencies to arrange cover for other staff. Currently the provider was recruiting for assistant directors of nursing, clinical nurse managers and healthcare assistants.

On the day of the inspection it was noted that the majority of permanent staff were back from illness with Bluebell and Cherry Blossom units having their own complement of staff. Staff informed the inspectors that during the pandemic there were high levels of stress felt by the staff team in ensuring that residents were kept COVID-19 free.

Judgment: Compliant

Regulation 16: Training and staff development

A review of records related to staff training indicated that staff had received training in fire safety, safeguarding and infection protection and control protocols which had been run more frequently since the outbreak of COVID-19.

COVID-19 Training was predominately carried out on the HSE online platform (HSEland) and focused on hand washing protocols, the donning and doffing of personal protective equipment (putting on and taking off of PPE). In addition staff were able to consult an infection control nurse from public health who had visited the centre during the outbreak to ensure compliance with national guidance for infection, protection and control procedures.

Judgment: Compliant

Regulation 23: Governance and management

Tymon North Community Unit was registered as a designated centre at the end of March 2020 with all residents being transferred from their previous residence.

While there was a clear management structure in place, there were significant levels of staff sickness due to the outbreak of COVID-19 which saw the management team, staff nurses, carers and housekeeping staff having periods of time off due to COVID-19 related sickness. The provider ensured that the centres roster was covered by securing staff cover from both the HSE (Health Service Executive) and through regular agency cover.

There were arrangements in place for reviewing and monitoring the quality of the service being provided. There was regular input and support provided by registered provider representative and by the local community health organisation (CHO) which provided social work and infection control support throughout the pandemic.

Regular monitoring of residents health and social needs through the multi-disciplinary team meeting format did not take place in April 2020 in its usual format as resources were targeted at the management of COVID-19 which had impacted adversely on residents and staff in the centre. It was noted during the inspection that these systems and others to monitor resident's health and social care had been re-established with meeting dates arranged for the upcoming months.

There was evidence to indicate that the management oversaw practice in the centre to ensure national guidance from the HSPC (Health Surveillance and Protection Centre) was followed. The management team also actively participated in the outbreak control management meetings with other key personnel including infection protection and control professionals. There was a preparedness plan in place which detailed the centre's response to cohorting of residents and staff, guidance on isolating residents who were COVID-19 positive.

While there were management systems in place they required improvement to ensure all areas of the business were kept under review. There were a number of areas identified during the inspection that had not been identified by the provider. For example a number of notifications had not been made within the time line required by the regulations, there were issues with access to an allied health professional, and care records did not consistently provide sufficient guidance to guide staff practice. A number of improvements had been made to the premises, but privacy screening for bedrooms was still not addressed as the option trialled had not been effective.

Inspectors found there were sufficient resources to meet residents needs. For example staffing levels were maintained and throughout the inspection inspectors were informed that there were sufficient supplies of personal protective equipment (PPE) available for staff to use whilst caring for residents with PPE stocks monitored on a daily basis.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While the management team were aware of the process surrounding the submission of notifications and the relevant time limits for their submission it was found that a significant number of notifications had been submitted outside of the three working day timeframe. In addition it was noted that many of the recent notifications submitted did not contain sufficient information to allow for their analysis and review, this required inspectors to follow up and request additional information and clarification.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of records confirmed there was a complaints policy in place which met the requirements of the regulations and was advertised throughout the centre. There were no complaints recorded in the complaints register however inspectors followed up on the receipt of unsolicited information received by the Chief Inspector and were updated on the procedures being followed. Inspectors also followed up on a concern relating to the provision of wifi in the centre which was impacting on communication between family members and their loved ones, the provider indicted that this issue had since been rectified.

Staff were able to confirm their knowledge of the complaints policy and procedure and on how they could support residents avail of this procedure if required.

Judgment: Compliant

Quality and safety

Overall inspectors found a service that was returning to normal routines after having been impacted adversely by the spread of COVID-19 in the centre. The dedication and caring input from the staff team was acknowledged by residents during the course of the inspection with residents informing inspectors that "staff did all they could for them". Significant sickness among permanent staff members meant that for a number of weeks residents were being supported by staff who were not familiar to them although the provider did try to use regular agency personnel to

lessen this unfamiliarity.

Inspectors noted that the principal focus of the provider and staff team during the outbreak was to maintain resident's health and well being and there was evidence available to show that the centre adhered to national guidance regarding cohorting, use of personal protective equipment (PPE), and regular liaison with public health.

A review of resident health records such as care plans indicated that although care plans were based on a comprehensive assessment of their needs, their particular wishes and aspirations of how they wanted care to be delivered to them was not detailed sufficiently in their care plans.

Management oversight of health care audits and meetings to provide overview of residents needs such as Multidisciplinary team meetings were postponed at the height of the outbreak however Inspectors noted that future meetings had been planned and diarised. It was recognised that a more robust referral route was required for dietician and occupational health input to ensure residents health care needs were met in a timely manner

The provider had made a number of improvements to the centre including the full installation of kitchen and laundry facilities. Assurances were given to inspectors that outstanding issues relating to call bell installation and the fitting of opaque window screens would be carried out.

There was a focus on maintaining resident rights through the provision of individual activities. Issues in relation to assisting communication between resident and their family members had been improved through adaptations to the Wi-Fi system. At the time of the inspection there were restrictions in place regarding visits for friends and family members.

Regulation 13: End of life

Residents had end of life care plans in place. In all samples seen these plans had been updated in recent months, and signed by the general practitioner. Where a residents preference had changed their wishes were recorded, and there was some evidence of discussions with relatives where appropriate. The centre had a policy in place that followed national guidance, which allowed limited visiting by relatives if a residents was approaching their death. Unsolicited information had been received by the Chief Inspector in relation to end of life care. This was followed up, and evidence was seen that families had been facilitated to visit the residents who were at end of life, and that staff had communicated with the families on the days before and after the resident's death.

Judgment: Compliant

Regulation 17: Premises

Tymon North Community Nursing Unit is a purpose built facility offering accommodation to residents in a selection of single and double en-suite rooms located on the second floor of a two story building. There were two lifts available in the centre with one for residents' use only. The centre was currently registered for 52 residents, on the day of the inspection there were 29 residents living in the centre in two separate units, each unit having their own dedicated dining areas. Other facilities such as hairdressers, physiotherapy rooms, kitchen and administration rooms were located on the ground floor and could be accessed via the lift. The first floor of the building was not registered and did not accommodate residents. The second day of inspection was to assess this floor as the provider had applied to add it to the registration of the centre.

There were a number of conditions attached to the current registration relating to premises which the provider had complied with:

- The installation of a fully functioning laundry
- The installation of a fully functioning kitchen
- The provision of a privacy screens for residents occupying twin rooms

Improvements had also been made with regard to fire signage and fire doors with those checked on inspection found to be compliant with Regulation 28. Opaque screening had been fitted to a number windows on the second floor which were overlooked from outside. The provider had reviewed their effectiveness and was seeking a new product to give additional privacy, in the meantime residents privacy was protected by the use of blinds.

Amendments to the clinical room included a locking mechanism to secure the medication trolleys and there was an order in place for shelving and storage cabinets to be installed.

The provider was currently liaising with the environmental health department to confirm a sign off meeting for the new premises however this was delayed due to the impact of COVID-19 on visiting arrangements. Also there was a delay in fitting a number of communal call bells due to COVID-19, assurances were given that this was being addressed. In the interim the provider had ensured that all communal areas were in receipt of staff supervision.

On the second day of the inspection, inspectors found that overall the first floor of the building had been completed to a high standard. Bedrooms, bathrooms, living rooms and dining rooms had been fitted with call bells which were tested and operational. There were safe, secure and pleasant external spaces available for use by residents on the first floor. The floor was stocked with supplies and linens ready for when residents moved into this floor. While all bedrooms were equipped with window blinds, there had been no change in the privacy arrangements discussed on the first day of inspection, particularly for residents whose bedrooms were easily

visible from outdoor areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to fresh water, and had a choice at mealtimes. As discussed above there was an absence of specialist dietician input in the centre, and in lieu of this the nursing staff were risk assessing resident's nutritional status, and referring in a timely fashion to the GP. Records indicated that residents had been referred quickly and residents who had lost weight were being monitored clinically.

Staff reported that following the move to the Tymon North community Unit from their previous centre that there was delays around organizing the provision of food in the centre. As a result meals had to be sourced from previous centre and conveyed to Tymon North Community Unit. It was noted that the centre now had a fully functioning kitchen which was producing meals for the residents.

Due to infection control measures residents had been eating in their bedrooms and in recent times in the communal day room, the dining rooms were not in use on the day of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a range of risk assessments in place which covered risks associated with both the clinical and operational management of the centre. The infection control policy had been updated to reflect national guidance with cleaning and environmental risk assessments updated. Not all risk assessments had been updated however to reflect the current centre as a number still referred to the old centre at St Brigids Crooksling.

High levels of sickness in the centre during the pandemic hampered regular management oversight of health and safety issues with management meetings delayed due to the absence of personnel. Discussion with management on the day of the inspection indicated that management oversight of this area had been re-established with regular meetings planned for the coming months.

Judgment: Substantially compliant

Regulation 27: Infection control

All residents currently living in TNCU were transferred from St Brigids Crooksling at the end of March 2020 primarily to manage and reduce the risk of COVID-19 infection spread among the resident population. Inspectors were informed that residents who were symptomatic and those who were asymptomatic were transferred separately from Crooksling to TCNU. The facilities at Crooksling were not conducive to the effective management and implementation of infection protection and control measures due to the premises layout. The majority of accommodation provided to residents was of multi occupancy standard which increased this risk. In addition this centre was unable to provide an integrated oxygen supply for residents use due to the nature of the premises. By contrast TNCU had these facilities in place with the majority of bedrooms providing single en suite accommodation. This provided for effective cohorting of residents who were suspected of contacting COVID-19 and for those who subsequently tested positive for COVID-19.

On the day of the inspection there were two residents in isolation and were cared for in accordance with infection protection and control guidance. Some of the management team were out of the centre in April and May 2020 due to illness. During this time the provider had brought in nursing management oversight from the HSE to ensure that national guidance was adhered to and implemented. A review of records indicated that the centre had followed national guidance as set out by the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.*

A preparedness plan was in place and focused on the following areas

- Guidance on the preparation of isolation rooms
- Management of Clinical Waste
- Process for contact tracing
- Procedures to follow post outbreak, including hand hygiene, donning and doffing of PPE,
- Cleaning checklist
- Regular PPE stocktake

The centre was monitoring the current situation and were participating in the daily outbreak management control meetings within their Community Health Organisation (CHO) which allowed for prompt resource response should it be required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed. Care plans were in place to address COVID-

19 signs and symptoms and contained clear information on infection control measures staff should take. The daily nursing notes were clear and concise. There was evidence that key health information had been measured regularly, for example resident's vital signs and their blood sugars. During the period when the centre had the most COVID-19 infections there were some delays in competing routine monitoring. All documents seen reflected that this had improved in recent weeks. The selection of care plans seen; referring to COVID-19, mobility, end-of-life care, diabetes and the management of nutrition and hydration needs had all been reviewed within the duration required by the regulations. No evidence was found that the care plans had been developed in consultation with residents, however care plans were developed following repeat assessments, and using evidence based tools.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner for their general health needs. Residents also had access to physiotherapy however the volume and duration of that support had been altered during the pandemic. Occupational therapy services were temporarily unavailable, due to staff re-deployment. In addition there was little access to input by dieticians due to the absence of resources.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had rooms and facilities set aside for recreation, however due to the restrictions in place, group activities had been suspended for a period of time. Group activities were taking place on the day of inspection. Activity staff had made efforts to engage in one-to-one activity with residents during the outbreak where appropriate. Residents were encouraged to take phone calls where possible. However there was some limitations to mobile phone signals in the building. Activity staff maintained numerical records of resident's attendance at activities, and residents had care plans for meaningful activity but it was not clear how the care plans related to the provision of activity that the residents received. Residents had access to television in their room. There were sufficient resources in place to run activities and some access to outdoor spaces (an internal balcony / terrace area). Prior to the pandemic, residents had enjoyed trips out to various community attractions and place of interest on a mini-bus belonging to the centre. Residents were restricted from travelling out and about in the community due to the pandemic, and inspectors were informed the mini-bus required maintenance as it

was not working.
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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tymon North Community Unit OSV-0007793

Inspection ID: MON-0029585

Date of inspection: 05/06/2020

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Multidisciplinary team meetings have been re-established since 06.10.2020 and the four monthly reviews of all residents are now taking place.

Notifications will be provided as per the regulations, senior management in the centre who provide the notifications have been trained to complete all notifications in such a manner that does not require the inspector to request additional information where notifications have been submitted.

Documentation has been developed and will be incorporated into the residents care plans to show that all care plans are developed in consultation with residents and their relatives on admission to Tymon North Community Unit. As the needs of the residents change re- assessment and consultation will occur and will be reflected in the residents care plan.

A recruitment campaign for Dietetic services has been completed and this service will commence on the 19th October 2020, the residents in Tymon North Community Unit will have access to this service two days per week.

Residents have access to Social Work services provided by the Integrated Care Team in Tallaght University Hospital and can be accessed by a referral system. A recruitment process is in place by the HSE to employ Speech and Language Therapy and Occupational Therapy staff for Tymon North Community Unit. Should the provider not be successful in recruiting staff to fill the current vacancies the option of securing an agency or sessional services will be explored by 31.12.2020.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
A review of systems in relation to the submission of notifications has been completed by nurse management of Tymon North Community Unit. The PIC has provided training to nurse management staff in relation to the requirement to submit timely and accurate notifications to HIQA, to ensure the notifications can be reviewed and analyzed by the inspector without having to seek additional information, this was completed 22.09.2020.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The HSE Environmental Health Officer was on site at Tymon North Community Unit on 07/10/2020 to sign off on the designated centre new shelving and storage presses that were installed on the 14th September 2020. The options for communal call bells are being explored to assess the suitability of different call bell system to the needs of the designated centre.
Several companies have been contacted to supply opaque screens/tint for the windows but the products have not been suitable, there are additional samples of opaque screens/tint for the windows due to be delivered by another provider by 16.10.2020.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
A fully functioning kitchen is in place to provide meals for the residents.
Residents are being brought to the dining rooms for their meals, in line with infection control guidelines a pod system is in place and residents are seated at the same table for all meals. If any resident has a preference for dining in their own room this is also accommodated.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
All risk assessments will be reviewed and updated to reflect that the risk relates to the centre which is Tymon North Community unit, further governance will be added with the re-establishment of risk management meetings planned to commence 28.10.2020.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Documentation has been developed and will be incorporated into the residents care plans to ensure all care plans are developed in consultation with residents and their relatives on admission to Tymon North Community Unit. As the needs of the residents change re-assessment and consultation will occur and will be reflected in the residents care plan from 30.10.2020.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A recruitment campaign for Dietetic services has been completed and this service will commence on the 19th October 2020, residents in the designated centre will have access to this service two days per week.

Social Work services are provided by the Integrated Care Team in Tallaght University Hospital and can be accessed by a referral System. There is ongoing recruitment by the HSE to fill Speech and language Therapy and Occupational Therapy vacancies it is anticipated these posts will be filled by 31.12.2020 or consideration will be given to the option of securing agency/ sessional supports for residents.

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	31/12/2020
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident	Substantially Compliant	Yellow	21/09/2020

	concerned.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2020
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.	Substantially Compliant	Yellow	28/10/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	22/09/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	30/10/2020

	the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	19/10/2020