

Statement of Purpose



For use in Designated Centres for Older Persons

The Village Residence,

Dublin Road,

Drogheda, County Louth A92 X862

Centre ID OSV0000538

Person in Charge 041 9893203

Date: 12.08.2023

Version 7. August 2023

Signed _____

Residents Rights The Village.

As a resident I have the following rights.

I have the right for my privacy

I have a right to ensure my dignity is upheld

I have the right to be treated like any other human being regardless of the colour of my skin

I have a right not to be discriminated against because of my age or my disability

I have a right to feel protected

I have the right to say no.

I have the right to be cared for and receive healthcare.

I have the right to special care, enhanced care and extra support if I need it along with the appropriate activities, recreation and occupation.

I have a right to education, information, development and to be kept informed.

I have a right to live.

I have a right to express my sexuality

I have a right to vote

I have the right to have my culture, language and religion respected.

I have the right to have my identity upheld

I have the right to have my say and at all times to be listened to.

I have the right to have my family and friends

I have a right to see this centre as the place I live and see it as my home.

I have the right to healthy and adequate food

I have the right to go places and see people.

Talk to me, not at me.

I am happiest when I know I belong.

Aims of the Centre.

The Aim of the Village Residence is to provide a high standard of personal, health and social care to older people in a residential setting, who require extended care, so that each person is enabled to live as fulfilling and independent a life as possible.

Objectives of the Centre.

Our objective is to revolutionize to remodel residential care by offering services that foster independent living for older individuals while ensuring dignified care for those who require assistance. We aim to move away from the traditional institutional model and create a supportive environment that promotes autonomy and well-being. The provision of care is based on a bio-psycho-social and gerontological approach to care.

Enable residents to enjoy a good quality of life in a place that feels like home, with access to necessary social care.

- Promote person-centered care, uphold rights, respect privacy and dignity, and protect against abuse and neglect.
- Collaborate closely with residents and their representatives to understand and honour their wishes, particularly when making decisions.
- Facilitate independence and personal choice for older people, including those with dementia.
- Hold regular resident meetings to listen to and act upon their wishes and views.
- Conduct regular staff meetings to improve standards of care.
- Conduct audits to ensure compliance with regulations and learn from practices.
- Provide extended care services and respite services between the five households.
- Continually assess and reassess residents' abilities and health and social care needs, creating individualized care plans and ensuring safe and transparent discharge written from the perspectives of the resident.

- Coordinate with other services to support older people in remaining in their own communities for as long as possible.
- Deliver high standards of care and maintain privacy, dignity, independence, choice, fulfilment, and rights for residents availing short stay services during recovery.
- Assist individuals in coping and adapting to their circumstances and returning to normal life.
- Monitor and evaluate systemic shocks, crisis situations, chronic conditions, frailty levels, and limited support networks.
- Provide a conducive learning environment for staff and residents and relative's.
- Facilitate religious services or outside visits, while considering any national IPC issues.
- Provide Service Users Guide and Statement of Purpose to inform residents about the centre.
- Assign named nurses and key workers to each resident.
- Improve care standards through comprehensive staff training.
- Implement policies and procedures to safeguard residents and staff.
- Involve residents through various methods to listen to and act upon their wishes and views.
- Work closely with residents and their representatives when they have difficulty making informed decisions.
- Promote independence and personal choice for all older people in their daily lives as well as assigning the staff member to work closely with each resident in their transition time.
- Facilitate the residence in assisted decision making.
- Ensure the residents are aware of and have access to Advocacy services.
- To ensure the residence know to who to contact should a resident have a concern issue or complaint.
- To ensure the resident know to who to contact if they have safeguarding issue.
- To audit our services to ensure we learn from our practices and ensure compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013.

As a service to ensure that we work within the Guiding Principles of The Assisted Decision Making (CAPACITY) ACT 2015

The Ethos of the Centre.

The ethos of the centre is to provide person centred care that values the abilities of a person and to retain those abilities for as long as possible. The centre recognises that the needs of an individual will change over time. It recognises that a person's loss of memory will affect what they believe and may affect how they respond to people and the environment around them. The centre also believes that support for family and other carers is vital in order to assist them come to terms with the changes that may occur with their relative.

The specific care needs that the designated centre is intended to meet:

The Village residence is divided into two

The new building has three charming cottages, each with its own unique name:

1. Butterfly Cottage
2. Red Robin Cottage
3. Forget-me-Not Cottage.

The Village St Marys has two households:

4. Meadowview
5. Sunnyside

1. Butterfly Cottage.



End of Life care for people with dementia

Butterfly Cottage will provide end of life care for people with dementia.

- Ensure that people with dementia not only live well with dementia, but also die well with dementia.
- Ensure that staff working in the centre have an enhanced level of training about the unique end of life care needs of people with dementia, including nursing, care assistant staff of all grades and General Practitioner's.
- Continue to work closely with specialist palliative care services to ensure that care is dementia specific.
- Build care pathways that ensure healthcare professionals initiate timely discussions (and ideally at the point of diagnosis) about advance care planning with a person with dementia and their family.
- Promote advance care planning across all care settings within the Village Residential Services.
- Enable and facilitate people with dementia to remain in the Village for End of life care where they have identified and wish to do so supported by family and carers.
- To factor in specific considerations for special needs groups and vulnerable populations, through collaboration with community health organisations, primary and acute care providers.

- Collaborate with community based service providers to ensure carers of people living with dementia have appropriate support networks around them.
- The Butterfly Cottage will provide services specifically for people with dementia who are approaching the end of their life . This house will facilitate nine people to live and die well with dementia. One bed will be allocated within the cottage for restorative care.

2. Red Robin Cottage



Red Robin Cottage will provide nine places for extended care and one place for people who require restorative care (previously respite services). Restorative care benefits older people with dementia who want to live independently, healthily and safely at home, but where short stay care may assist in facilitating this. Restorative care has numerous benefits, including reducing caregiver burden, improving functional abilities of residents, alleviating pain, anxiety, and responsive behaviour, as well as increasing participation in physical activities. Restorative care also facilitates the assessment of the residents multidisciplinary care plan.

3. Forget Me Not Cottage



Forget-Me-Not Cottage, one of the residences within The Village, is dedicated to providing extended care for nine residents with dementia and one place for people who require restorative care.

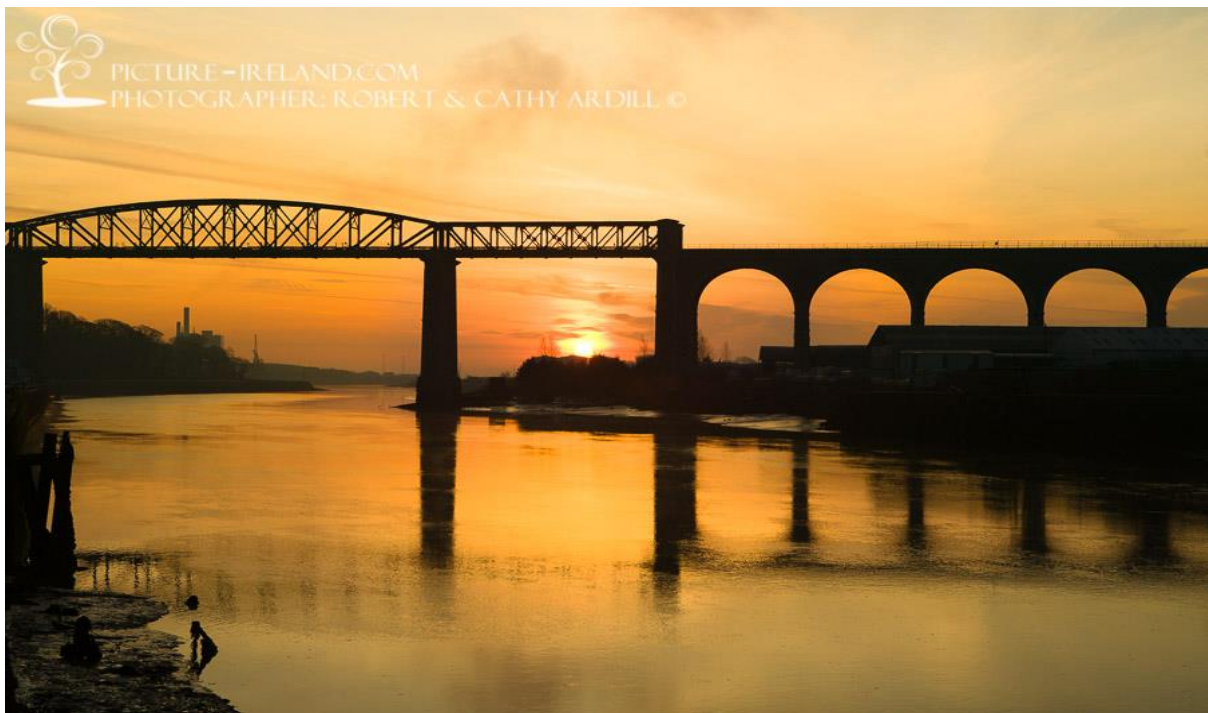
This cottage strives to help residents achieve and maintain the highest possible level of function in activities of daily living (ADLs), unless there are clinical circumstances that make decline unavoidable. We prioritise three principles: promote ability, promote continence, and avoid restrictive practices where possible.

Communication and exchange play a vital role in our care process. We emphasise understanding the interests, ideas, and goals of each individual with dementia,

ensuring that their participation in various programmes is voluntary and promotes satisfaction and overall quality of life.

We highly value the importance of family and friend visits. Residents are encouraged to have visitors at any time based on their own will and preferences.

The Village St Marys - Meadowview and Sunnyside



It is intended that The Village St Mary's will meet the medical and cognitive needs of adults who are assessed as having different dependency levels. However, there may also be occasions where nursing home support is required for an adult over the age of 18 years who has not reached 65 years and if a person who is not yet 65 years

requests The Village St Mary's as their preferred location under Nursing Home Support, then this will be examined on an individual basis. The Village St Mary's will provide twenty-eight beds for extended care and two restorative care beds.

This will include conditions such as post stroke care where an individual has undertaken a trial of rehabilitation prior to admission. It is intended that The Village St Mary's will be able to meet the needs of those with possible chronic neurological, cardiac and respiratory conditions, as well as diabetes. It is intended to meet the needs of older people with various social issues related to age, whereby an individual could not continue to live independently at home even with support. It is intended to meet the needs of those older people who may no longer be able to swallow and who require percutaneous enterogastric feeds or modified diets.

As the medical condition of a resident may change, The Village residence will provide end of life care and access to specialist palliative care is available on referral.

Facilities which are to be provided



The Village St. Mary's is currently registered to provide residential care for 30 residents. As of August 2023 an application is being made to the Health Information and Quality Authority for registration of additional thirty beds in the Village Residence.

In June 2023 an application was made to the Health Information and Quality Authority to cease services in another designated centre Boyne View House. Eighteen residents from Boyne View House will transfer to the Village Residence. People receiving regular short stay respite services will also avail now of these services within the Village Residence and the Village St. Mary's

The current Designated centre, The Village St Mary's provides extended care for both male and female residents. The Person in Charge in conjunction with the resident and/or their representatives will ascertain based on assessment whether the centre can meet the needs of the individual in question within the facility provided.

An application is being made to the Health Information and Quality Authority to reduce the number of extended care beds to twenty eight in the Village St. Mary's. In addition an application is being made to provide two short stay recovery beds in the Village St. Mary's.

The Person in Charge in conjunction with the resident and/or their representatives will ascertain based on assessment whether the centre can meet the needs of the individual in question within the facility provided. The short stay services may in certain circumstances admit for safety reasons an older person living in the community, with their consent, whose safety is compromised at home and where all supports have been exhausted.

An application is being made to the Health Information and Quality Authority to provide sixty beds in total in a residential type setting for older people in the Village Residence and The Village St. Mary's. Thirty of these beds are specifically for those living with dementia. The designated centre is all on the ground floor. It is made up of two buildings side by side – St Mary's (Meadowview and Sunnyside) and The Village Residence (Butterfly Cottage, Red Robin Cottage and Forget-Me-Not Cottage). Hand rails are available for use on each corridor. The Village is based on the Dublin Road and has car parking facilities to the side of the building, and along the avenue

to the front of the centre. Some overspill parking can also be found at Boyne View House within The Village Campus. It is in close proximity to bus stops, shops and restaurants in the local vicinity. The entrance to the centre is on a steep incline from the main Dublin Road.

Admission to The Village Residence will be on a well-planned controlled basis to ensure safe admission procedures. Some work will continue externally and this will have no intended impact on residents in The Village Residence.

There will be a mix of multi occupied rooms with shared ensuite toilet facilities and ensuite rooms within the Village St Mary's. We ensure that all rooms are single sex occupancy. Five of the multi occupied rooms have been equipped with overhead hoists. Four of the single rooms also have overhead hoists for mobility purposes.. There is also manual moving equipment for any resident who requires same.

A pre admission assessment based on physical, psychological and social circumstances determines along with the resident and or their representative the type of room that is utilised. Each multi occupied room has ensuite toilets, though bathrooms and showering facilities are not ensuite. The single occupied rooms in St Mary's do not have ensuite facilities. Laundry services are available to all residents. Personal Laundry is provided by the service through an external laundry service on Tuesdays and Thursday. Personal Laundry that is collected on Tuesdays is delivered back on Thursday and Laundry collected on Thursdays is delivered on Saturdays. Linen, towels and other laundry is laundered by Celtic Laundry Services on behalf of the HSE.

There is storage space for clothing and there is a locked area for each resident to secure their own personal property. Extra storage space is available for residents' clothes if required.

The Village St Mary's has a main kitchen area which caters for meals at breakfast, lunch and tea time, and also caters for snacks outside of main mealtimes. The Centre has its own dining room and residents are encouraged to use these facilities to assist in promoting and re-abling people to remain as independent as possible.

Sometimes resident's conditions may be such that they are no longer able to use the main dining room. In these situations, staff along with the resident and/or their representatives where appropriate will determine the most appropriate dining area.

There are a number of sitting rooms within the centre, and these can be used by residents for their own time or private meetings with families. Visiting in the residents own bedroom should only take place, with the express consent of the resident, the nurse in charge and with due regards to other residents occupying the room available. A Visitors room is provided on Meadowview Unit in order to facilitate privacy for residents and their visitors.

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For those with mobility issues, certain equipment can be provided based on an assessed need Seating, mobility and aids and appliances can be assessed and provided for through occupational therapy and/or physiotherapy. There are a number of lifting aids and appliances for those residents who have impaired mobility. All beds provided are high/low beds or low- low beds.

Within the Village Residence, all rooms are single ensuite rooms with shower and bathroom facilities. All rooms have been provided with hand hygiene facilities and an overhead hoist if required.

For those with mobility issues, certain equipment can be provided based on an assessed need seating, mobility and aids and appliances can be assessed and provided for through occupational therapy and/or physiotherapy. There are a number of lifting aids and appliances for those residents who have impaired mobility. All beds provided are high/low beds or low-low beds.

There is secure storage and lockable spaces in each room. Each prospective resident may design their room based on their own preferences. A pre admission assessment based on physical, psychological and social circumstances determines along with the resident and or their representative the type of household that meets the needs of the resident.

Laundry services are available to all residents. Personal laundry is provided by the service through an external laundry service on Tuesdays and Thursday. Personal laundry that is collected on Tuesdays is delivered back on Thursday and laundry collected on Thursdays is delivered on Saturdays. Linen, towels and other laundry is laundered by a contracted laundry company.

There is storage space for clothing and there is a locked area for each resident to secure their own personal property in each room. Extra storage space is available for residents if required.

Each resident has facilities within their own room for the storage of their own prescribed medicines.

Each cottage has its own living room and kitchenette with dining space for ten residents.

Hand rails are provided throughout the whole centre

Accommodation is provided for ten residents in each Cottage along two corridors, four on one corridor and six on another corridor in order to provide privacy.

Each cottage has seating areas at regular intervals along corridors.

Each cottage has a front hallway and backdoor.

Each cottage has a courtyard garden which is landscaped as well as a further small private outdoor space.

Each cottage is provided with an assisted bathroom with over head hoist

Each bathroom and toilet have sensor lights in place that automatically come on when entered.

Each cottage has a snug which can be used as a relaxation room as well

Each cottage has both hygiene storage spaces as well as catering hygiene spaces

Each cottage is equipped with utility room for the safe disposal of waste

Each cottage has fire escape routes and are equipped with emergency lighting, fire fighting equipment, smoke and heat detectors and firefighting equipment. Fire assembly areas are spaced away from the building.

Each bedroom has a heating adjustment system where heating can be lowered or raised or switched off.

All bedrooms are fitted with WIFI and charging facilities for electronic products.

Each bedroom has a night lighting system as well as telephone connection if required

Each bedroom has a call bell system as well as an emergency call system which is operational from outside through the provision of sensors throughout the building.

The entire centre is wheelchair accessible with the main entrance accessible to opening by a wheelchair user.

Security CCTV is installed throughout the centre

There is an intercom system externally connecting to each cottage with camera for security purposes

The office of the person in charge is located within the centre

The main entrance area has a reception and information point

The dispensary is also present in the main reception/information area which can be used by all visiting professionals to see residents if required in private.

A residents Spa is also located just off the main entrance area

The entrance also has a main covered pedestrian access point

A large communal area is available to all residents outside of each house. This area known as The Square can facilitate a number of recreational, activities and occupational programmes. It is also proposed that this becomes a central coffee dock area with a shop and a small drinks bar.

Services which are to be provided.



The resident is the ultimate person who will determine if the centre can meet their needs.

Each resident will be given opportunities to visit the centre before making the decision to come to live in the centre.

A staff member will be appointed to the resident to assist the resident in the transitional period from home to residential care

The Person in charge has ultimate responsibility for ensuring that the centre can meet the needs of residents who are referred to the service. The person in charge ensures that the person and/or their representative has consented to come to the centre, that they are provided with information on the centre and are issued with a contract of care outlining the services that are provided. The person in charge must ensure that the criteria for admission for extended care and short stay to the centre is complied with and that each resident referred to the service has a pre admission assessment completed prior to admission.

Short Stay, Respite Care (Restorative Care)

It is the person in charge's responsibility to ensure the staffing levels and skills mix meet the dependency needs of people living within all households at all times in each of the three houses.

The person in charge will review staffing levels and skills mix regularly and change them as and when necessary to meet the assessed needs of residents within the centre along with the Clinical Nurse Manager in each of the households.

There is a registered nurse on duty twenty four hours per day. A nurse is allocated to a number of residents each day. This is referred to as the key worker system. Primary nursing is the main model of nursing provided, and individual nurses are responsible for the assessment, planning, implementation and evaluation of nursing care, and the formulation of a residents own care plan. In addition each nurse is supported by care assistant staff, home maker staff, hygiene staff, activities, recreational and occupational facilitators, grounds personnel and catering staff.

Each nurse on each change of shift is responsible to act as a key worker for a set number of residents. Nursing staff ensure there is an individualised resident care plan in place for all residents, and is based on individualised assessed needs. This care plan is devised and reviewed in co-operation with relatives and the resident themselves.

The person in charge receives referrals for use of the centre for Respite Services from the Home Support Office for Louth applicants and from Meath Respite Services who are based in Beauford House Navan for east Meath applicants . No admission to Respite can proceed unless there is an up to date prescription issued within the previous four weeks by a Medical Doctor. A pre admission assessment for residents requiring Respite Care is undertaken by the referral source using a Common Summary Assessment Record, Clinical Nurse Manager or Person In Charge will do a pre admission assessment (over the phone) using BASOLL pre admission assessment form and the Person in Charge and the Clinical Nurse Manager will make a decision on whether the needs of the resident can be met within the facility as currently exists.

Case Management

Case Management is a complex area of practice. Person in Charge, Clinical Nurse Manager and Staff nurses can facilitate discharge from the Centre for those admitted for short stay recovery care/Respite Care. We facilitate co-ordination to ensure that support is provided to improve the resident's journey from Residential to community settings and from community services to Residential Services. Essential elements of effective discharge planning include: effective communication, a multidisciplinary approach and early and coordinated assessment of resident's needs and home circumstances. Clinical Nurse Manager and staff nurses work closely with the person in charge, the resident and their representatives and members of the multidisciplinary team in enabling and facilitating the timely discharge from the centre to the residents own home.

The person in charge along with the Registered Provider has overall responsibility for ensuring the safety of residents, visitors and staff during any outbreak.

It is the person in charge's responsibility to ensure the staffing levels and skills mix meet the dependency needs of people living at the designated centres at all times, especially during an outbreak and ensure that contingency plans are in place. A contingency plan has been developed in relation to staffing for nursing, care assistants, catering, general maintenance, hygiene and cleaning as well as for services such as oxygen, protective equipment.

The person in charge in charge will review staffing levels and skills mix regularly and change them as and when necessary to meet the assessed needs of residents within the centre along with the Clinical Nurse Manager.

The placement of student nurses and other students is currently facilitated, in line with the current risk management processes.

Medical Officer

Residents admitted for extended care are admitted under the care of the Medical Officer in The Village St Mary's. All residents admitted to The Village Residence retain the services of their own General Practitioner.

On admission to the centre, while the resident retains the right to remain with their own General Practitioner, this is not always feasible, so are medically cared for by the Medical Officer. The Medical Officer assumes responsibility for the medical management of each resident in consultation with the resident, the multidisciplinary team and the resident's family. After 5 p.m. and at weekends and on Public Holidays the Doctor on Call service deputises for the Medical Officer.

Residents admitted for short stay care (restorative care) are admitted under the care of the Medical Officer.

We have access to the services of the following personnel:

Physiotherapist: On Referral to HSE Primary Care Services via Physiotherapy referral form

Speech & Language Therapist: On Referral to HSE Primary Care Services via Speech and Language referral form.

Chiropodist: On Referral

Safeguarding Team: On Referral or on any occasion where there is a suspicion or concern of abuse. There is a designated Officer onsite for Safeguarding vulnerable adults at risk of abuse

Occupational Therapist: On Referral to HSE Primary Care Services via occupational therapy referral form

Dietician: (Sessional on referral) via email

Tissue Viability Nurse: The Service has access to a specialist nurse Monday to Friday on referrals.

SAGE ADVOCACY: Through PIC

Activities, Recreational and Occupational Personnel.

In addition, we have access to dental, dietetic and ophthalmic services when required. Hairdressing/Barber is provided on site for a minimal charge.

We have access to HSE Estates Department

We have access to HSE Quality and Risk

We have access to HSE Health and Safety Department

We have access to Regional Fire Officer within Estates Department

We have access to Regional and Local Human Resource Departments.

We have access to Employee Relations Department of the HSE

We have access to Occupational Health Departments.

We have access to the HSE library services

We have access to HSE Public Health Departments.

We have access to the Regional Complaints Manager

We have access to Chaplaincy services and faith leaders from various church groups.

Pharmacy.

Residents are welcome to retain their pharmacist of choice. The Pharmacy Service that provides services to the Centre currently is Stack's Pharmacy;

Address: Strand Rd, Laytown, Co. Meath

Hours:

9a.m.–6:30p.m. Monday to Saturday

Phone: (041) 982 7163

Administrative Staff

The Village is supported by Clerical Officers, who are supported by an Administrator, who is based at another site. The team provide a variety of supports to residents, their families and staff and service providers in The Village Residence and the Village St. Mary's.

Some of the duties include the provision of clerical support to the centre and also the management of salaries, raising order numbers, processing invoices, charges and residents' private property accounts. Administration staff also issue invoices in relation to Nursing Home Support Scheme (Fair Deal) on a monthly basis.

Ancillary Staff

There is a full range of support and ancillary staff employed to support the care of residents and maintain their safety. In addition, we have access to the HSE supports of the region wide staff including Risk Advisor, Regional Fire Officer, Health and Safety coordinator, Regional Recruitment Section, HR and personnel function, Performance and Development, Nursing Development Unit, Training Department and Information Technology Services, and Occupational Health, Infection Control and Tissue viability.

Admissions to the Designated Centre.

Registered Bed Numbers: The Designated Centre is currently Registered to provide accommodation for 30 residents in St Mary's and for 21 residents in Boyne View House.

An application has been made to the Health Information and Quality Authority to Register the Village Residence for the transfer of the current residents from Boyne View House and the Registration of the Village Residence under the S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 for the provision of thirty beds. The application to vary the Statement of Purpose is making an application to merge St Mary's Hospital, and the Village residence..

Age range of residents to be accommodated:

The Designated centre provides services for adult female and male residents over the age of 18 years. The Person in Charge will ascertain based on assessment whether the centre can meet the needs of the individual in question. There may be on occasions where nursing home support is required for an adult who has not reached 65 years, and if a person who is not yet 65 years requests The Village as their preferred location under Nursing Home Support, then this will be examined on an individual basis to ensure that the Centre can meet the needs of the person concerned.

Gender of residents to be accommodated:

The Designated centre provides services for adult female and male residents

Criteria used for admissions:

The resident or their family must have The Village as one of their choices for extended care.

Each prospective resident must have a multidisciplinary assessment undertaken which determines that the individual is in need of extended care.

A resident must have The Village as their choice of Nursing Home under Fair Deal. Any person and/or their family who is considering The Village as a potential choice of residential facility are invited to come and visit the Centre to ascertain if The Village is the correct residential facility for them.

Referrals are not accepted from any other service provider, except with the permission of the person making the application, i.e. the person themselves and or their Family Representative.

All residents being considered for admission to The Village must have Nursing Home Support funding in place or be in the process of applying for same, and have received a letter from Nursing Home Support Scheme that it has been determined by a multi-disciplinary team that the person requires extended care.

Any resident and/or their families who make an application for placement within The Village must be informed of this necessity, and advised of the process of application and what they will be required to do.

If a resident chooses The Village as their nursing home of choice, they will be placed on a waiting list, until a suitable vacancy becomes available within the Centre.

Residents requesting extended care must have completed The Nursing Home Support Scheme Application Process. A pre admission assessment must be completed by a nurse using the centre's pre admission assessment tool. A pre-admission assessment is undertaken on all residents who have requested The Village as their choice of placement for extended care, in order to determine that their needs can be met in The Village. This form must contain

the demographic details of the resident, and contain an assessment of the individual's cognitive status and their functional status as well as their social background and levels of support currently available in the community. This must also be accompanied by a written medical assessment.

Once the date has been arranged, the person will be informed of their admission date. The Nursing Home Support Office will be informed of the availability of a bed and will also be informed in writing within 24 hours of the person's admission.

A Contract of Care is available for all residents. A contract is made available on admission or within one month of admission to extended care, only between the provider and the resident. This contract of care sets out the services provided to the resident. A copy of the contract of care is placed in the resident's case notes, as well as a copy to the administration staff and a copy returned to the resident. Any changes to the contract of care only takes place in consultation with the resident, such as changes in the residents' contribution via Nursing Home Support or in relation to change of bedroom.

As a HSE facility, emergency admissions may have to be facilitated. Emergency admission for extended care is only ever facilitated when there is an absolute risk to the person and the HSE are responsible for the care and welfare of that person. A bed must be available in order to accept an emergency admission.

A range of Policies as set out in Schedule 5 of Care and Welfare Regulations 2013 are available

Management and Staffing The Village Residence and The Village St Mary's	
Total staffing complement (in whole time equivalent)	
Person in charge /Director of Nursing	1WTE
Assistant Director of Nursing	3 WTE
Clinical Nurse Manager 2	2 WTE
Clinical Nurse Manager 1	3 WTE
Practice Development	0.59 WTE
Staff Nurses	16.11 WTE Vacancy 7.0 WTE
Health care assistants	30.17 WTE Vacancies 7
Homemakers	1.56

Activities Recreation and Occupational Facilitators coordinator	4.59 WTE No vacancies
Catering staff	5.35 Vacancy 1 WTE
Hygiene Staff	3.79 WTE
Catering Supervisor	1 WTE No vacancies
Infection Control Link Practitioners	One
Tissue Viability	0.23WTE
General Operative	3 WTE No vacancies

Organisational structure of the designated centre:

The team is led by the Person in Charge. The Unit has a defined complement of nursing staff which are managed on a daily basis by 2 Clinical Nurse Managers. The Person in Charge is supported by the Registered Provider, who is based at another site. Each Day each Unit is individually managed by a Senior Staff Nurse, when the Clinical Nurse Managers are not available. The Person in Charge is based on the site of The Village Residence.

The Village Residence is owned and managed by the Health Service Executive as the Registered Provider. There is a nominated person to act on behalf of the Health Service Executive. The service is managed by Health Service Executive Community Healthcare Organisation Area 8. The Designated centre is managed locally by the Person in Charge, who is also the Director of Nursing. The Person in Charge is supported by another Assistant Director of Nursing. All nursing and care assistant staff and all other ancillary support staff report directly to the Person in Charge who in turn reports directly to the nominated person on behalf of the Health Service Executive.

In the absence of the Person in Charge of The Village, the centre is managed by the Assistant Director of Nursing. On a weekly basis, where the Person in Charge is on days off, the Assistant Director of Nursing deputises for the Person in Charge in their roles as Assistant Directors of Nursing. All are contactable by telephone and mobile during out of hour's service. Both cover the service over a seven day period.

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An organogram is available in Appendix 4 of this document.

Resident Wellbeing and Safety –

Review and development of residents' care plans

On referral to the Centre, a pre admission assessment is undertaken by a delegated senior nurse on duty or the Person in Charge. This assessment will review the care being provided, and raise any queries or concerns in relation to particular care prescribed. Where there are queries in relation to certain care issues, the Person in Charge will have such queries clarified prior to any decision to admit.

As part of the care plan review during the pre-admission assessment, the Person in Charge must be satisfied that the person being referred is appropriately medically diagnosed. The consent of the resident and or their representatives must be obtained prior to being transferred to the centre. The person in charge must be satisfied that the person and/or their representatives know the Centre and are facilitated to visit the centre prior to accepting a placement there.

On admission a care plan is drawn up with the resident in conjunction with the multidisciplinary team. This is the resident's care plan. The person in charge facilitates an invitation to all relatives to ensure that they are aware of what a care plan entails and their inclusion in that plan of care. The person in charge and their team also reviews the plan of care with each individual resident and/or their representatives as required. All care plans are recorded using EpicCare[®].

The Person in Charge receives a written update on all residents on a 24 hour basis, and can revise and review all care plans with nursing staff on a daily basis. Nursing care plans are evaluated and followed up as required but are updated on a daily basis. A full review is undertaken on a three to four monthly basis. A multi-disciplinary review is also undertaken on The person in charge is informed on-going and through report format on any issues on a twenty four hour basis through a Day/Night Reporting System, on a weekly basis and also on a monthly basis in relation to on-going quality initiatives.

In addition all residents and/or their representatives are invited to discuss end of life decisions using *My Preferred Priorities for Care*. This document is reviewed on a four monthly basis or more regularly to ensure that End of Life Decisions are reviewed and revised. It also gives a resident and/or their representatives an opportunity to discuss the progress or possible deterioration in a person's medical and cognitive condition.

The Medical Officer for the Centre reviews the resident after each admission and at regular periods throughout the week. During out of hours services, the Doctor on Call Service will review any resident who may present with a medical condition.

Specific therapeutic techniques used in the designated centre

- **Physiotherapy.** A senior Physiotherapist is employed within the services. The Physiotherapist is a member of the multidisciplinary team. Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping residents to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible.
- Clinical Supervision and on-going advice and support is provided by the physiotherapy manager for Louth PCCC.
- **Occupational Therapy.** An Occupational Therapist is employed within the service. Occupational therapy is a client centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.

- Clinical Supervision and on-going advice and support is provided by the Occupational Therapy manager for Louth PCCC.

Activities Facilitators. Principal Duties & Responsibilities:

- Organise and coordinate activities for daily living.
- Organise an activities programme that will maintain interest and progression over a period of time.
- Identify the needs of the collective group of individuals and tailor the activities to suit.
- Activities need to be in conjunction with the policies and procedures of the nursing home and the working environment.
- Encourage involvement from the local community to attend your activities programmes.
- Be committed, patient and caring person with a sense of humour and a positive outlook on life.

Supervision and delegation of duties is undertaken by the Nurses on duty on a daily basis and overall by the Clinical Nurse Managers/PIC.

The Services provided under the Nursing Home Support Scheme are outlined below.

Residents in The Village who are eligible for specific services and those residents who hold a medical card will be supported to avail of relevant allied health care services free of charge.

- **Nursing Care** – Nursing Care is provided 24 hours per day, 7 days per week and includes the Assessing, planning, implementing and reviewing of patient care and plan of Care. Full nursing review is carried out on all residents every three months or more frequently if health status changes. Care Assistants support the Nursing Team in providing individualised care to all residents. *There is no extra charge for this service*

- **Medical Officer/Doctor** – every resident will be seen and their medications charted by our medical officer (Doctor John Mulroy) within 24 hours of admission to the Centre. The resident will be seen by the doctor/medical officer if there is a change/deterioration in his/ her condition. Otherwise the residents are reviewed by the doctor/ medical officer on a three monthly basis. The Medical Officer visits The Village Hospital twice per week or more often if required. **There is no extra charge for this service**

From 5pm each evening until 8am the next morning Monday to Friday, from 5pm on Friday evening until 8am on Monday morning and on Bank Holidays, Medical cover is provided by North East Doctor on Call Service. Tel:1850 777 911. **There is no extra charge for this service**

- **Physiotherapy-** . Physiotherapy may be available to all residents in relation to mobility issues, post stroke care and in respiratory conditions. Residents may be referred to the Physiotherapist by the Nursing staff on the Ward, following nursing assessment and if there is a need identified. There is **no extra charge** for this service.
- **Occupational Therapy** – Occupational Therapy may be available to all residents for seating, pressure care and splinting needs. Residents must be referred to the Occupational Therapist by the Nursing staff on the Unit, following nursing assessment and if there is a need identified. There is **no extra charge** for this service.
- **Activities, Recreational and Occupational Facilitators.** Facilitates and implements all programmes of recreation, occupation and activity programmes based on nursing assessments of abilities. Supervision on a daily basis by Nursing staff and Clinical Nurse Managers who report directly to Director of Nursing and PIC. **There are no extra charges for activities/recreation or occupational activities.**
- **Speech and Language Therapy** – A Speech and Language Therapist may be available within Services for Older Persons, Louth, to carry out assessments on

residents, following an identified need. Referrals are made by nursing staff in consultation with the Medical Officer. There is **no charge** for this service.

- **Chiropody** – Chiropody services may be available to residents on a sessional basis at **no extra charge**. First referral to chiropodist is carried out by the nursing staff on the unit, and following assessment and treatment by the chiropodist the resident will be reviewed on a regular basis depending on need.

- **Catering** – All resident's meals are cooked fresh each day in our Main Kitchen with breakfast being prepared in each kitchenette by the Homemaker in The Village Residence. Special diets and requests can be catered for. All food is cooked onsite and the kitchen is open seven days a week.

There is no extra charge for this service.

- **Hairdressing** – Hairdressing services may be available to the residents weekly. There is **a charge** for this service as per patient's private property interim guidelines 2006. Hair dressing services are normally provided at the resident's expense. This service is delivered on a needs basis and all residents are reviewed by the hairdresser on a regular basis. Hairdressing is undertaken as part of occupational programmes and with care staff. **Residents are facilitated to have hairdressing within any of the hairdressing facilities within the locality. There is no charge for staff undertaking hairdressing with residents.**

- **Activities, Recreation and Occupation** – A variety of activities are available in the centre. There is **no charge** for these in house activities however a charge may be applied for some activities depending on the provider such as the price of admission tickets.

A supply of daily and weekly national and local newspapers are available at **no extra charge**.

- **Pastoral Care** – Mass is scheduled on every second Wednesday and on Holy Days where possible. Multi-denominational visits are facilitated outside the centre so that

residents are facilitated to take part in services outside of the centre. **There is no extra charge for this service.**

- **Laundry** –Laundry services are available to all residents. Personal laundry is provided by the service through an external laundry service on Tuesdays and Thursday. Personal laundry that is collected on Tuesdays is delivered back on Thursday and Laundry collected on Thursdays is delivered on Saturdays. Linen, towels and other laundry is laundered by Celtic Laundry Services on behalf of the HSE. **There is no extra charge for this service.**

Where you decide to have your laundry laundered privately, then there will be a charge for you. This will be a private contract arrangement between you and the private provider

Other Services:

Dental – If a resident requires dental treatment, the clinical nurse manager or staff nurse in charge will contact the dental surgery, within Louth Community Care (042 9332287) and make an appointment for the resident to have dental treatment. This treatment is covered by the Medical Card scheme so there is **no charge** to the resident. A list of all private and public dentists is available in the house, where dental services are required urgently

Optical –The Unit Manager or Nurse in charge will contact the optician of choice for the resident, and request an application form. On receipt of this form the Unit Manager or Nurse in Charge completes same and forwards it to Optical Services, Louth Community Care Dublin Road Dundalk. Confirmation is received back within ten (10) days (approx). An appointment is then arranged with the Optician. There is **no charge** to the resident.

Hearing – The Medical Officer sends a letter to Hearing Aid Department, Louth Community Care requesting an appointment for the resident. An appointment will be received back to attend Dundalk). Medical Card covers this appointment so there is **no charge** to the resident.

Dietician – Access to dietetic services is arranged through the Clinical Nurse Manager. **There is no extra charge for this service.**

Pharmacy. Residents are welcome to retain their pharmacist of choice. The Pharmacy Service that provides services to the Centre currently is Stack's Pharmacy;

Transport:

The Health Service Executive may provide transport for residents to attend Medical appointments but, **not** for private, social or family outings. There is a charge for private transport, and this is an agreement between you the resident and the private provider.

Diabetic Retina Screen - The National Diabetic Retinal Screening Programme is a government-funded programme offering **free**, regular diabetic retinopathy screening to people with diabetes aged 12 years and over. There is a process in place for referral to this service.

National Screening Programmes.

The criteria for inclusion on all screening programmes are dependent on age limits (no age limit for the Diabetic Retinal Screen) and any resident who falls into the correct age bracket should be automatically entered on the screening programme via their PPS numbers. As letters are sent out from the National Screening Programme notifying people of appointment slots we will make sure to contact info@screeningservices.ie with the resident's change of address and GP when admitted or when they fall within the correct age bracket and, therefore, meet the criteria. The age limits are as follows:

- Cervical Screening: Females aged 25-60.
- Bowel Screening: Males and females aged 60 to 69
- Breast Check: females from 50 to 69

Diabetic Retinal Screening: Males and females aged 12 and upwards.

Residents, and when appropriate, their family member are included in all aspects of their care planning. Their eligibility to be included on the appropriate screening programmes will be discussed with them and their decision to either be included or not will be supported. Assurances from the National Screening Programme will be sought to ensure that they have the correct information including their address.

Respecting residents' privacy and dignity



Our aim to preserve dignity and autonomy and minimise distress among residents within this centre.

There are numerous ways of ensuring dignity for older people. Some examples include:

Let people choose their own clothing.

Knock on a person's door and seek permission to be in their space

Involve people in decisions relating to their care..

Address the person appropriately.

Listen to residents, more than speaking.

Make food look appealing and tasty.

Respect personal space and possessions. ...

Ensure dignity around hygiene and personal care and intimate care. ...

Promote social activities and events.

Engage in conversation.

The person in charge along with all staff working in this centre will ensure that all residents are accepted for who they are, will treat and care for every resident with sensitivity and all staff will be respectful of each resident as a person.

Dignity refers to an individual maintaining self-respect and being valued by others. Autonomy refers to individual control of decision making and other activities. Within this service we work towards ensuring that all residents are valued and we place an emphasis on recognising the ability of all residents no matter how small. In terms of autonomy, the decision of residents individually are respected, keeping in mind the principles that every resident has the right to make a decision, about a particular thing or subject, at a particular time. Staff may feel that it is the wrong decision or that it is not a right decision, even if possibly doing harm to a resident such as refusal to take medicines. This will also include decisions about what time to go to bed at or even to get up. Where residents make decisions, even if we don't like that decision then we respect that decision.

Residents may very often look to do things that staff may seem as unsafe such as getting up from a chair. Rather than ensuring the resident is unsafe staff will undertake an immediate assessment of the situation using PINCH ME . However in addition staff will provide enhanced care for the individual resident such as walking along side the person rather than restrict the person from getting up.

The service has in place a policy on restrictive practices. However accompanying this policy is a policy on the provision of enhanced care and support with the associated activities, recreation and occupational needs of the resident.

Please refer to the Assisted Decision Making Capacity Act (2015).

We aim to ensure that all our residents are cared for in an environment where privacy, dignity and confidentiality are respected. In accordance with our local Privacy and Dignity Policy all procedures must be fully explained in a quiet manner and implied/verbal consent obtained. All staff members are expected to adhere to this Policy.

Relatives and friends are encouraged to visit as often as they wish and sustain relationships that have always been there. This is very much central to all residents care planning and as to how staff facilitates residents to remain in contact with their communities, their families and their friends. A number of designated rooms are allocated for all residents and relatives to use as required.

In the Village St. Mary's, the dining room and sitting areas are often used as a thoroughfare to exits and entrances. We request that all visitors to the centre respect the privacy and dignity of residents.

All staff are responsible for ensuring that the Residents Information Booklet is available to residents and / or to relatives / carers.

All residents are given written information on who they can talk to if they had a complaint, concern or issue

All residents have been provided with information on how to contact advocacy services.

All residents have been provided with information on who to contact if they were experiencing fear within the centre

All residents are informed whenever there is a death of another resident

All residents are informed when a new resident is coming to live in the centre

All prospective residents are given the opportunity to visit the centre in order to help them assist in their decision to move to live in the centre.

All residents have a nominated staff member to support them in their transition into residential care

There is vigilance throughout the Centre in respect of Safeguarding Vulnerable People at risk of abuse and a full pathway is clearly identified to deal with any such suspicions. In addition the centre is a member of "Hospital Watch" in co-operation with An Garda Siochana.

A designated educational programme on Safeguarding Vulnerable People is included on the induction programme for all staff to the centre. In addition training is provided in Protection of Adults at risk from abuse. The Person in Charge- is the Designated Officer under the policy in relation to allegations or suspicions of abuse. The Person in Charge is responsible for ensuring that any allegations or suspicions of abuse are reported to the Vulnerable Adult Protection Team. The Person in Charge is also responsible for ensuring that a Safeguarding Plan is drawn up and also submitted to the Vulnerable Adult Protection Team.

With regard to residents' finances, the Administrator and the Director of Nursing can act as 'agent' for those residents who request it.

An advocacy service is currently available and is accessible when required. The Advocacy Service can be accessed through the Person in Charge Office. **SAGE** Advocacy services currently act as our independent advocacy services. However all residents have been given an information booklet on how to contact all advocacy services available

The role of the Advocate is:

- Receive, investigate, and work to resolve complaints made by or on behalf of residents in the Services.
- Provide information
- Protect resident rights.

The arrangements for residents to engage in social activities, hobbies and leisure interests.

The centre will facilitate a number of outings based on the wishes of residents. The centre has a very close relationship with voluntary organisations in Drogheda and nursing, activities and recreational staff and all staff are very active in arranging various outings away from the centre.

As part of their stay here and based on assessment, all residents are encouraged to remain as active and as independent as possible even if the resident is experiencing neurological conditions or dementia. A team of activities, recreation and occupational facilitator's are on site. The abilities of each resident are recognised and individually assessed including the strengths of the resident by nursing staff.

The principle of encouraging people with dementia and all residents to remain as independent as possible is applied as much as possible. Each individual resident will have an assessment carried out in order to determine, their needs in relation to activities, recreation and occupation. Different residents will have different needs. As residents progress in their illness, their needs will be assessed based in consultation with residents and relatives. Relatives are actively encouraged to share past interest and hobbies and work interests.

- o Staff, Relatives and Visitors are encouraged to bring in posters to highlight different activities in their own community.
- o Visits by various voluntary groups.
- o Occasional music sessions depending on availability by Local Musicians.
- o Visits by Legion of Mary.
- o Christmas, Halloween and Easter Events celebrated on Units.

We facilitate and support those residents who are still able to undertake occupations around the centre such as cleaning a table, fixing their own quilt or pillow, folding clothes or other small household duties.

Residents are encouraged to participate in a variety of activities on offer; these include, gentle exercise, sing-a-longs, film shows, board games, and short walk outdoors or outings.

Relatives are encouraged to take residents out when possible; transport can be facilitated for private outings but has to be paid for by the resident or family.

We encourage family members to bring in family pets belonging to residents.

The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.

There is a Residents and Relatives Focus Group in operation here in The Village, as well as a carer support Group which is chaired and facilitated by the Clinical Nurse Manager. Any ideas for improving the service and the Residents' Group provides a forum for residents to put across their views. Residents are invited to join and give their views on enhancing the service. The Residents/Relatives Group collaborate with staff to improve life here within The Village, and maintain links with family/community. The Clinical Nurse Manager also ensures that residents participate at an individual level.

Issues raised at these meetings are brought to the attention of the Person in Charge and any action taken / outcomes are fed back to the residents at the next meetings.

The Residents/Relatives Forum meets presently on a monthly basis. The forum has a Chairperson and a Secretary. Other means of consulting with residents and their families is carried out by means of surveys and questionnaires. A number of surveys have been undertaken using questionnaires. These are reviewed and actioned upon.

Issues raised are brought to the attention of the Director of Nursing and the Person in Charge and any action taken / outcomes are fed back to all staff.

Any issue, concern or complaint is dealt with quickly and sensitively. All issues concerns and complaints are documented and a copy of the outcome is given to the resident and their representative where appropriate.

The arrangements made for residents to attend religious services of their choice.

Religious services are held in the centre every second Wednesday. The confessions and Sacrament of the Sick is administered to residents on a regular basis by local clergy. Different voluntary organisations such as the Legion of Mary and St Vincent de Paul visit on a weekly basis.

Other services / denominations.

The service of a Church of Ireland Minister or a Minister of any other denomination can be accessed by request and arrangements are in place for accessing members of other religious communities.

Contact between residents and their families.

Residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right.

Definitions

The terms visitor, essential service provider, important service provider, and compassionate circumstances

Nominated Support Person

Each resident should have the opportunity to identify one nominated support person. The nominated support person should normally have unrestricted access to the resident for most of the day. If it is considered necessary to limit access in the morning or evening when staff and residents are occupied with getting up or preparing for bed, when then at a minimum the nominated support person should have access from at least mid-morning to late afternoon or into evening.

This is in addition to and not instead of visitor access as outlined below. The nominated support person should comply with the infection prevention and control measures that apply to a visitor when they attend the any of the households. The nominated support person is a partner in care. Access of the nominated support person to the resident they support will only be limited if the nominated support person is subject to self-isolation or restricted movement or otherwise represents an infection risk to staff or residents

In normal circumstances, visits may take place in the resident's bedroom if a single room. However in multi occupancy rooms visits will continue outside if weather permits or in the allocated area. Organised outings by bus or car can now be facilitated once the person in charge ensures that there are no identified risks.

Children will be facilitated to visit if a child is accompanied by an adult.

The resident's right to decline a visitor will be respected at all times.

Family members are invited to be involved in the care planning process.

A quiet room is available for residents to meet with families and friends in private.

Relatives are encouraged to take residents out when possible, transport can be arranged. Different trips and shopping trips are arranged through staff for during the week and at weekends. Staff volunteer their time to accompany residents on various trips of their choice. If a family member wishes to accompany a resident, then there may be a voluntary contribution for same. Any outings are organised as a result of resident wishes, based on previous trips.

Residents are facilitated onsite to hold special occasion parties such as birthdays and other events if they so wish and to use the Centre. Any relative may if the resident wishes have their relative dine with them.

We facilitate family members to bring in family pets.

Residents and their families and/or their representatives are facilitated to participate in End of Life Decisions using "My Preferred Priorities for Care". Families are facilitated to make telephone calls at any time and make enquiries about their relative. Residents are facilitated take and make phone calls in private. A number of private rooms are available for residents to meet with families and friends in private if they so wish.

Residents are encouraged through their families and with staff to attend various events within the community. Family and staff are also encouraged to bring in posters of various local events.

A special event is held annually to remember all those residents who die during the year, and this assists in helping people come back to visit The Village and meet with different residents that people may have got to know over the years.

We facilitate communication with families through Famileo which is an online platform to maintain contact with all family members, near and far.

Various social media platforms are also available to aid communication with friends and relatives.

Residents are facilitated to attend special occasions for friends and families including funerals.

Residents are facilitated to attend the local hairdressers or barbers if they so wish rather than attending the onsite hairdresser.

They are facilitated to attend concerts, cinema nights and restaurants. They are also facilitated to attend various religious services outside the centre if they so wish. Shopping trips are also facilitated.

Should a resident wish to go for a drink to the local bar or bar of choice this will be facilitated.

Dealing with complaints

The Centre is required to be compliant with S.I. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022

Each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned, and

(b) display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.

We shall ensure that the complaints procedure provides for the following:

(a) the nomination of a complaints officer to investigate complaints;

There are currently three complaints officers onsite as nominated by the Health Service Executive

(b) that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint;

We do ensure that all complaints are investigated and concluded no later than 30 days after the receipt of the complaint.

(c) the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process;

The person in charge along with the registered provider nominee ensures the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for the decision and any improvements recommended along with details of the review process.

The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.

The registered provider shall ensure that:

(a) all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan; and

(b) as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on:

(i) the level of engagement of independent advocacy services with residents, and

(ii) complaints received, including reviews conducted.

(7) The registered provider shall ensure that –

(a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures, and

(b) all staff are aware of the designated centre's complaints procedures, including how to identify a complaint." This training has commenced. All issues, concerns or complaints are documented by any staff member receiving a complaint using first point of contact complaints resolution form.

Should the complaint remain unresolved, the complaint will be managed by one of the complaints officers as delegated by the person in charge in conjunction

with the provider nominee who is also the General Manager of the services for older people in CHO8.

Each resident and their family has been provided with information on who they can go to if they have an issue concern or complaint. The person in charge has ensured that a copy of the complaints procedure is in a prominent place. The new website is currently under construction and this information will be provided under information for residents as well in the section information for staff

All residents and their families have been given information on who they could talk to if they had an issue, concern or a complaint. The process of dealing with an issue, concern or a complaint is the same.

The service keeps a record of all complaints and all compliments

An analysis is completed of all complaints to analyse trends or specific issues that may emerge.

Complaints, comments concerns or issues are welcomed and are viewed as an opportunity to learn.

The Centre fully participates in the Health Services Executive “Your Service, Your Say” comments and complaints system. Service users and their families are advised that complaints may be made openly or anonymously and that complaints will be dealt with thoroughly and sensitively as per the Health Services Executive Complaints Procedure. All complaints are dealt with through a Point of Contact Complaint Resolution or if not resolved through a Point of Contact Escalation Process.

The independent designated complaints officer for the service is Ms. Eimear Hickey, on behalf of the HSE, phone 0429334488. Ms. Eimear Hickey along with the Manager of Services for Older People is responsible for the appointment of an independent complaints investigator as per article 39 (5) to ensure that

- a. all complaints are appropriately responded to

- b. the independent person maintains the records specified under article 39 (7)
- c. Records pertaining to complaints are retained for a period of not less than seven years after the complaint has been investigated.

There are guidelines displayed throughout the Centre on the procedure involved in making a complaint, comments or compliments.

A Comments/Compliments Complaints Box is provided in different areas of The Village in order to help residents and their representatives give us any Comments, Compliment and Complaints.

Complaints, comments, issues, concerns are all dealt with as per the complaints process and the Key Senior Manager is responsible for the safe storage and handling of all complaints, concerns and issues in conjunction with the person in charge.

Complaints and complaints data including analysis of complaints are returned to the Regional Office of Consumer Affairs on a monthly basis through the named person to act on behalf of the Registered Provider. Since 2014, all complaints data are also compiled and returned to the Regional Director of Quality Improvement on a QPS Template. This is facilitated by the Registered Provider.

Fire precautions and emergency procedures.

The designated centre has a full safety statement and risk assessment in compliance with Health and Safety at Work Act (2005). The risk assessments are reviewed on an annual basis or as new risks are identified. A Personal Evacuation Egress Plan is in place for each Resident. A safety committee is in operation and the site is supported by the Regional Fire and Safety officers and designated safety representatives. The Centre has an overarching safety statement agreed with the General Manager.

The Centre has a Fire Plan in force. The Village Residence and The Village St Mary's has a fire alarm and warning system which is connected to all main fire alert panels within The Village. All doors are fire retardant. The Centre is compartmentalised and zoned in relation to Fire Safety. Fire instructions are clearly displayed throughout the Centre. All fire Exits are clearly marked and fire extinguishers are

situated throughout the centre. A horizontal evacuation pattern is employed as standard. The use of sledge evacuation and bed evacuation is in place, and staff are trained in their usage. All staff have yearly fire training to include the use of extinguishers and control and evacuation techniques. Any item purchased by the centre is of a flame retardant nature. Resident's personal belongings must also comply where possible.

A dedicated security service is in place nightly. The centre is monitored on a continuous 24 hour basis by CCTV cameras both internally and externally at the front back and sides of the centre and front and rear doors are monitored by intercom and camera after 21.00 hrs. These hours are changed seasonally to reflect Winter Summer hours.

Electrical, plumbing and heating contractors are available on a twenty four hour basis. The Centre is a member of the Garda Siochana Community Watch programme for Drogheda.

1 **DETECTION OF FIRES**

Anyone detecting smoke or a smell of burning should investigate immediately and decide on the action below to be followed. RESIDENTS RING BELL AND SHOUT FOR HELP

The following actions sequence must be decided by any person discovering a fire:

- (a) **Staff Attack the fire, if safe to do so, with the appropriate extinguisher.**
- (b) **Evacuate Residents/Staff/Visitors/Others from immediate danger to another compartment.**
- (c) **Raise the Alarm by the nearest fire alarm manual break glass call point.**
- (d) **Contain the fire by closing doors / windows where possible. Follow RACES**
- (e) **Call out Fire Brigade.**

Any one of the above can be done first depending on the circumstances of the fire and the person involved.

2 **STAFF:** **ON HEARING THE FIRE ALARM:**

The Fire Marshall on duty shall organise staff to:

- Check your ZONE AND THE ROOM NUMBER area first for evidence of fire.
- One staff from each area to proceed to the nearest Fire Alarm Panel to identify the area of the fire.
- The Senior Person should take charge, and puts order on the event.

3 **The Fire Marshall present at the time of the fire should:**

- (1) **Select a crew of people, depending on availability.**
- (2) **Nominate one member of the crew to report back with relevant information.**
- (3) **Ensure that the Fire Brigade are called out to any major outbreak of fire.**
- (4) **Send a person to meet and direct the Fire Brigade to the exact location of the fire.**
- (5) **Have staff prevent visitors/others from entering a dangerous building by other entry points.**
- (6) **Liaise with Senior Fire Officer.**
- (7) **Account for all USING RESIDENT, STAFF AND VISITOR Roll Call.**

4. **Staff should study this notice and know what to do.**

- (1) **Ensure that you are familiar with all means of escape.**
- (2) **BE familiar with the Zone you work in and follow the evacuation direction**
- (3) **Ensure that means of escape, are kept free from obstruction at all times.**
- (4) **Know the safe use of all fire fighting equipment provided and its location throughout the building.**

(6) Know the location of your nearest fire alarm panel and procedures to be followed in the event of fires AND KNOW GAS AND OXYGEN CUT OFF POINTS

(7) Prevent any possible cause of fire and attend fire lectures / drills each calendar year.

6 **THE FIRE ASSEMBLY POINT** is located at the Disability Car Park and at Staff Portacabin

***Person in Charge* Michael McCaul Fiona Flood FIRE PREVENTION OFFICE HSE – NORTH EAST AREA. August 2023**

Emergency Accommodation Arrangements.

In the event of a Fire or other evacuation the following procedure will apply for the Village St. Mary's.

Five Residents who are in immediate danger such as wandering off or getting cold quickly, move to The Village Residence – The Village Square. Staff members will be allocated with residents to this building.

Currently, Residents also at risk of immediate danger will be transferred to Boyne View House sitting room and dining room. In an emergency up to 10 residents can transfer to here immediately. Staff will accompany any of the residents.

15 Residents can be immediately transferred to the Cottage Day Hospital and the frailest residents can be transferred to the Cottage Hospital.

In the event of a Fire or other evacuation the following procedure will apply for the Village Residence for residents living in The Butterfly Cottage, Red Robin Cottage and Forget me Not Cottage

Fifteen Residents who are in immediate danger such as wandering off or getting cold quickly, move to The Village St Mary's .Staff members will be allocated with residents to this building.

Residents also at risk of immediate danger will be transferred to Boyne View House sitting room and dining room. In an emergency up to 10 residents can transfer to here immediately. Staff will accompany any of the residents.

5 Residents can be immediately transferred to St Mary's Residence across from the main door of The Village St Mary's and the frailest residents can be transferred to the Cottage Hospital.

There are three fire assembly points, one is in car park opposite both CAMHS building.

The other two are along the avenue heading for the old Dublin Road.

A personal emergency egress plan is in place for all residents

Appendix 1:

Conditions of Registration:

Registration details.

Based on Certificate of Registration which is affixed at the entrance to the Centre.

Registration Number

REG-0034565

Certificate of Registration

Section 50 of the Health Act 2007

Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Name of Designated Centre: St. Mary's Hospital.

Telephone No: 041 9893203

Address: Dublin Road, Drogheda Co. Louth. A92X862

Registered Provider: Health Service Executive

Principal Tel No: 045- 880400

Principal Address. Oak House, Millenium Park, Naas, Kildare

Date of Registration: 27/06/2021.

Expiry Date: 26/06/2024.

This is to certify that St. Mary's Hospital is registered with the Office of the Chief Inspector of Social Services as a designated centre for the period noted above, with Health Service Executive as its registered provider and subject to the conditions of registration, specified below.

Management of the Centre:

Person in Charge: Michael Seamus McCaul. Person in Charge. Director of Nursing

Telephone Number: 041 9893203

Names and Positions of other person(s) participating in the management of the centre:

Maximum Number of Residents who can be accommodated at the Centre: 30.

Conditions of Registration.

Condition 1

Subject to any prohibitions or restrictions contained in any other condition (s), the Designated Centre shall be operated at all times in accordance with and shall only provide the services as set out in its Statement of Purpose within the footprint of the designated centre on the floor plan dated 23/02/2021. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out in the Statement of Purpose, as agreed with the Chief Inspector at the time of the registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

Condition 2.

Only persons aged 18 years or older shall be accommodated at the designated centre at any time.

Condition 3

The maximum number of persons that may be accommodated at the designated centre is: 30.

Pursuant to Section 56 of the Health Act 2007, the Registered Provider must ensure that this Certificate is affixed in a conspicuous place at the centre.

Issued by the:

Office of the Chief Inspector

Health Information and Quality Authority

Unit 1301, City Gate, Mahon, Cork, T12 Y2XT.

Telephone: 021 2409300. www.hiqa.ie.

Appendix 2: Regulation 3: schedule 1 (4)

A description in narrative form of the rooms in the designated centre including their size and primary function -to supplement the floor plan submitted. Coloured as per fire zones

Ground Floor

Room number	Room function/purpose	Facilities/full en-suite (shower, wash hand basin and toilet)	Size	Distance from bedroom if not ensuite and from communal room to Toilet/bathroom*
Room 3	COMMS ROOM	Main IT room for the centre	15.84m ²	
Room 4	PIC Office	Office of the person in charge containing three work stations.	22.76m ²	
Room 4 Store	PIC Office	Office Stationery Press	1.6 m ²	
Room 2	Administration Office	Reception and administration office for two staff .	12.2m ²	
Entrance Hall	Main Entrance Hall to Centre	Relaxation area. Main entrance hall to centre. Doors are on key pad. Wheelchair accessible with assistance. Can be used to receive visitors or quiet area to sit. General Administration office Room's 2, 3 and 4 is located within the entrance	34.4m ²	9.44m TO TOILET
Room 5	Bedroom	Large single room looking out onto main entrance set down area. Contains Wash hand sink.	19.5m ²	8.22 m
Room 6	Bedroom	Second single room Contains wash hand	9.63m ²	7.01 m

		basin		
Room 7	Bedroom	Third single room Contains wash hand basin	9.8 m2	2.13 m
Room 8	Bedroom	Fourth single room Contains wash hand basin	9.67 m2	2.13 m
Room 9	Bedroom	Three bedded room with ensuite which contains toilet and wash hand basin.	41.6m 2	
Room 10	Toilet Ensuite for room 9	Ensuite toilet with sink	3.17m2	
Room 12	Bedroom	Two bedded room. Ensuite	37.5 m2	*
Room 11	Toilet Ensuite for room 12	Ensuite toilet with sink toilet and shower for room 12	6.77m2	
Room 18	Room to receive visitors in private	Armchairs and tea making facilities	9.3 m2	8.53 m
Meadowview Sitting room	Residents Sitting Room	Sitting room styled room containing armchairs, fireplace televisions and small tables with sideboards with filtered water unit.	39.2 m2	Three metres
Room 16	Bedroom	Three bedded room, with ensuite	41.9 m2	
Room 17	Ensuite toilet for room 16	Ensuite toilet with sink for room 16	3.12 m2	
Room 23	Bedroom	Three bedded room, with ensuite	41.4 m2	2 metres
Room 22	Ensuite toilet for room 23	Ensuite toilet with sink for room	3.18m2.	
Room 21	WC	Toilet with hand hygiene sink	3.1 m2	
Room 14	WC/Shower	Shower and sink and toilet	8.77 m2	Infection Control if resident had transmissible

				infection
Room 13	WC/Shower	Shower and sink and toilet	8.79 m2	
Room 15	Electrical panel room	Small room with electrical panel and fuse boards.	0.72 m2	
Room 15A	Store Proposed Hand Hygiene Sink	Daily linen supplies	0.72m2	
Room 28	Hygiene/cleaning Services	Storage Room for Domestic services. Contains storage press and washing machines for cleaning of mops. Also contains cleaning equipment and buckets	10.9 m2	
Room 26	Sluice Utility Room	Sluicing Facility with bedpan washer and waste disposal unit	9.2 m2	For use by Meadowview unit.
Room 28 A	Linen Storage	Storage Facility for Linen	1 m2	Shelved
Room 28 B	Linen Storage	Storage Facility for Linen	1 m2	Shelved
Room 28 C	Trolley press	Storage trolley for drinks Meadowview	0.88 m2	
Room 28D	Trolley press	Storage shop trolley sweets/etcMeadowview	0.88 m2	
Room 28 E	Residents Clothes Storage	Storage Facility for resident belongings	0.88 m2	
Room 28 F	Residents Clothes Storage	Storage Facility for resident belongings	0.88 m2	
Room 27	Wash room	Contains washing machine and tumble dryer for emergency usage only	3.56 m2	
Room 25	Store room	General Storage Room	18.1m2	
Room 29	Clinical Store	Clinical Store	12m2	
Room 30	Store.	Contains activities equipment that is used on units	3.6m2	
Room 33	Assisted Bathroom	Assisted Bath facility and toilet and vanity sink.	12m2	
Room 34	Bedroom	Single room with wash hand basin	19.7m2	7.31 M
Room 35	Bedroom	Single room with wash hand basin.	10 m2	5.79 m

<i>Room 36</i>	Bedroom	Single room with wash hand basin	9.89 m2	2.13 m
<i>Room 37</i>	Bedroom	Single room with wash hand basin	9.86 m2	2.43m
<i>Room38</i>	Bedroom	Three bedded room and wash hand basin.	42m2	2 metres
<i>Room 39</i>	Ensuite facility for Room 38	Contains toilet and hand washing sink	3.1m2	Contains toilet.
<i>Room 31</i>	Sluice Room	Sluicing Facility with bedpan washer and waste disposal unit.	9.2 m2	Used for Sunnyside Unit
Room 32	Spiritual Room	Multi denominational spiritual room.	18.2 m2	
<i>Room 45</i>	Bedroom	Three bedded room	42m2	2 metres
<i>Room 46</i>	Ensuite toilet for room 45	Contains toilet and hand washing sink	3.4 m2	Contains toilet
<i>Room 41</i>	Two Bedded Room	Two bedded room, with sink.	37.5m2	2 metres
<i>Room 40</i>	Ensuite toilet for room 41	Contains toilet and hand washing sink and shower	6.77 m2	Contains toilet.
<i>Room 52</i>	Bedroom	Three bedded room and wash hand basin.	42.1m2	Two Metres
<i>Room 51</i>	Ensuite toilet for room 52	Contains toilet and hand washing sink	3.18 m2	Contains Toilet.
<i>Room 47</i>	CNM Office	Office of the clinical nurse manager.	9.3 m2	
<i>Sunnyside Sitting Room</i>	Residents Sitting Room	Sitting room styled room	40.4 m2	Three metres
<i>Room 42</i>	WC/Shower	Shower and sink and toilet.	8.77 m2	Infection Control
<i>Room 43</i>	WC/Shower	Shower and sink and toilet	8.79m2	
<i>Room 44</i>	Store Proposed Hand hygiene sink area	Store for daily linen supplies	0.72	.
<i>Room 44 A</i>	Electric	Small room with electrical panel and fuse boards.	0.72	
Room 50	Resident WC	Toilet, wash hand basin	3.1m2	Contains Toilet
Room 57	WC	Toilet and wash sink	2.2m2	Contains toilet
Room 58	Cold Store	Freezers and chiller fridges Shelving Dry goods food storage area	15 m2	Two metres
Room 59	Main Kitchen	Main Kitchen and cold room for centre Gas cooking Steam oven Wash facilities Food preparation areas Crockery cleaning	46.7 m2	Two metres

		area.		
<i>Room Oxygen Storage Shed</i>	Oxygen Storage Shed	Piped Oxygen Shed containing Oxygen Cylinders for piped oxygen and oxygen panel containing visual display for oxygen usage	11.6 m2	
<i>Room 60</i>	Catering Laundry	Laundering facility for catering staff only	3.99 m2	
<i>Room 53</i>	Dried Goods Store	Storage room for the use of catering dry goods	16.1m2	
<i>Room 63</i>	Dining Room	Dining Room used by residents for main meals	115m2	7.62 m
<i>Room 64</i>	Communal coffee dock area.	Coffee dock area for residents, visitors and staff	24.5 m2	3 metres
<i>Room 65</i>	WC	Staff /relatives/residents toilet	3.15m2	Contains toilet
<i>Room 66</i>	Staff WC/Staff shower	Staff /relatives/residents toilet	5.87m2	Contains Toilet
<i>Room 19</i>	Electrical Plant Room	Main electrical plant room for the facility	6.84 m2	
<i>Room 11</i>	Boiler plant room	Contains four boilers for hot water and for heating systems.	16.9 m2	
<i>Container storage 1</i>	Storage facility for cleaning products	Storage area for cleaning products	19.2 m2	
<i>Container storage 2</i>	Storage facility incontinence products	Storage area for incontinence products.	19.2 m2	
<i>Container storage 3</i>	Storage area equipment	Storage area for equipment	19.2 m2	
<i>Container storage 4</i>	Storage area equipment	Proposed Storage area for equipment	19.2 m2	
<i>Container storage 5</i>	Storage area equipment	Proposed Storage area for equipment	19.2 m2	
<i>Container storage 6</i>	Storage area equipment	Proposed Storage area equipment	9.6M2	
<i>Old Mortuary</i>	Male Chancing area	Proposed area for locker room for male staff		
The Village Residence				
<i>CP7-3</i>	Reception	Reception Area, Information Point	12.71m ³	Assisted toilet in this area
<i>CP7-2</i>	Foyer	Lobby Area	33.75 m ²	Assisted toilet in this area

CP7-11	Roof Access	Store Room with access to roof	4.89m ²	
CP7-17	Visitors WC	Visitors Toilet and wash hand basin	5.3 m ²	Contains toilet
CP7-10	Clean Utility	Medical Store Room	12.19m ²	
CP7-9	Comms Room	IT Control Room	No Measurements#	
CP7-8	Staff WC	Staff Toilet and wash hand basin	2.47m ²	Contains toilet
CP7-7	Staff WC	Staff Toilet and wash hand basin	2.47m ²	Contains toilet
CP7-4	Director of Nursing Office	Office of the Director of Nursing	13.11m ²	
CP7-5	The Village Clinic	Treatment Room	14.78m ²	
CP3-8	Communal Foyer 1	Lobby Area outside Butterfly Cottage	51.41m ²	
CP3-9	Therapy Room (The Village Spa)	Contains Hairdressers Sink and Chairs	16.22m ²	
CP3-10	Cleaners Store	Main Cleaners Store Room	6.87m ²	
CP3-7	Circulation 1	Corridor through central area	26.92m ²	
CP3-4	Communal Foyer 2	Lobby Area outside The Village Square	31.10m ²	
CP3-2	The Village Square	Multi-purpose Room	62.57m ²	Assisted toilet beside room – 3m
CP3-1	DocM WC	Assisted Bathroom, Bath, Toilet and wash and basin	5.15 m ²	
CP3-5	Roof Access	Store room with access to roof	4.21 m ²	
CP3-6	Kitchen Cleaners Store	Cleaners Store Room for kitchen staff only	2.88 m ²	
CP2-5	Bedroom	Single Bedroom	17.01 m ²	Ensuite Facilities – 3m
CP2-9	Storage	Under floor heating Storage		
CP2-8	Storage	Under floor heating Storage		
CP2-5A	Ensuite	Toilet facility for bedroom CP2-5. Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
CP2-4	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
CP2-4A	Ensuite	Toilet facility for bedroom CP2-4 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
CP2-3	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
CP2-3A	Ensuite	Toilet facility for	6.06 m ²	Contains Toilet

		bedroom CP2-3 Toilet, shower, Wash Hand Basin		
<i>CP2-1</i>	Bedroom	Single Bedroom	17.65 m ²	Ensuite Facilities – 3m
<i>CP2-1A</i>	Ensuite	Toilet facility for bedroom CP2-1 Toilet, shower, Wash Hand Basin	6.06 m ²	Contains Toilet
<i>CP2-2</i>	Switch Electrical	Contains Electrical switch board	1.62 m ²	
<i>CP2-6</i>	Circulation 4	Corridor through Butterfly Cottage	39.97 m ²	
<i>CPI-1</i>	Bedroom	Bariatric Bedroom	20.22 m ²	Ensuite Facilities – 3m
<i>CPI-1A</i>	Ensuite	Toilet facility for bedroom CPI-1 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
<i>CPI-2</i>	Store	Store room	1.62 m ²	
<i>CPI-3</i>	Bedroom	Single Bedroom	18.06 m ²	Ensuite Facilities – 3m
<i>CPI-3A</i>	Ensuite	Toilet facility for bedroom CPI-3 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
<i>CPI-4</i>	Bedroom	Single Bedroom	18.06 m ²	Ensuite Facilities – 3m
<i>CPI-4A</i>	Ensuite	Toilet facility for bedroom CPI-4 Toilet, shower, Wash Hand Basin	5.93 m ²	Contains Toilet
<i>CPI-5</i>	Bedroom	Single Bedroom	18.07 m ²	Ensuite Facilities – 3m
<i>CPI-5A</i>	Ensuite	Toilet facility for bedroom CPI-5 Toilet, shower, Wash Hand Basin	5.93 m ²	Contains Toilet
<i>CPI-6</i>	Bedroom	Single Bedroom	18.07 m ²	Ensuite Facilities – 3m
<i>CPI-6A</i>	Ensuite	Toilet facility for bedroom CPI-6 Toilet, shower, Wash Hand Basin	5.92 m ²	Contains Toilet
<i>CPI-7</i>	Bedroom	Single Bedroom	18.11 m ²	Ensuite Facilities – 3m
<i>CPI-7A</i>	Ensuite	Toilet facility for bedroom CPI-7 Toilet, shower, Wash Hand Basin	5.93 m ²	Contains Toilet
<i>CPI-8</i>	Circulation 3	Corridor in Butterfly Cottage	90.48 m ²	
<i>CPI-9</i>	Staff Break out Space	Staff Hub – Butterfly	8.17 m ²	

		Cottage		
<i>CP1-10</i>	Quiet Room	Relaxing Sitting Room	10.94 m ²	3m
<i>CP1-11</i>	Utility Room	Sluice and hand hygiene sink	8.78 m ²	
<i>CP1-12</i>	Assisted Bathroom	Overhead hoist, lifting equipment, sink and assisted bath	15.48 m ²	Contains toilet
<i>CP1-13</i>	The Village Lounge		10.87 m ²	
<i>CP1-14</i>	Circulation 2	Corridor in Butterfly Cottage	26.69 m ²	
<i>CP1-15</i>	Circulation 1	Corridor in Butterfly Cottage	11.97 m ²	
<i>CP1-16</i>	Kitchen Cleaners Store	Cleaners store room for kitchen staff	0.93 m ²	
<i>CP1-17</i>	Assisted WC	Toilet, wash hand basin	4.45 m ²	Contains toilet
<i>CP1-18</i>	Staff WC	Toilet, wash hand basin	4.53 m ²	Contains toilet
<i>CP1-19</i>	Store 1		6.17 m ²	
<i>CP2-7C</i>	Living/Kitchen/Dining	Resident sitting room, kitchenette and dining area	80.37 m ²	Assisted toilet facilities next to this room 2 metres
<i>CP4-1</i>	Bedroom	Single Bedroom	17.96#	Ensuite Facilities – 3m
<i>CP4-1A</i>	Ensuite	Toilet facility for bedroom CP4-1 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
<i>CP4-2</i>	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
<i>CP4-2A</i>	Ensuite	Toilet facility for bedroom CP4-2 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
<i>CP4-3</i>	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
<i>CP4-3A</i>	Ensuite	Toilet facility for bedroom CP4-3 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
<i>CP4-4</i>	Bedroom	Single Bedroom	17.65 m ²	Ensuite Facilities – 3m
<i>CP4-4A</i>	Ensuite	Toilet facility for bedroom CP4-4 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
<i>CP4-5</i>	Electrical Switch	Contains Electrical panel	1.61 m ²	
<i>CP4-6</i>	Circulation 3	Corridor in Red Robin Cottage	43.41 m ²	
<i>CP4-7</i>	Store		7.00 m ²	
<i>CP4-8</i>	The Galley	Living/Kitchen/Dining	85.54 m ²	Assisted Toilet beside room –

				2m
CP5-1	Circulation 2	Corridor on Red Robin Cottage	104.15 m ²	
CP5-2	Bedroom	Bariatric Bedroom	20.43 m ²	Ensuite Facilities – 3m
CP5-2A	Ensuite	Toilet facility for bedroom CP5-2 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
CP5-3	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
CP5-3A	Ensuite	Toilet facility for bedroom CP5-3 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
CP5-4	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
CP5-4A	Ensuite	Toilet facility for bedroom CP54 Toilet, shower, Wash Hand Basin	5.88 m ²	Contains Toilet
CP5-5	Bedroom	Single Bedroom	18.04 m ²	Ensuite Facilities – 3m
CP5-5A	Ensuite	Toilet facility for bedroom CP5-5 Toilet, shower, Wash Hand Basin	5.95 m ²	Contains Toilet
CP5-6	Bedroom	Single Bedroom	17.77 m ²	Ensuite Facilities – 3m
CP5-6A	Ensuite	Toilet facility for bedroom CP5-6 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
CP5-7	Bedroom	Single Bedroom	17.91 m ²	Ensuite Facilities – 3m
CP5-7A	Ensuite	Toilet facility for bedroom CP5-7 Toilet, shower, Wash Hand Basin	6.08 m ²	Contains Toilet
CP5-8	Store Room	Store Room	1.62 m ²	
CP5-9	Staff Breakout Space	Staff Hub	13.97 m ²	
CP5-10	The Snug	Relaxing Sitting Room	11.94 m ²	
CP5-11	Assisted Bathroom	Bath, toilet, wash hand basin	18.73 m ²	
CP5-12	Circulation 1	Corridor in Red Robin Cottage	22.81 m ²	
CP5-13	Store Room		1.49 m ²	
CP5-14	Staff WC	Staff Toilet	2.98 m ²	
CP5-15	Assisted WC	Assisted Toilet	4.35 m ²	
CP6-1	Circulation 1	Corridor	Not Enclosed#	
CP6-2	Bariatric Bedroom	Single Bedroom	20.44 m ²	Ensuite Facilities – 3m
CP6-2A	Ensuite	Toilet facility for bedroom CP6-2 Toilet,	5.92 m ²	Contains Toilet

		shower, Wash Hand Basin		
CP6-3	Bedroom	Single Bedroom	18.04 m²	
CP6-3A	Ensuite	Toilet facility for bedroom CP6-3 Toilet, shower, Wash Hand Basin	5.92 m²	Contains Toilet
CP6-4	Bedroom	Single Bedroom	18.04 m²	Ensuite Facilities – 3m
CP6-4A	Ensuite	Toilet facility for bedroom CP6-4 Toilet, shower, Wash Hand Basin	6.10 m²	Contains Toilet
CP6-5	Store		1.62 m²	
CP6-6	Bedroom	Single Bedroom	17.92 m²	Ensuite Facilities – 3m
CP6-6A	Ensuite	Toilet facility for bedroom CP6-6 Toilet, shower, Wash Hand Basin	6.10 m²	Contains Toilet
CP6-7	Bedroom	Single Bedroom	17.92 m²	Ensuite Facilities – 3m
CP6-7A	Ensuite	Toilet facility for bedroom CP6-7 Toilet, shower, Wash Hand Basin	5.91 m²	Contains Toilet
CP6-8	Bedroom	Single Bedroom	18.12 m²	Ensuite Facilities – 3m
CP6-8A	Ensuite	Toilet facility for bedroom CP6-8 Toilet, shower, Wash Hand Basin	5.92 m²	Contains Toilet
CP6-9	Assisted Bathroom	Assisted Bathroom	14.02 m²	Contains Toilet
CP6-10	Utility Room	Utility Room	12.35 m²	
CP5-18	The Galley	Living/Kitchen/Dining	78.00 m²	Assisted toilet beside room
CP7-14	Kitchen Cleaners Store	Cleaners store room for kitchen staff	4.04 m²	
CP7-12	Hygioene Store	Store room for Hygiene staff	6.36 m²	
CP7-15	Assisted WC	Assisted Toilet	4.08 m²	Contains Toilet
CP7-13	Circulation 1	Corridor in Forget-Me-Not Cottage	20.82 m²	
CP7-18	Store Room	Linen Storage Area	2.55 m²	
CP7-19	Circulation 2	Corridor in Forget-Me-Not Cottage	60.1 m²	
CP7-20	Staff WC	Staff Toilet, shower, Wash Hand Basin	3.57 m²	
CP7-21	The Snug	Relaxing Sitting Room	13.52 m²	
CP7-22	Staff Break Out Space	Staff Hub	12.27 m²	
CP7-23	Bedroom	Single Bedroom	17.97 m²	Ensuite Facilities – 3m
CP7-23A	Ensuite	Toilet facility for bedroom CP7-23	6.09 m²	Contains Toilet

		Toilet, shower, Wash Hand Basin		
<i>CP7-24</i>	Bedroom	Single Bedroom	18.05 m ²	Ensuite Facilities – 3m
<i>CP7-24A</i>	Ensuite	Toilet facility for bedroom CP7-24 Toilet, shower, Wash Hand Basin	6.09 m ²	Contains Toilet
<i>CP7-25</i>	Bedroom	Single Bedroom	18.05 m ²	Ensuite Facilities – 3m
<i>CP7-25A</i>	Ensuite	Toilet facility for bedroom CP7-25 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
<i>CP7-26</i>	Bedroom	Single Bedroom	17.97 m ²	Ensuite Facilities – 3m
<i>CP7-26A</i>	Ensuite	Toilet facility for bedroom CP7-26 Toilet, shower, Wash Hand Basin	5.91 m ²	Contains Toilet
<i>CP8-9</i>	Store Room	Electrical fuse Board	2.55 m ²	
<i>CP8-8</i>	Water Tank Store	Storage Space for Water Tank	10.39 m ²	
<i>CP8-10</i>	Electrical Plant Room	Main control points for all electrical		
<i>CP8-7</i>	Plant Room	Plant Room	24.89 m ²	
<i>CP8-6</i>	Staff Circulation 1	Corridor in Staff Area	34.29 m ²	
<i>CP8-6A</i>	Staff Trolley Store	Storage Area	3.85 m ²	
<i>CP8-4</i>	Staff Changing Room	Changing Rooms	20.50 m ²	
<i>CP8-4A</i>	Staff Shower 1	Shower Room	2.99 m ²	
<i>CP8-4B</i>	Staff Shower 2	Shower Room	2.99 m ²	
<i>CP8-4C</i>	Staff Accessible Shower	Assisted Shower Room	6.64 m ²	
<i>CP8-3</i>	Staff DocM WC	Staff Assisted Toilet	3.55 m ²	
<i>CP8-2</i>	Staff Meeting Room	Conference Room	16.91 m ²	
<i>CP8-1</i>	Staff Relax Room	Staff Canteen	26.30 m ²	

Organisational Chart –

The Village 2023

MR. Bernard Gloster CEO HSE

Head of Service | Older Person Services – Dr. Donal Fitzsimons

Provider Representative, General Manager, Older Person's Services - Emma Gonoud

Manager Older Person's Services Louth Ms. Maura Ward.

Carpenter

Electrician

Plumber

Practice Development
Facilitator Ms Eimear
Hickey Aug 2023

Advocacy

Volunteers

Person in Charge

Michael McCaul

Assistant Director of Nursing

Assistant Director of Nursing

Ms. Simy Kurian A/CNM2

Ms Sujitha Sukumaran A/CNM 2

Ms. Seema Pankaj (CNM1)

Ms. Loretta Byrne Nursing Administration

INF Control CNS

Public Health

Occupational Health Consultant

Occupational Health Nurse

Martina Ralph. Primary Care Covid 19 testing

Residents Support Forum

Medical Officer

Sessional

- 0.33WTE

Nursing

PIC x 1WTE

Assistant Director of
Nursing 3WTE

CNM 2 - 2 WTE

CNM 1 – 3 WTE

Staff Nurses – 16.11WTE

IPC Link Practitioner –
6WTE

Tissue Viability Nurse –
0.23WTE

HealthCare

Assistants - 30.17 WTE

Household staff – 3.79
WTE

Catering Staff -

5.35 WTE

Catering Supervisor –
1WTE

General Operative – 3
WTE

Homemaker – 1.56 WTE

Activities – 4.59WTE

Administration

Administrator Grade
6 – 0.3WTE

Grade 4 - 3 WTE

Administration
Support – 2.5 WTE

Allied Health Professionals

Physiotherapist x referral

Occupational Therapist x Referral

S & L Therapist

X 0.5 WTE

Dietician by referral

Also

Hairdresser

Podiatrist

PCCC Support Staff

Fire Officer, Health & Safety Co-ordinator, Risk Manager, HR, Performance and Development, Training, NMPD,

IT, PHN's, GP's, ICPOP and Chronis Disease, Safeguarding Team, Palliative Care Team, Dental, Audiology and Ophthalmology, Primary Care, Health and Wellbeing, Complex Discharge,

