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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Craddock House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Werlay Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Craddockstown Road, Naas, Kildare</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09 July 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000027</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029902</td>
</tr>
</tbody>
</table>
About the designated centre

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

Craddock House Nursing Home is purpose built and was established in 1999 by the current provider representative and person in charge. It is located on the outskirts of Naas town close to the general hospital and across from a secondary school. Residents have good access to amenities and have a range of recreational activities within a warm, welcoming and friendly atmosphere. There is unrestricted access to colorfully planted, paved and secure courtyards with open and sheltered seating areas along with many tactile items including water features. The large courtyard garden has covered seating, there is a small courtyard garden off Rose Cottage and two other garden areas for resident use. The nursing home provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The nursing home provides a respite service, residential and convalescent care. A day facility may be provided dependent on resident numbers and capacity. Male and female residents are primarily over 65 years of age. The home can accommodate 89 residents over two floors serviced by a passenger lift and stairwells. It comprises 68 single and six double/twin bedrooms. Most bedrooms have full en-suite facilities or shared bathrooms, and nine single bedrooms that have access to communal toilet and bathroom facilities within close proximity. There are three main day and dining areas, called The snug, The cosy corner and The relaxation room. There are two conservatories and a spacious reception area for residents to relax in. In addition to these there are two administration offices and three nurses stations, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly, a hairdressing salon that operates three days weekly. There are two conservatories and a spacious oratory where mass is celebrated weekly, a main kitchen that services the households and a spacious multi-purpose room for family functions, meetings and staff training. Separate and adjacent to the main building are the laundry, boiler room and additional administration offices. To the front of the building there is ample car parking spaces.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 59 |
How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 9 July 2020</td>
<td>09:25hrs to 16:25hrs</td>
<td>Deirdre O’Hara</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 9 July 2020</td>
<td>09:25hrs to 16:25hrs</td>
<td>Helen Lindsey</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors found the centre was very clean and was well laid out and nicely decorated, with seated areas located throughout the centre. Residents said that their bedrooms and personal space met their needs and that they enough room to store their clothes and belongings. Staff were found to be kind and caring in their work and staff resident interactions were marked by genuine respect and empathy. Residents were very complimentary about the care and services that were provided to them. Others commented that staff were like part of the family, they felt safe and the person in charge was a very understanding person.

Inspectors observed that those residents who were not able to communicate appeared relaxed and comfortable with the staff who were providing their care and did not show any signs of concern or distress. Staff were seen to assist residents with physical exercise in a companionable way.

One resident said that they were living in ‘a bit of heaven’ and that their confidence had grown since they started living in the centre. Others said that they enjoyed the food and were looking forward to baking and the activities starting again because they missed it.

Staff always knocked and waited for permission before they entered a resident's bedroom.

Residents were seen chatting on the phone with family and friends. Residents said they had ‘window visits’ and had the opportunity for face time communication with loved ones.

Residents said they were kept informed during the outbreak, and knew who to speak with if they had a concern and said that complaints were dealt with quickly.

Capacity and capability

Prior to the recent COVID-19 pandemic, Craddock House Nursing Home, Naas, operated by Werlay Ltd, had a good history of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The management structure in place for this centre consisted of the provider, a limited company with two directors. The two directors were involved with day-to-day
responsibility for running the Craddock House Nursing Home.

During the COVID-19 outbreak, the two directors liaised regularly with Public Health through emails and telephone conversations on a regular basis.

A person in charge, responsible for the day-to-day operations of the designated centre, was supported by an assistant director of nursing and other staff members including nurses, carers, administration, a physiotherapist, activities coordinators, housekeeping, catering and maintenance staff.

This inspection was triggered by:

- notification of an outbreak of COVID-19 with a large number of residents and staff testing positive and a number of resident deaths
- solicited information received from the management team of Craddock House Nursing Home.

As a result, an inspection took place on 9 July 2020. Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time. They acknowledged that staff and management worked hard having the interest of residents at the forefront of the care and support being delivered in the centre. Inspectors noted staff sadness at the loss of residents they had been providing care for. Staff and residents expressed their sorrow at the loss of residents who had passed away during the COVID-19 pandemic.

There were 59 residents accommodated in the centre on the day of inspection. Three residents were in hospital. There were no residents who were positive for COVID-19 in the centre on the day of inspection.

To assess the assurance arrangements in place, the senior management team was requested to provide a number of documents on the morning of inspection. This included, for example, the allocation of staff, residents notes, cleaning and infection prevention and control records, the centres risk register and the complaints log. This information was readily available to inspectors.

Inspectors found that the management structure in place, had provided a good service in advance and during the COVID-19 pandemic. The following measures were seen to be in place:

- there were effective arrangements in place to control the COVID-19 outbreak
- public health and infection control advice and guidance from the HSE outbreak control team were put in place
- ability to recognise and respond to issues arising during the course of the outbreak, up to and including on the day of the inspection
- definitive actions taken to manage the outbreak in the centre
- adequate resources in the centre with particular reference to nursing and cleaning staff.

However, improvements were required in the storage of care supplies and the maintenance of seating and floors in the centre, servicing records for bedpan
washers and the use of single patient lifting equipment. This is discussed further under regulation 27: Infection Control.

The risks that were identified in the centre were not regularly updated. There was a comprehensive COVID-19 outbreak management plan in place to guide staff.

While there were a large selection of training schedules in place, there were gaps in staff training with regards to safeguarding and moving and handling. All staff had received training in hand hygiene and putting on and taking off personal protective equipment (PPE).

Complaints were dealt with promptly and the views of the complainant were validated and respected.

**Regulation 15: Staffing**

Inspectors found that the number and skill mix of the staff was appropriate having regard to the needs of the residents and the size and layout of the designated centre. There was a registered nurse on duty at all times in the centre. There were sufficient ancillary staff in the housekeeping, catering and activities to ensure that care and services in these areas were delivered.

Staff received a handover report when they arrived for their shift. Following handover, staff were informed of which residents they were caring for during the day. Staff worked well together showing cooperation and respect to each other in their work. This helped to create a calm and friendly atmosphere for residents.

Judgment: Compliant

**Regulation 16: Training and staff development**

The provider had a system in place to oversee the training program in place. This identified when staff had completed training and when they were due for a refresher. The training plan for 2020 had been interrupted by the COVID-19 outbreak, but the provider had ensured relevant training was provided. At the time of the inspection, the provider was making arrangements for 2020 training plan to commence again. It included courses in dementia training, nutrition and dementia, wound management and risk management. There were plans in place for all staff to complete refresher training in the weeks following the inspection.

A staff member was identified as the lead in infection prevention and control and they had co-ordinated the training for all staff to ensure they had access to training including hand hygiene and appropriate use of personal protective equipment (PPE). They were also receiving extra training in a 'train the trainer' course so they could
complete the training for staff.

Staff spoken with said they felt the training had been very informative, and were always reminded when they needed to complete courses.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre was well resourced and effectively managed to ensure that a good quality and safe service was being provided for the residents. While there were appropriate systems in place to provide oversight and monitor the safe delivery of the service this was not always implemented. For example, the audit of care plans had not taken place, due to the outbreak in the centre.</td>
</tr>
<tr>
<td>The designated centre is family owned and managed. There was a clearly defined management structure in place which specified roles and detailed the responsibilities for all areas of the service. Managers were well known to residents and staff and were accessible in the building. During the inspection the person in charge was familiar with the current residents and was aware of any recent complaints and incidents.</td>
</tr>
<tr>
<td>Staff and resident meetings were held regularly. Records showed that relevant information was shared appropriately with staff and residents.</td>
</tr>
<tr>
<td>While there were well established systems in place to monitor the quality and safety of the service, some improvements were required. Systems for monitoring included a monthly audit programme in key clinical areas such as falls, use of restraints, incidents, infections and pressure sores. While there were oversight arrangements in place they had not identified areas that required improvement in the centre such as the care planning process, or ensured the risk management policies were fully implemented.</td>
</tr>
<tr>
<td>Judgment: Substantially compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 34: Complaints procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was a clear complaints policy in place that set out the steps to follow when raising a concern or a complaint, and was displayed throughout the centre. Records showed that the provider took all feedback seriously and carried out a review to identify how an issue had occurred, and how to resolve it. There was regular contact with the person who raised the complaint and they were kept updated on the status of the concerns as the review progressed.</td>
</tr>
</tbody>
</table>
There were very low levels of complaints. A number of those made in recent years had been made by the residents, which showed they felt comfortable to raise their concerns and that they were taken seriously. Apologies were provided where it was found necessary.

There was an option for an independent review if a matter was not resolved to the satisfaction of the complainant.

Judgment: Compliant

**Quality and safety**

Residents day-to-day lives in the centre had been significantly impacted by the COVID-19 restrictions, some of which were still in place at the time of the inspection. The provider and staff team had worked hard to provide a positive environment that remained supportive and stimulating while residents were significantly restricted in how they could spend their time. While the the provider had ensured infection prevention and control procedures had been put in place, there were gaps identified in practice, which is discussed under regulation 27. The provider had ensured that staff continued to focus on providing person centred care, however, updates were required to the care plans to ensure they reflected current needs. Some improvement was required in relation to risk management.

Nursing staff were found to be familiar with residents needs, and records showed there were links with local community services and local hospitals to ensure residents ongoing needs were being met. A range of assessments were carried out to identify if residents needs were changing. There was also close monitoring of residents by the staff, with links to the general practitioner as required. While nursing staff knew residents well, the written care plans were completed using a standard document and then adding text to it over time. This made it difficult for inspectors to identify residents current care and support needs, and would be a risk if staff who did not know residents who were required to take over delivery of their care. It was not clear how frequently the care plans were reviewed.

While there was a risk policy in place, and the provider had taken a wide number of steps to manage and control risks during the COVID-19 pandemic, they had not recorded all the measures they had in place. Inspectors noted some improved practice in the centre, but some risk assessments had not been updated since 2018 which was not in line with their policy.

Infection prevention and control measures were in place in the centre, and all staff spoken with confirmed they knew the procedures in the the centre. Residents were also aware of increased control measures and understood the purpose of them. There was adequate personal protective equipment (PPE) available in the centre, and staff had received training in how to use it correctly. There were regular meetings to review the procedures in place, and staff were aware of the changes to
national guidance. The provider had arrangements in place should there be a further outbreak in the centre, and this included zoning the centre and staff to reduce movement through the centre. While there were cleaning arrangements in place, some improvement was required to the oversight arrangements to check everything had been completed in line with best practice. Storage needed to be reviewed to reduce the risk of cross infection, for example in the laundry cupboard where duvets were stored.

Residents felt there were good opportunities for social engagement within the centre. This included one-to-one activities in their rooms, small group activities in communal areas, and trips out to the garden. Inspectors observed residents being supported to join socially distanced activities in communal areas, and providing a stimulating and interesting environment.

Residents had been encouraged to maintain relationships that were important to them through the COVID-19 outbreak. Inspectors observed residents having video calls with family, and they had cards received displayed around them. Staff were heard to be taking calls from relatives and providing information on their well being. Visiting was restricted at the time of the inspection, but plans were in place to support families and friends to visit in line with the national guidance when the COVID-19 outbreak in the centre was confirmed as being over.

Residents were able to exercise choice in relation to how they spent their time, and their food and refreshments, and how to personalise their bedrooms. Those spoken with understood the restrictions in place in the centre, such as limiting their movement in different areas.

**Regulation 26: Risk management**

There was a policy in place setting out how risks were to be managed in the centre, however it had not been fully implemented. There was a COVID-19 risk assessment in place that had not been updated, with the additional measures that had been put in place by the centre to manage the outbreak in the centre. Other risk assessments had not been updated since 2016. The risk associated with poor quality care plans had not been identified. There was a clear and concise emergency plan in place for responding to the COVID-19 outbreak, which was readily available in the centre. This is detailed further under regulation 23 where the non-compliance is set out.

Judgment: Compliant

**Regulation 27: Infection control**

There was an outbreak control team in place to manage the Covid-19 outbreak in
the centre. This was attended by senior management and public health specialists. The centre was also supported by infection control staff from a nearby hospital.

*The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* guidance was available in the centre. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) and hand sanitizers were available and implemented as required in line with current guidance. Staff were observed donning and doffing PPE (putting on and taking off) and could describe to the inspector the correct sequence for this. Hand hygiene practice and correct use of PPE was good on the day of inspection.

Overall, the centre was clean. Cleaning was overseen by a cleaning supervisor, however environmental audits were not taking place in the centre. While there was a terminal cleaning process in place, there was no documentary evidence seen by inspectors showing that terminal room cleaning had been seen by the cleaning supervisor. The centre had been divided into zones, using a colour coding system. This would be used to ensure a adequate safe cohorting of residents and staff in the event of another outbreak.

Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for cleaning. Staff could describe how to effectively clean patient equipment.

Improvements were required with other aspects of infection prevention and control such as:

- The coverings on a number of armchairs and wheelchairs around the centre were not intact to allow for effective cleaning.
- Inappropriate storage of PPE, disposable cups in boxes and duvets on floors, to allow for cleaning access and prevent contamination.
- Clean linen and continence wear were stored uncovered on trolleys and shelves in corridors or bathrooms.
- Cleaners were making up cleaning solutions in the sluice room which could lead to cross contamination.
- There were no records for the maintenance of bedpan washers since 2017.
- There was no individual resident hoist slings available in the centre therefore increasing the risk of cross infection.
- Floor coverings in one assisted bathroom was not intact, the provider stated that this bathroom was rarely used and was due for repair.
- There were some inconsistencies in the monitoring records for residents for signs and symptoms of respiratory illness or changes in their baseline condition. For example there were gaps in records where symptoms were documented once a day for one group of residents, while records showed that COVID-19 symptoms were checked twice daily for other residents, in line
Staff who spoke with the inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents’ baseline. Staff were aware of the local policy to report to their line manager if they became ill. There is a contactless temperature monitoring system in place for persons entering the centre. This was monitored by the staff.

There was appropriate infection prevention and control signs on display around the centre. Swabbing for COVID-19 for both residents and staff was in place, to align with national guidelines. There were safe waste management arrangements in place in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While there were care plans in place for each resident, the format being used meant the residents current needs could not be easily identified. Care plans were commenced with a standard tick box that was then updated with text in chronological order. However the information at the beginning of the document over time became outdated and incorrect, with changes and updates at the end of the document. This meant clear and up to date information about residents needs was not easily accessible which could lead to incorrect care and support being delivered.

While records showed that residents changing needs over time were being recorded, the care plans were not being consistently reviewed on a four month basis, or sooner if required.

Judgment: Not compliant

### Regulation 6: Health care

Residents had access to appropriate medical care. There was a general practitioner linked to the centre, and access to K-Doc out of hours.

Nursing staff were seen to have good oversight of residents current needs. Referrals were made to appropriate allied health professionals when required. For example physiotherapist and speech and language therapy. There was oversight of a range of care needs, and regular reviews to ensure appropriate steps were being taken. For example, when residents had falls, or had been discharged from hospital. When action was required it had been taken, for example when nursing staff noted a change in residents baseline checks such as temperatures, weight loss and continence. Where recommendations had been made for care they were described
A range of recognised nursing tools were being used to assess residents risk indicators in relation a number of health care needs, for example for risk of falls, poor nutrition and developing pressure areas.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents spoken with were pleased with the range of activities and social engagement available in the centre. The usual arrangements had been impacted by the COVID-19 outbreak, but staff had been resourceful in looking at how they could continue to provide meaningful activity while residents were isolating and movement was restricted in the centre. Video calling had been supported to enable resident to keep in touch with their families. Some residents had their own mobiles and others had calls facilitated by staff. Mass was able to be shown on TVs in residents rooms for those who wanted to watch. One-to-one support had been provided in residents rooms, such as arts and craft activities. Staff had used the corridors to host some activities such as music. A pen-pal service had been set up and letters from local schools and businesses were displayed in the lounge area. They also provided 'pocket hugs' to each resident which consisted of an uplifting poem and a painted heart that residents could keep as a positive reminder of friends and family. Some exercise classes were also available on-line and had been shown to residents for them to join in.

At the time of the inspection the restrictions had been eased and residents were able to spend time in the communal areas, following social distancing guidance. On the day of the inspection there was a 'bake off' between the two main lounge areas. Scones were mixed and baked by staff who used the activity to discuss residents previous experiences and memories of baking prompted by the ingredients and the smells of the scones cooking, and tasting the finished product. There were also pampering sessions, trips to the garden, and karaoke sessions. There were two staff leading on activities on the day of the inspection and rosters showed they were available seven days a week.

Residents had access to television, papers, magazines, radio and the internet. The staff worked hard to maintain the links with the local community and had were preparing to support visiting for families in line with national guidance when the COVID-19 outbreak was confirmed as over in the centre. Window visits had been facilitated where possible during the outbreak.

Residents spoken with were very positive about the activities provided and described enjoying the baking, art and birthday celebrations. They also described how much they enjoyed the environment, with one saying it felt like home. Each area of the centre had been decorated sensitively, with one area set out as a street,
and shelves with items of reminiscence. Kitchen areas had dressers with traditional tea sets and other kitchen items, and had a large table, to feel like a kitchen in someone's home.

Staff and residents were very sad about the people who had passed away during the COVID-19 pandemic. As a mark of respect and remembrance the oratory was set up to remember each of the residents with a photograph displayed at the alter. Residents were able to visit to reflect and light a candle.

Residents were supported to vote. Arrangements were in place for a polling officer to attend the centre. Local councillors had also visited in the past.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

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

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:

At our monthly governance meetings we will continue to monitor and assess our KPI’s and identify areas for improvement. Our Care Plan format has already been reviewed.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

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

- Chair coverings that were not intact were removed and reupholstered
- Due to the increased demand for PPE because of the current pandemic we have now put new storage measures in place. This allows for cleaning access.
- Linen and incontinence wear no longer stored on uncovered trollies
- Mixing of cleaning solutions was moved from the sluice room to the housekeeping store room
- Bedpan washer maintenance has been completed
- Individual hoist slings have been in place to date for all residents with suspected or confirmed Covid 19 and for all residents requiring infection control precautions (i.e.Hx of C-Diff, Vre, Cre) There is a regime in place to ensure all slings are laundered on a weekly basis or more frequently if required. We will ensure that all residents who require a sling have their own individual one.
- Floor covering in assisted bathroom was repaired. Same had been scheduled pre outbreak but service men would not attend Nursing Home until outbreak status closed.
- We will continue to follow current guidelines for signs and symptoms of respiratory illness or changes in their baseline and will document these for all residents twice a day.
<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans have been totally redesigned and the format changed. This will ensure that clear and up to date information about residents needs are easily accessible. Care plans will be audited twice a year.
Section 2:

Regulations to be complied with

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

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

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/08/2020</td>
</tr>
</tbody>
</table>
referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.

| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family. | Not Compliant | Orange | 07/10/2020 |