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>Moyglare Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Moyglare Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Moyglare Road, Maynooth, Kildare</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07 October 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000072</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030541</td>
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About the designated centre

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

Moyglare Nursing Home is a ground floor purpose built nursing home with capacity for 54 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available and residents’ bedroom accommodation consists of a mixture of 38 single and eight twin bedrooms. Some have en-suite facilities and all have wash hand basins. Its intent is to provide each resident with the highest quality standards of professional nursing care and a commitment to involve resident’s families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24 hour basis. The philosophy of care is to maintain the basic values which underline quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being are the primary aim of health care provision within this designated centre. The delivery of high quality person-centred nursing care is a priority and is supported by the wide range of nursing experience and qualified staff that have sufficient competencies, characteristics and interpersonal skills to form positive and genuine partnerships with residents. The integration of health promotion, independence, and meaningful activities is an essential component of this service.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 44 |
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>Wednesday 7 October 2020</td>
<td>09:20hrs to 16:30hrs</td>
<td>Gearoid Harrahill</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 7 October 2020</td>
<td>09:20hrs to 16:30hrs</td>
<td>Niamh Moore</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors met briefly with residents during the day and observed residents to be in good form during the day. Residents were observed carrying on with their day with minimal impact to their preferred routine facilitated by staff. Residents could go out to the garden, get involved in activities, relax in the living rooms or their own bedrooms or chat among themselves or with staff.

There was a quiet and homely atmosphere in the services and the inspectors observed respectful and friendly interactions between staff and residents. Staff had a good rapport with service users, encouraging people to stay busy. Any assistance delivered was done discreetly and with residents being talked through processes of mobilising or being assisted for personal care. Staff were patient and did not rush residents, allowing people to go at their own pace. Where residents were less dependent and did not need assistance with certain actions, this autonomy was respected, and staff were observed asking residents if they needed help instead of doing things for them.

Residents were offered choices in their meals and recreational activities. For those who did not participate in group activities, inspectors observed pleasant individual sessions in progress, including sensory therapies in quiet areas. Resident meetings continued to take place in the designated centre so that suggestions and feedback could contribute to the planning of events and seasonal activities.

Inspectors observed good examples of how residents were encouraged and facilitated to stay in contact with their families and loved ones through safe and scheduled visiting arrangements, phone calls, and video messaging using tablet computers.

Residents also informed inspectors that they were happy within the centre and they were complimentary of staff. If they wished to make a complaint about some aspect of the services, residents told inspectors that they would know who to speak to and that the matter would be addressed.

Capacity and capability

Inspectors found a strong culture and atmosphere of person-centred care and support in effect in this designated centre. Inspectors observed good examples of how residents were supported to keep safe and facilitated to socially distance, while simultaneously encouraging independence and for people to maintain as much of their usual routine as possible. This resulted in a service in which residents were relaxed and were being kept entertained and occupied in line with their
This was a short-term announced inspection, with the person in charge being advised the previous evening. This was done to ensure that key staff were available if required and to ensure that the inspection could be carried out efficiently and with reduced interruption on the day for the people who live in the centre.

The designated centre had an area of the building reserved for use if people needed to be isolated, and while this had been used as a precaution, the designated centre did not experience an outbreak of COVID-19. There had also been no deficit of staffing since the start of the pandemic, with only one staff member testing positive at the time of writing. They were identified and isolated in a timely fashion. Staff were complying with self-monitoring of symptoms and regular temperature testing. The provider was availing of regular staff testing, with nurses on site trained to conduct swab testing for swift identification of potential cases. Managers and staff in the designated centre received support and guidance from public health and continued to engage with the Community Health Organisation of the region. The provider was sufficiently resourced with personal protective equipment (PPE) and cleaning and sanitising products.

Inspectors found good evidence of routine audits and spot-checks by the provider to ensure that the environment was safe and that staff were abiding by the policies and guidelines to protect themselves and others from COVID-19. The provider was also conducting reviews to ensure that the precautionary restrictions had not had undue effect on regular operations in the service, such as staff supervision and social engagement for residents.

The management structure and lines of accountability were clear and allowed for good provider oversight of the operation of this designated centre, which was a standalone service and not part of a provider group. Arrangements were in place should the person in charge be unable to attend work so that the operation of the centre and care and support delivery could be continued through a team of deputising clinical nurse managers.

There was a suitable number and skill mix of staff available to support residents, and the inspectors observed residents being assisted and supported in a prompt but unhurried fashion. The person in charge worked full-time in the centre and rosters indicated that there were at least two other nurses on duty at all times of the day and night. While these rosters were clear on which staff were in the centre and for what hours, some improvement was required on the clarity of this information. Numerical codes were used to indicate which unit healthcare assistants worked each shift, but there was no legend to make this clear to the reader. In addition, these codes were not used for nurses, to be clear on which unit they were based each shift. This resulted in rosters overall being unclear of the locations of these staff members for shifts worked. Also, for staff who spent partial hours in another role, it was not clear what hours were spent in each role, and if the hours were in line with those identified in the centre’s statement of purpose.

The inspectors reviewed a random sample of personnel files for staff members and
found them to contain the information required under Schedule 2 of the regulations, including employment references and vetting by An Garda Síochána. Newer staff had a checklist to be completed during induction before being signed off to be added to the regular roster. The nature of how staff training was delivered facilitated staff to be kept up to date on mandatory training in light of the current precautions, with fire safety and manual handling training provided in-house by qualified staff. Staff were up to date in their training in safeguarding vulnerable adults, and were also facilitated to attend training in the use of PPE and effective hand-washing to keep themselves and others safe. At all times there was a member of staff present who was trained to perform cardio-pulmonary resuscitation (CPR) if required.

The provider had completed their annual review of the quality and safety of care in the service. In this report they identified the key challenges for the year prior and the objectives set out for the coming year. The report contained a summary of audits carried out, and how the service was continuing to manage the risks related to the pandemic. However, there was no evidence that this report had been prepared in consultation with the residents and their representatives and did not reflect their input, feedback of suggestions on their experiences in the designated centre.

Residents who spoke with inspectors said that they liked living in the centre but that if they wished to make a complaint, that they would feel comfortable doing so. Inspectors reviewed a log of complaints received and found them to contain detailed information on the matters raised and how they were addressed, including noting if the person was satisfied with the actions taken. Verbal complaints, or those resolved at the time they were made, were included in this log to provide a complete and accurate account of the issues being raised by people living in this centre.

<table>
<thead>
<tr>
<th>Registration Regulation 4: Application for registration or renewal of registration</th>
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<tbody>
<tr>
<td>The provider had submitted an application to renew the registration of the designated centre to the chief inspector and had provided the associated documentation and fees required under the regulations.</td>
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<tr>
<th>Judgment: Compliant</th>
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<table>
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<tr>
<th>Regulation 15: Staffing</th>
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<tbody>
<tr>
<td>There was a sufficient number and skill mix of staff available to support residents in accordance with their assessed needs. Staff had a good knowledge of residents’ support requirements, interests and personalities to deliver effective care and support. Nursing care was available at all times of the day and night.</td>
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</tbody>
</table>
**Judgment:** Compliant

**Regulation 16: Training and staff development**

Staff told inspectors that they felt supported in their respective roles. Staff had been facilitated to remain up to date on their mandatory training in recent months, as well as receiving training in keeping themselves and others safe through effective hand hygiene and use of PPE. Regular staff meetings took place to keep staff updated on national guidance and precautions.

**Judgment:** Compliant

**Regulation 21: Records**

All records as requested during the inspection were made available to Inspectors.

Some improvement was required to worked staff rosters to make it clear to which units staff were allocated and which hours were worked in cases where staff spent some time in other roles.

**Judgment:** Substantially compliant

**Regulation 23: Governance and management**

The provider had a good level of oversight on the safe and effective operation of the centre and delivery of care and support to residents. Regular audits took place to ensure good practices were being followed and to identify areas for quality improvement. The findings of these reviews and the objectives for the coming year were collated in the annual review for 2020. However, there was little evidence that the report had been prepared in consultation with residents and their families.

The provider had robust contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management personnel were unable to attend work, and to ensure the centre remained sufficiently resourced with staff and equipment.

**Judgment:** Substantially compliant
Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the services and facilities provided by the designated centre. This document contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which had been reviewed in May 2019 and which met the requirements of the regulations. The complaints procedure was clearly advertised within the lobby area and clearly identified the nominated persons to deal with complaints and the appeals process for the centre.

The complaints log was reviewed which recorded complaints received in the service including informal complaints received from residents. This record outlined that all complaints had been investigated promptly, the outcome of the investigation, level of satisfaction of the outcome for the complainant and measures implemented to minimise future occurrence.

Inspectors spoke with residents and staff who also confirmed they were aware of the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were available to inspectors for review. All policies and procedures were reviewed and updated within the last three years, with many relevant policies being updated in recent weeks to reflect COVID-19 guidance.

Judgment: Compliant

Quality and safety

Inspectors reviewed a sample of the plans created to support residents with their
health, personal and social care needs. These plans were initially created through assessments conducted before and following admissions, and a collection of the biography and health history of the person. They had subsequently been revised on a regular basis, or as required due to changing needs. Inspectors found these care and support plans easy to follow and provided clear and detailed guidance on how to most effectively support residents with their assessed needs.

Residents could access healthcare professionals remotely when required, and where staff were required to record food intake or weights to advise clinical review, this was completed. Inspectors found evidence of where healthcare professionals had contributed to the review of care plans in areas such as nutritional support, positive behaviour support, pain management and mobility. Inspectors found examples of when residents had a significant change to their support needs, the relevant care plans were discontinued and started over rather than simply being updated. This reduced the risk of care plans retaining outdated information for the reader.

Residents had clear nutritional planning which identified who required their food to be modified or supplemented, and where residents preferred smaller snacks to full size meals. Inspectors observed the dining experience at lunchtime and observed residents being offered choice and meals being served hot. Where residents required support to have their meals, this was done in a respectful manner which allowed the resident to go at their own pace. Dignified interactions were also observed during meals with residents being asked first by staff if they wanted food cut up or to wear something to protect their clothes. If residents did not require support with certain actions, this was respected by staff. Dining areas were arranged to allow residents to socially distance while still being able to chat to each other and with staff, during the meal.

The designated centre consisted of a single storey building which was clean and well-maintained and decorated and had plenty of natural light and fresh air. Communal areas were of a suitable size to accommodate the number of residents in the house and the equipment they required to mobilise. The centre hallways were equipped with safe, level floors and handrails to assist residents to navigate alone or with assistance. The centre had large, safe and accessible garden areas which were adjacent and visible to living rooms to promote their use as part of people’s routine. Resident bedrooms were of a suitable size with personal storage. Bedrooms accommodating more than one person had suitable screening to provide privacy. Private and communal spaces were equipped with call bells for assistance, and the building was suitably equipped with signage to direct an emergency exit from the building.

The provider had reserved eight beds for use in the event that residents needed to isolate due to COVID-19. These bedrooms were located at the end of a hallway which would allow staff to enter and exit without crossing into the rest of the resident areas. The centre was equipped with hand sanitising dispensers and boxes of PPE for easy access by staff. Staff observed good hand hygiene practices and wore face coverings, and promoted social distancing as far as was practical. Staff were diligently self-monitoring their symptoms and were undergoing routine temperature recording and swab testing to ensure that they, their colleagues and
the residents could stay safe.

Inspectors observed some poor practices regarding two shared bathrooms for use by residents who did not have their own private en-suite showers. The cleaning trolley of mops and cloths was found parked next to the toilet when not in use, creating a potential contamination risk. Some toiletries belonging to multiple people including bottles of shampoo, body wash, shaving foam, labelled prescription ointments, and other items including slippers and linen towels were left in these rooms. Some items were not clean, including commodes and shower chairs. In these shared bathrooms, the checklists confirming that these rooms had been cleaned had not been consistently filled for the week before the day of inspection.

Throughout the day inspectors observed residents being offered choice and staff speaking with and assisting residents in a positive and friendly manner which respected people’s privacy, dignity and independence. Resident committee meetings had continued through recent months to ensure that residents were kept up to date on news and events related to the pandemic and how it was being managed in the centre, as well as suggestions and feedback related to events and seasonal activities. The provider kept a calendar for residents’ birthdays to ensure these continued to be celebrated during restrictions. Inspectors found that arrangements were in place to ensure that residents were added to the voting register when necessary. For the few residents whose pensions were handled by the provider, appropriate measures were in place to ensure that the person’s finances were safeguarded, separated from the business income, and accessible to the resident if requested.

Residents were facilitated to keep in contact with their friends and family by phone or video call, and inspectors observed call histories which indicated that some families made regular use of these remote options to contact their loved ones. There was a safe designated area in which families could visit residents and the provider made use of large windows and tall clear plastic screens to ensure safety and distance when external visitors were onsite.

The provider had updated the risk register to assess risks related to COVID-19 as well as secondary impacts such as increased likelihood of staff absence or risks related to loneliness or boredom. The control measures in effect to mitigate these risks incorporated the most recent guidance and instruction from the Health Service Executive and the Health Protection Surveillance Centre, and inspectors found that the risk assessment had been revised during national and regional lockdowns which affected this designated centre over the year.

For each resident, the provider had undertaken an individual assessment of how every person in the centre understood the virus, and whether they were personally upset or anxious about the necessary changes in the centre. This allowed the provider to identify which residents were at higher risk of being adversely affected or distressed, and control the related risks accordingly in a person-centric manner.
### Regulation 17: Premises

The premises was suitable in size and layout for the number and needs of residents, and had sufficient private and communal areas for use by residents. Bedrooms and communal areas were nicely decorated and residents had access to safe and secure garden areas. Call bells were available in all areas and there were no unnecessary restrictions to independent navigation around the building. The centre had a kitchen and laundry service onsite which was suitably resourced for the number of residents.

**Judgment:** Compliant

### Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were assisted to dine comfortably and in accordance with their assessed support needs. Drinks and snacks were available at all times. Residents who required modifications or supplements to their diets had these clearly recorded in their plan of care.

**Judgment:** Compliant

### Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. The provider had kept their risk register up to date to reflect risks related to the environment and people in the designated centre, and the risk control measures for infection prevention had been determined in line with national guidance. The provider had strategies in place which were specific to the centre, its staff, management and resident profile to ensure that risks related to COVID-19 were mitigated.

**Judgment:** Compliant

### Regulation 27: Infection control

The centre had robust contingency arrangements and infection prevention and control strategies to keep residents and staff safe from COVID-19. Staff were observed following good practice regarding masks and hand hygiene, and were diligently self-monitoring and undergoing routine tests to ensure that symptoms and
potential cases of the illness were detected promptly. There had been no positive cases or deaths related to COVID-19 among the people who lived in this designated centre since the start of the pandemic.

Inspectors observed some areas for improvement to ensure that cross-contamination risk for items in shared bathrooms was reduced.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

Resident care plans were clear, personalised and informed by assessment of clinical, personal and social needs. Care and support plans were reviewed regularly or as required by changing needs or dependencies. There was evidence in these plans that they had been reviewed with input from the relevant healthcare professionals, and inspectors found examples of how staff were following the instruction provided in their plans.

Judgment: Compliant

**Regulation 8: Protection**

Staff had attended training in safeguarding of vulnerable adults, and were aware of how to identify and respond to alleged, suspected or actual incident of abuse. Where an allegation had been reported, it was investigated by the provider in an appropriate and timely fashion.

Judgment: Compliant

**Regulation 9: Residents' rights**

Inspectors observed staff and resident interactions throughout the day to be positive and respectful. The dining room and sitting rooms had been set up to allow for social distancing to allow for facilitating activities. Inspectors observed numerous recreational engagements with staff and residents such as sensory therapy, music, art and bingo. A monthly schedule of activities was on notice boards and clearly outlined residents opportunities to provide suggestions for activities. Activity staff also confirmed that they consult residents in an informal manner.

Resident committee meeting minutes were also reviewed by inspectors and these meetings continued throughout the current restrictions due to COVID-19. Planned
seasonal activities were discussed in resident committee minutes and the centre had also been decorated seasonally appropriate which reflected the homely environment inspectors witnessed on the day of inspection.

Inspectors observed residents had access to television, radio, and internet for video calls. Inspectors were informed by staff and residents that visits had been taking place through the use of their outdoor area, window visits and a clear plastic partition they had set up indoors.

A system was in place to ensure that residents were facilitated to vote in the centre during elections or referenda.

| 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>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</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 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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>
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<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 21: Records:

Specific:
(1) To implement with immediate effect numerical codes on nursing staff rosters to indicate which unit nurses will be based for each shift.
(2) To implement with immediate effect staff who work partial hours in another role are coded clearly what hours are spent in each role as identified in Moyglare Nursing Home statement of purpose.

Measurable:
PIC / senior staff nurse when undertaking duty rosters are placing numerical codes for each area staff are based in.

Achievable: Achieved by PIC / senior staff nurse when undertaking duty rosters are placing numerical codes for each area staff are based in. Staff have a clear understanding of where they are working.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Specific: Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual report 2020 is ongoing and will be completed in December 2020.
(1) The annual report 2020 now includes a section on consultation with residents and
(2) Each resident has a specific nursing care plan of Communication specific to COVID-19, where their thoughts, feelings and concerns are discussed and addressed.

(3) Family consultations take place via phone, outdoor/indoor visits (when permitted) and their suggestions/concerns are addressed. These are recorded in specific nursing care plan of Communication specific to COVID-19.

Measurable:
(1) The annual report 2020 now includes a section on consultation with residents and their families with specific references to COVID-19 pandemic.
(2) Resident has a specific nursing care plan of Communication specific to COVID-19, where their thoughts, feelings and concerns are discussed and addressed.

Achievable: Achieved with continuous onsite supervision and monitoring by PIC and senior staff nurses.

The nursing care plan is updated as required.
(3) Family consultations are recorded in specific nursing care plan of Communication specific to COVID-19.
(4) A newsletter is issued monthly to all residents with particular references to COVID-19 in relation to staff testing for COVID-19 and results and visitations updates.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control: Specific: The roles and responsibilities of staff are clearly defined and the service supervises monitors and reviews the provision of care to ensure all members of the workforce understand their responsibilities, including accountability for infection control, antimicrobial stewardship and adherence to safe infection prevention and control practices. (1) Cleaning trolley of mops and cloths when not in use are to be returned to cleaning storage area at all times. (2) Toiletries belonging to multiple people including shampoo, body wash, slippers are to be stored in each resident’s room and to be clearly labelled. (3) Linen towels to be stored in linen press. (4) To ensure daily cleaning checklists are to be consistently filled out daily. Measurable: (1) PIC and senior staff nurses monitor cleaning trolley is stored in cleaning store room when not in use. Are cleaned after use.</td>
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(2) PIC and senior staff nurses to ensure individual items belonging to residents are clearly labelled with their name and stored in their locker.

(3) PIC and senior staff nurses to ensure all items used

(4) Household staff informed to complete daily checklists and same monitored by PIC.

Achievable: Achieved with continuous onsite supervision and monitoring by PIC and senior staff nurses.
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 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/10/2020</td>
</tr>
<tr>
<td>Regulation 23(e)</td>
<td>The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/10/2020</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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/10/2020</td>
</tr>
<tr>
<td>Authority are implemented by staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>