



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

Issued by the Chief Inspector

Name of designated centre:	Elm Green Nursing Home
Name of provider:	Elmgreen Nursing Home Limited
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	16 July 2020
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0030028

About the designated centre

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

Elm Green Nursing Home is located in Dublin 15 and is located in its own grounds. The centre is a two-storey purpose-built building and has 120 single bedrooms all with full en-suite shower rooms. Floors can be accessed by stairs and passenger lifts. Admission takes place following a detailed pre-admission assessment. Full-time long-term general nursing care is provided for adults over 18 years, including dementia care, physical disability and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 July 2020	09:30hrs to 17:00hrs	Sarah Carter	Lead
Thursday 16 July 2020	09:30hrs to 17:00hrs	Michael Dunne	Support
Thursday 16 July 2020	09:30hrs to 17:00hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Throughout the inspection residents spoke about the kindness of staff and their willingness to meet their needs. Managers had detailed knowledge of residents and residents reported that managers spoke to them regularly and were always available in the centre.

Inspectors observed constant positive interaction between management, staff and patients throughout the inspection.

Comments given by residents about staff included that they were very kind, respected their privacy, were pleasant, had good manners and took good care of them. Residents also said their medical needs were well met and they found they were able to see the Doctor quickly if required. All residents spoken with said they felt safe in the centre, and all knew who they would speak too if they had any complaints.

Residents talked about some of the activities they missed, activities which had been cancelled due to the outbreak of COVID-19 and the subsequent guidelines on social distancing and group activities, for example a regular music session had been a source of great enjoyment before the outbreak.

Residents shared their grief and sadness at the loss of friends and people they knew on their units, and were mindful of the pressures on staff during the outbreak. Some residents had been able to see their loved ones during visits, which utilised fire exits and movable perspex screen to maintain distance and protect all involved in the visit.

The designated centre had a relaxed and pleasant atmosphere on the day of inspection, and despite changes to how staff and residents moved around the centre, inspectors observed activities taking place on each of the units they visited. The outdoor spaces had seating areas and were well maintained with bright flowers which provided enjoyment for residents.

Capacity and capability

This was a good centre which utilised best available evidence and followed guidance to ensure compliance with regulations and to ensure the well-being of residents. The inspectors found a culture of person-centred care at the heart of care delivery. This helped to ensure that the well-being and safety of the residents was prioritised and decisions that were made in relation to risks such as, infection control measures, were made with least impact on each residents' quality of life. Staff morale was

good which helped to create a positive and happy environment for the residents. In addition, the provider had provided access to psychological support services to assist staff in managing their stress during and after the outbreak of COVID-19 in the centre.

This was a short-term announced inspection and the registered provider representative had been informed about the inspection the day before it took place. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

The designated centre had been inspected 18 months ago, and had been judged as substantially compliant and compliant across almost all regulations inspected. The centre had been non-compliant in regulation 5; individual assessment and care planning. This risk inspection was triggered by the high number of deaths that occurred in the centre during the months of March and April at the height of the COVID-19 outbreak. Two short pieces of unsolicited information had also been received by the office of the Chief Inspector and inspectors were able to follow this up through the information reviewed, and evidence was not found to support the concerns.

The centre had experienced an outbreak of COVID-19 from 20th March to the 29th May 2020. The outbreak had resulted in 14 deaths among the residents, 12 of which were directly attributed to COVID-19. A number of staff also tested positive for COVID-19 or were required to self-isolate, and went on to make a full recovery. The Chief Inspector was informed of the outbreak on the 20th of March 2020 and received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Managers and staff in the designated centre received support and guidance from the public health team and community services throughout.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an Outbreak Control Team, which met on a regular basis. The registered provider had a clear pathway in place for expediting testing and results so that any suspected cases of COVID-19 that might occur in the future could be identified promptly and managed effectively.

At the time of inspection, the designated centre had declared a second outbreak of COVID-19 as a result of a staff member testing positive on the 13th of July 2020. This outbreak had been notified to the relevant authorities and appropriate measures and controls had been put into place to effectively manage and contain it. All staff and residents were continuing to be tested as part of the national testing programme that was in place at the time. As a result, the provider had been given permission by the public health to resume admissions and visiting in a controlled manner to the units in the centre without a declared infection.

During the first outbreak, the registered provider had maintained daily contact with public health and was liaising with the Health Service Executive (HSE) in respect of personal protective equipment (PPE) supplies. The provider had sourced their own

supply when national supplies were low. The registered provider had a clear admission strategy plan for the reopening of the centre once the outbreak was declared over by Public Health. Records showed regular staff meetings were carried out and all relevant information was appropriately disseminated to staff to ensure consistent safe practices. In addition there were weekly infection control refresher training sessions, and a process of daily updates and comprehensive handovers to staff on the latest guidance from Health Protection Surveillance Centre (HPSC).

Throughout the first COVID-19 outbreak, an enhanced pattern of communication with families and loved ones was evident with records showing regular updates in respect of the situation in the centre. No complaints had been received by the provider in the year up to the date of the inspection.

Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt supported by the management. All staff had completed their mandatory training in addition to other relevant courses to enable them to provide person-centred care.

Updated training in infection control had been provided to all staff.

The person in charge informed inspectors that senior management continued to meet very regularly, and that the registered provider representative was in attendance and had been actively involved throughout the COVID-19 outbreak. Minutes of those meetings showed that issues such as risk management, health and safety, infection control, staffing and training requirements were discussed and plans made to address any issues identified. Inspectors were assured the provider had maintained good levels of oversight to ensure that, despite the challenges posed by the outbreak, a consistent a high standard of quality care continued to be provided and that the safety of the residents was maintained. Regular audits were being carried out to provide oversight of the services being provided.

Management cover was also available at weekend and the person in charge was supported at operational level by an assistant director of nursing (ADON) and CNMs. Throughout the inspection, inspectors observed staff consistently adhering to infection prevention and control measures such as social distancing as per public health guidelines, including during break times.

Regulation 15: Staffing

Staffing levels were satisfactory in the centre. During the acute weeks of the COVID-19 outbreak in the centre, no agency staff were used. Any shifts that were vacant due to sick leave or staff being required to isolate, were filled by a bank of the centres own staff. Registered nurses were on duty at all times.

Some staff live on the campus, and additional staff accommodation was provided for staff who had concerns about their own vulnerable relatives or spouses.

Post COVID-19 outbreak, staff were being cohorted into specific groups, that worked on a designated unit only. Each unit had its own staff rest area, and staff were not taking breaks with staff from other parts of the centre. There was sufficient staff on the roster to meet the needs of residents and to reflect the current layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector focused on staff training in infection prevention and control

A full suite of infection prevention training had taken place and was available in the centre. This included training on donning and doffing (putting on and taking off) personal protective equipment, hand hygiene and other aspects of infection control to keep residents and staff safe.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed. Records were well maintained on site and available for inspectors to view. They contained the required prescribed information set out in schedule 2 of the regulations. For example references, Garda vetting disclosures and staff qualifications. Systems were in place for the management and update of staff records. Management were aware of the importance of keeping staff records up to date.

Judgment: Compliant

Regulation 23: Governance and management

The governance structures within the centre had recently changed, with the appointment of a new person in charge and a new assistant director of nursing.

The role and responsibilities of all the personnel involved in the management team and lines of accountability were clear. The provider had established an effective governance structure to deal with the outbreak of COVID-19. During the outbreak, the management team was split into two groups, and they worked in two week shifts between their homes and the centre. An on-line communication tool had been utilised to facilitate their on-going daily communication. The provider

established a relationship with the relevant HSE personnel. Evidence was seen of the providers close communication with various stakeholders, including public health and local community health care organisation personnel. Evidence was also seen of the Providers rapid responses to the changing guidance and residents needs as they emerged during the outbreak.

The provider also established a regular method of communicating up to date information to the residents, families and friends during the outbreak.

The centres governance systems included a well-utilised risk assessment process, regular audit, and the monitoring and oversight of key performance indicators. The audit trail showed that issues were being picked up and identified by the management team. There was a variety of audit tools in use, some were validated or formalised against regulations or standards, some were informal and developed in-house.

Most audits that had been completed, had action points identified and a person identified as responsible to implement changes, however not all audits included this detail despite identifying areas for improvement.

An annual review had been prepared, and a variety of quality improvement plans had been identified for this year. One quality improvement project that was planned was the redecoration of the centre, however this work had been suspended due to COVID-19 outbreak. Some external improvements had recently commenced.

The annual review did not contain evidence that it had been prepared in consultation with residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place with information displayed in reception on how to complain. A recording system was in place and no complaints were received in 2020.

Residents who were spoken with said that they would speak to staff if they had any concerns. One resident said that she had no reason to complain because senior nurses speak to every resident at least once a week to make sure that they are happy with their care. Residents spoke about the kindness of all the staff. One resident spoke about staff being polite and well organised.

Staff were aware of how to respond to complaints and all said that they would bring any issues to the attention of senior staff if they were not able to resolve them themselves.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Care planning had been identified as an area for improvement following the last inspection, and while improvements were noted, in the sample of care plans reviewed, some required further improvement. The required improvements had been identified by management in a care plan audit completed shortly before the inspection. Care plans that were in place for residents were up to date and person-centred, and contained sufficient detail to guide staff to provide the care a resident required. Staff liaised with the community and acute services regarding appropriate admission and discharge arrangements and since the onset of COVID-19 those residents admitted to the designated centre had been cared for in single rooms in a separate unit with a dedicated staff team for 14 days. This was in line with the current 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.

Inspectors found that residents received a high standard of nursing care and health services to meet their needs. Those residents who had a weight loss as a result of COVID-19 had a clear care plan in place for their nutritional needs and were making a recovery. Residents had access to physiotherapy and occupational therapy on-site, and general practitioners were visiting the centre regularly.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respecting their dignity at end of life.

The inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. Residents' decision not to participate in an organised social event was respected and an alternative activity of the resident's choice was made available. Inspectors observed that staff and residents were making great efforts to normalise the daily routine, for example, joining in group activities with appropriate social distancing arrangements in place, or spending time in the garden areas.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre was divided

into units, which at the time of inspection, were functioning as independent units in line with the designated centre's COVID-19 contingency plan. Resident bedroom accommodation was provided across the centre in 120 single bedrooms. Each bedroom had an en-suite toilet, wash-hand basin and assisted shower. The centre had been divided up into units, to facilitate staff and resident cohorting arrangements. Some parts of the building showed signs of wear and tear, with chipped and scuffed paint on walls and skirting boards, and some upholstery on seating and chairs in communal rooms needing replacement and some magnetic door holder locks were not working properly. The provider informed inspectors that a plan to refresh the premises had been delayed due to the outbreak of COVID-19, and work had commenced on the external premises in recent weeks. Maintenance personnel were on site on the day and were attending to maintenance tasks on units. All garden and courtyard areas were planted with attractive displays of shrubs and plants, which were well maintained.

Residents were encouraged by staff to maintain their personal relationships with family and friends. Visitors were welcomed and encouraged to participate in residents' lives while abiding by the public health guidance regarding visits. The provider had deployed movable perspex screens and opened fire exit doors to facilitate "window" visiting.

Inspectors found that the risk management policy was fully implemented. Risk assessment had been completed on a range of areas related to COVID-19, for example starting to use dining rooms again, and commencing visiting. The identified controls indicated the provider was using their knowledge and all guidance available to ensure a safe service was being provided.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

Regulation 11: Visits

There were adequate arrangements for residents to receive their visitors in private or within communal area, in line with 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.

All visits were pre-arranged with the person in charge. Visitors had their temperature checked and declared that they were symptom-free prior to entering the centre. There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of the residents, and visits were

restricted to a maximum period of 30 minutes.

Residents described a range of opportunities that had been created during the COVID-19 outbreak in order to facilitate their relatives to communicate with them. This included technologies such as video calling and having a window visit either in communal viewing areas or outside their own bedroom windows.

Judgment: Compliant

Regulation 13: End of life

There was an end-of-life policy in place which had been updated to take account of the current COVID-19 pandemic. A selection of end-of-life care plans were reviewed during this inspection and the majority of those seen were respectful to resident's final wishes. Care plans which detailed residents wishes regarding their social, cultural, religious and psychological needs were in place and written in a sensitive manner.

Advanced healthcare decisions such as to not attempt resuscitation, were also in place and were signed and dated by the appropriate personnel and were in most cases consistent with the residents care plan. Evidence was seen that these decisions were made in consultation between the Doctors and the residents themselves or their representatives.

There were arrangements detailed in the residents care plans which described where they wished to spend their final days and where this was at the centre the provider had made arrangements for anticipatory prescribing to facilitate this wish.

It was recognised that the staff team provided support to residents who passed away during the pandemic and did so in a sympathetic and professional manner.

Judgment: Compliant

Regulation 17: Premises

Overall the premises' was observed to be clean, well ventilated and bright. There were signs of wear and tear on the paintwork and some decor, and while there were plans underway to update the environment, they remained outstanding.

Inspectors were able to visit some resident's accommodation with their permission, and all reported being satisfied by their space and furnishing.

Adaptive equipment was viewed to be available and was well maintained. There were areas clearly marked by tape or a boundary chain to indicate storage

areas. A small number of armchairs were observed that required repairs to their upholstery.

The garden areas outside of the centre were clean and well maintained and were planted with a wide selection of colourful plants, shrubs and trees. Window boxes containing colourful flowers were also in place at residents bedroom windows.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. The meals offered to residents appeared to be properly prepared, cooked and served. Residents who had been identified as having weight loss, had a detailed care plan in place which had been updated following dietitian review.

Sufficient staff were available to assist residents at mealtimes. There was a well stocked kitchenette on each floor. Inspectors observed staff providing a variety of snacks to residents during the day.

There were large communal dining areas available in each unit in the building. The dining area on the ground floor was laid out to meet social distancing requirements, had a menu displayed and a warm and social atmosphere.

Residents spoke very highly of the food served and said there was plenty of choice available. Inspectors were informed that the menu cycle was 4-weeks long, and that residents were consulted on its development.

Judgment: Compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes. A chronology of events relating to the outbreak of COVID-19 had been maintained,

and a serious incident review in respect of the COVID-19 outbreak was underway. This was submitted to the inspectors shortly after the inspection.

The providers approach to risk management, and their risk assessments, indicated their preparedness for future outbreaks.

A local Outbreak Control Team (OCT) had been set up which included representatives from senior management team and all the relevant departments. The OCT team met on a regular basis and ensured that all the agreed measures were appropriately communicated to staff and implemented in practice. Minutes of the meetings showed that where issues were identified appropriate action plans were put in place and adequate resources were made available.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with hand washing stations, antibacterial gel dispensers, information posters and subtle markings on the walls to assist and remind personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. Cleaning and nursing staff, who spoke with the inspectors were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe laundry and waste management arrangements in place.

The clinical rooms seen were clean and contained the necessary bins and supplies.

A new digital scanning system had been introduced at the entrance to actively monitor staff and visitors' temperature in a contactless manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift. They sanitised their shoes on entering and exiting the centre.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance.

There were systems in place to ensure staff minimise movements around the centre, as staff worked in cohorts in specific units. This meant that staff stayed on these units, and took their breaks on these units. Additional staff rest areas were made available. Rosters showed that staff worked in one designated unit and did not transfer across to other units in the building. At the time of inspection, staff were undergoing routine COVID-19 testing as part of the national programme.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents who were at end of life stage, residents who were losing weight and a resident who had responsive behaviours related to a mental health illness.

Records seen indicated that residents support needs were assessed prior to admission with resident's health and social needs identified in a comprehensive assessment. There was evidence to show that care plans flowed from this assessment.

The majority of care plans viewed were well written with clear instruction indicating how care interventions would meet the identified need. Care plans were based on appropriate clinical risk assessment for example residents who were identified as losing weight or at risk of malnutrition had a screening tool carried out which guided care plan interventions.

Inspectors also found a selection of care plans which were not sufficient in describing how care interventions would meet the identified need as the level of detail required to do this was not recorded. There were other examples where care plans had not been developed to meet residents needs, for example a care plan identifying how a residents activation needs could be met was not completed and as such there was no care plan that could be followed or reviewed.

There was evidence to show that where care plans did exist then residents were consulted about their preferences on how they would like care to be delivered, in instances where residents could not engage in this process then family members were encouraged to participate.

Records also showed that care plans were reviewed according to timelines specified in the regulations however it was also seen that an end of life care plan was not updated after consultation with a residents representatives.

Judgment: Substantially compliant

Regulation 6: Health care

Care records showed that residents had regular access to a range of healthcare services. The provider ensured that access to these services was maintained throughout the COVID-19 pandemic by utilising selection of social media platforms to refer residents to these services.

There was evidence seen that where ancillary health care services were engaged such as dieticians, tissue viability nursing, speech and language therapists that their guidance and treatment plans were updated in resident retrospective care plans.

Residents also had access to occupational therapist on site and there was a physiotherapist working in the centre on a part time basis.

Access to the centres GP services was conducted via skype and video call during the pandemic however GP visits were arranged where necessary. There was no disruption noted to the supply of medication with anticipatory prescribing in place for residents who were approaching end of life.

There was an effective process in place between the centre and community psychiatric services which promoted residents mental health by accessing professional services at an early stage. This process was enhanced by the input of an in house nursing specialist who focused on the care of residents with dementia care needs.

There were a range of healthcare audits such as falls, wound management, medication, carried out on a regular basis to enhance and identify improvements in the services offered to residents. It was seen that each audit had an action plan attached to ensure that improvement measures were identified.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies and procedures in place which detailed how residents who demonstrated behaviours that challenge were to be supported and cared for. Discussions with staff members indicated that they were familiar with techniques in de-escalation and had received training to support their practice.

Staff were aware of the centres restraint policy and were familiar with the need to

preserve resident's autonomy and choice. A discussion with the dementia nurse specialist indicated that the least restrictive option is always trialled first as a means to dealing with behaviours that challenge before adopting a medical based model approach.

A medical record viewed on inspection supported this assertion as it was noted that PRN (as required) medication prescribed for a resident with behaviours that challenge was rarely used. There was evidence that the centre used tools to identify behaviours that triggered responsive behaviours and tailored their interventions to support the resident during these periods. It was noted that where professional intervention was required the centre had clear protocols on how to access these services.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with inspectors during the inspection expressed high levels of satisfaction with the care and support they were receiving from the staff team. In particular residents were happy at the measures the provider put in place to support the reintroduction of visits such as the promotion of drive by visits and the introduction of plastic screens at five locations in the building to facilitate a more pleasant visit. The provider stated during the inspection that they updated the centres facebook page in order to provide information for resident families.

Staff were observed to communicate with residents in a supportive manner and where residents needed time to respond this was given to them. Residents who had identified communication needs were supported to convey their thoughts in a supportive person centred manner.

Group activities had recommenced and were well attended on the day of the inspection with the required adherence to social distancing observed to be in place. Residents who required one to one intervention with activities were provided with this support in a timely and supportive manner. For example in one area a group quiz was taking place, and in another area a resident was assisted to listen to her music. Inspectors observed a variety of different items in communal areas which were used for activities.

Residents were observed using outdoor spaces with the assistance of staff when needed. Garden and balcony areas had flower boxes which were maintained by activities staff with the help of residents. Residents spoke about enjoying the flowers and being able to go outside.

There was a well stocked kitchenette on each floor. Inspectors observed staff providing a variety of snacks to residents during the day.

Resident meetings were facilitated by Sage an Advocacy agency on a monthly basis

however meetings had been suspended due to the COVID-19 pandemic. The centres activity workers said that they were liaising with residents on an individual basis to gain their views during this period.

Resident rooms were seen to be personalised and were sufficient in size for residents to be able to store their mobility aids safely without hampering their access to other facilities in their room. Residents mentioned that staff clean their rooms on a regular basis and said that if there was a problem in their room they would tell staff about it.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elm Green Nursing Home OSV-0000133

Inspection ID: MON-0030028

Date of inspection: 16/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All follow up will be documented with time frame for areas of improvement identified by our audits.</p> <p>The consultation with resident data will be included in future annual reviews.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Our refurbishment programme was on hold during Covid outbreak but recommenced shortly after the inspection and is ongoing. Completion is Covid free and public health advice dependent. The majority of the external work was completed during the Summer and indoor work has commenced.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care Plans reviewed and any required updates completed. Senior nurses each now</p>	

responsible for a section of care plans.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/08/2020
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2021

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/08/2020
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