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>Glenashling Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Garry Gavigan</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Oldtown, Celbridge, Kildare</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>24 October 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000040</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0027951</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.

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24 hour nursing care to people with following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose built facility. Accommodation consists of 51 single rooms and 12 twin rooms. 44 beds have en-suite facilities. There are 13 communal rooms available to residents which include an oratory and a hairdresser. The centre’s stated aims are to provide evidence based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>75</th>
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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>24 October 2019</td>
<td>09:40hrs to 15:00hrs</td>
<td>Michael Dunne</td>
<td>Lead</td>
</tr>
<tr>
<td>24 October 2019</td>
<td>09:40hrs to 15:00hrs</td>
<td>Manuela Cristea</td>
<td>Support</td>
</tr>
<tr>
<td>24 October 2019</td>
<td>09:40hrs to 15:00hrs</td>
<td>Helen Lindsey</td>
<td>Support</td>
</tr>
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</table>
What residents told us and what inspectors observed

Resident’s spoken with in the course of the inspection expressed high levels of satisfaction with the service they were receiving in the centre. Some residents told the inspectors that staff were very helpful and caring and could not do enough for them. Inspectors observed staff interacting with residents in a person centred manner and it was clear that staff were aware of resident’s particular needs.

There were sufficient staff members available to support the needs of the residents with staff observed to provide discreet support to residents with specific communication needs. The care environment was busy with residents observed to be using communal facilities, receiving support with their personal and being supported to attend activities.

Residents told inspectors that they enjoyed the activities that were provided by the centre in terms of the variety of things to do but also they appreciated the support and encouragement given to them by the staff team to engage in these activities.

Residents told the inspectors that they felt safe in the centre and that they would be able to approach any member of staff if they had a problem. Residents confirmed they were aware there was a system in place to register complaints.

Residents said that they found the food to be tasty and that they enjoyed the variety on offer. Residents who required additional support with eating and drinking were observed to receive timely and appropriate support from the staff team.

Capacity and capability

Inspectors found that the provider had made significant improvements since the last inspection.

Inspectors noted that there was an increase in staffing with the allocation of additional staff resources during the week and at the weekend. Inspectors observed during the course of the inspection that there were sufficient numbers of staff available to provide support to residents. Resident contracts for the provision of services were also updated to include details of the room offered including room type and room number.

The provider had updated the statement of purpose and this document now accurately reflected the services and facilities that were available for the residents to use. This document was available in the centre for residents and relatives to review. There was an established process of resident engagement which included accessing
resident views through one to one discussions, resident meetings or through resident satisfaction surveys. The provider incorporated resident’s views in the centre’s annual plan for quality and safety.

Governance and management arrangements were generally effective in the centre, however a number of areas required further review to ensure the policies and procedures in the centre were being followed. The provider had a plan in place with regard to the upgrading of furnishings in the centre, some of which had already been completed at the time of the inspection however some areas were still in progress. Infection control measures had significantly improved, but further work was required in relation to some laundry items. Medication practice also required improved oversight.

The provider had reviewed their approached to the management of risk within the centre and had allocated additional health and safety training for the staff team. A new audit system had been implemented to oversee the changes introduced.

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**Regulation 15: Staffing**

Through observing practice in the centre, feedback from the residents and staff working in the centre, and a review of staff rosters inspectors were satisfied there were sufficient staff to meet resident’s needs.

There was always senior nurse in charge, and the staff team consisted of nurses, healthcare assistants, kitchen and cleaning staff. There was also an activities co-ordinator in the week, and allocated staff to support activities during the weekend.

Judgment: Compliant

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**Regulation 16: Training and staff development**

There was a comprehensive training programme being operated in the centre. All staff had completed fire safety training in the previous twelve months, and safeguarding of vulnerable adults within the last two years. Other courses completed by staff included health and safety training and managing challenging behaviour training, both of which had been completed by all of the staff.

The person in charge had a system in place to monitor when staff had completed training, and when refresher training was required. This was supporting them to
ensure all staff had up to date training relevant to their role.

Judgment: Compliant

**Regulation 22: Insurance**

The registered provider had the required levels of insurance in place to protect against injury to residents and it was noted that the existing policy was due to expire on 31/05/2020.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in place with clear lines of responsibility and accountability. There were arrangements in place for staff induction, supervision and appraisal. There were opportunities for staff to attend regular training and a review of rosters indicated that there were sufficient staffing resources in the centre to meet the needs of the residents.

There were also resources in place to ensure the effective running of the centre, for example the centre had a range of mobility equipment in place to assist residents who required this assistance. It was noted that centre had made improvements to the décor as highlighted in a previous inspection however there were still areas that required review such as improvements to ventilation in the smoking room. Additional reviews were required with regard to privacy screens in double bed rooms, flooring and woodwork around sinks also needed attention.

A range of management systems were in place to ensure that the standards of care delivery were maintained to a high level. It was noted that management had taken steps to improve the clinical oversight of the service however it was found that improvements were required concerning medication management and infection control.

Judgment: Substantially compliant

**Regulation 24: Contract for the provision of services**

A selection of contracts for the provision of services was reviewed. All contracts seen contained the required information as set out in regulation 24 of the Health Act 2007. All the contracts reviewed contained details about the cost of care and any
additional costs that may be incurred.

Where residents were unable to sign the contract themselves there were arrangements in place to support the resident with this. Contracts specified the number and type of room residents were to be offered on admission. Where resident placements were funded under the fair deal scheme there were arrangement seen within the contract for the refund of monies where applicable.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available which accurately described the services provided by the centre. This document also outlined staffing arrangements including information on the management structure of the designated centre. It was noted that the registered provider has updated the statement of purpose to include specific room details such as room sizes and information about ensuite facilities available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information and records held by the centre indicated that where a serious incident occurred that affected the wellbeing and safety of its residents, the person in charge duly completed the required notification and remitted it to the Office of the Chief Inspector. Notifications from the received were well written giving sufficient information about the incident.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a well written complaints policy in place which was available in an accessible format and was found to be on display around the centre. The current complaints policy was updated in 2019 and due for review in 2022. Discussions with staff confirmed that they were knowledgeable about this policy and were aware of the role required of them to support resident register a complaint.

There were no complaints registered for 2019 however a review of the previous year’s complaints register indicated that complaints were dealt with in a manner
consistently with the centre's policy. There were good administration records kept thus allowing for easy information retrieval and analysis. The centre was keen to learn from any complaints received and had systems in place to audit and review complaints received.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of the service had improved since the last inspection. Inspectors were satisfied that there were clear processes in place to ensure residents experienced a good service. Improvements were required in medicine management practices, elements of the premises and infection control.

All residents who spoke with inspectors confirmed that their privacy and dignity was respected by staff, who went to great lengths to ensure they were well supported. Throughout the inspection, interactions between staff and residents were noted to be positive and kind. They all commented on staff’s kindness and that they were very happy living in the centre. The inspectors carried out a QUIS (Quality of Interactions Score) observational assessment during mealtime, which showed positive connective care and meaningful interaction between staff and residents.

The sample of care plans reviewed by inspector indicated that the care provided to residents was person-centred and met their needs. There was information available on residents’ backgrounds, interests and how they like to spend the day. Individual wishes and preferences were respected and opportunities to promote good health, personal development and wellbeing were identified. Residents reported that they felt safe in the centre and that their rights, choices and wishes were respected. Activities were tailored to the individual residents and based on their personal story and ‘a key to me’ assessments.

Residents were offered choices of wholesome and nutritional meals, which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. There were good communication systems in place to ensure resident received food in accordance with their individualised needs and preferences.

The inspectors followed up on findings from the last inspection and found that the provider had made significant improvements in respect of infection control practices and most issues had been addressed. The centre was clean throughout. The sluice was clean and adequate storage was available for storing clean items. The use of alginate bags was in accordance with local policy to segregate infectious or soiled items.

Medicine practices in the centre required full review and stronger oversight. Regular medicine reviews and audits were carried out by pharmacist, the general practitioner...
(GP) and the nursing management. However, the inspectors found many inconsistencies in the medicine prescribing, dispensing and administration documentation that had not been identified via the auditing process.

### Regulation 17: Premises

The provider had made a number of improvements following on from the previous inspection.

The centre was found to be clean and in generally good repair at the time of the inspection. The decor had been upgraded through much of the centre, with a programme in place to complete the outstanding areas. Residents described how they had chosen colours for their bedrooms, and many had gone for bright colours such as blue and green.

The centre had been built in phases, and each area had a range of bedroom accommodation, and communal area. There were large and small rooms available for residents to spend time in, and also a range of seating areas in areas between rooms. There were also two smoking rooms that were in regular use by the residents.

The premises were set up to support resident’s mobility with handrails along corridors and grab rails in bathrooms. There was a range of equipment to support residents independence including hoists, and accessible bath and shower. Also toilets that could be flushed by pressing arms back when seated.

While overall the premises met residents needs examples were seen where the screening in double bedrooms would block entrance to the room if pulled around a residents bed space, or block access to the other bed space in the room. Some flooring and woodwork around sinks also required maintenance to ensure good infection control measures could be maintained.

The ventilation in the smoking room also required review. There was thick smoke in the rooms at times with the ventilation not proving effective at clearing the air. This was resulting in the smell of smoke leaking out on to the corridors.

**Judgment: Substantially compliant**

### Regulation 18: Food and nutrition

All residents commented that they were happy with the quality of food and the choices available to them on a daily basis. The food choices extended to the
residents on modified diets. Residents stated that if they did not like the options available on the menu, staff would provide suitable alternatives to them.

Assistance at mealtimes was provided in a kind and dignified manner. There were sufficient staff available to assist the residents at mealtimes. The food was fresh, wholesome and nutritious and cooked on site. The food was attractively presented and served in adequate quantities. Snacks and refreshments were available for the residents throughout the day. The dining rooms and tables were presented to provide a pleasant environment.

Judgment: Compliant

**Regulation 26: Risk management**

There was a clear risk assessment process in place in the centre. This was seen in practice both at an organisational levels and also to highlight risks for residents and ensure arrangements are in place to manage those risks. These examples were seen to follow the providers risk management policy.

To improve oversight of risk following on from the last inspection all staff had completed health and safety training, and a health and safety walk around was being completed daily. This was reviewed weekly by the management team who also did a review of premises to ensure all areas in need of improvement had been identified. Maintenance staff were available on site, and inspectors observed items that had been identified as requiring attention had been addressed.

Judgment: Compliant

**Regulation 27: Infection control**

There was an up to date policy available to guide staff on how to deliver care in line with infection prevention and control standards. Although the centre’s policy stated that all personal clothing must be labelled, inspectors found a number of washed unmarked disposable undergarments. This had been a finding on the previous inspection and as a result, the inspectors were not assured that the infection control and laundry policy were being consistently implemented in practice.

However, the inspectors noted good progress and significant improvements in respect of waste and laundry management on the centre. There were clear processes in place for sorting, segregating, transporting, and storing of linen. A new colour coded system of segregating linen was in place and new linen skips with coloured lids had been purchased. A clear workflow of the laundry room had been
created which distinguished between the clean and dirty area. The policy included clear guidance on how to manage residents with a known infectious condition.

The centre was adequately resourced to promote good infection prevention and control practices. Personal protective equipment such as gloves and aprons, hand-washing facilities and hand gels were available throughout the centre. The inspector observed staff using them and following correct procedure in disposing of the used equipment. Staff spoken with on the day displayed good knowledge of infection prevention and said that they had received training. This was confirmed by training records.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

The centre had an up to date medication management policy, which had been reviewed in the past year. It provided comprehensive information and clear guidance on best evidence-based practice in medicine management, however it was not always implemented in practice.

The medicine systems in place for prescribing, dispensing, transcribing and administration required full review. Issues identified:

- Allergy status not clearly documented
- Crushing orders not documented on resident’s prescription
- Inappropriate dispensing and administration of medicines not suitable for crushing
- Inconsistencies in prescriptions
- The time of administration not always documented, particularly on patches

There were appropriate systems in place for the recording, ordering, storing and disposal of medication. The nurses displayed good knowledge of medicine management practices and had received medicine management training. All staff nurses had their registration active and up to date.

Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines. The stock balance was checked twice a day, with two nurses signing and dating the register at the change of each shift. There were procedures in place for the handling and disposal of unused and out of date medicines.

Judgment: Not compliant

**Regulation 5: Individual assessment and care plan**
Admission was based on a pre-assessment to ensure that residents’ needs could be met in the designated centre. A comprehensive assessment was carried out on admission to the centre and a range of risk assessments were completed afterwards and regularly reviewed. Validated tools were used to assess for various risks such as malnutrition, falls, skin integrity, continence, pain, cognition and risk of depression.

Care plans were subsequently developed and identified how the residents’ care needs were to be met. Care planning documentation was person-centred and contained current and comprehensive information about residents. All care plans were reviewed on a four monthly basis or sooner if resident’s condition changed.

Care plans were personalised and provided clear guidance on residents’ needs, interests, wishes and preferences. The involvement of residents, relatives, allied health professionals and the GP were noted in the care planning process in line with regulatory requirements.

Judgment: Compliant

**Regulation 8: Protection**

There were policies in place relating to the safeguarding of residents from abuse, managing responsive behaviours and restrictive practice. Staff spoken with were familiar with these policies and confirmed that they were aware of their roles and responsibilities in keeping residents safe. Staff also confirmed that they had attended training in areas such as dementia care which informed their care interventions and promoted a person-centred approach to residents care.

There was a restraints register in place and review of this document indicated that there was low use of restrictive practice in the centre. Where restrictive practices were used there was a clear rationale in place for their introduction and use. There were systems in place to review the use of restrictive practice in the centre with the least restrictive option been chosen where appropriate?

There were arrangements in place for the management of resident finances. Records seen indicated that the centre had robust recording systems in place to manage and identify resident’s petty cash expenditure. These records were subject to regular review and reconciliation.

Judgment: Compliant

**Regulation 9: Residents' rights**
Residents' rights, including civil, political and religious rights were respected by staff throughout the centre. Advocacy services were available to residents where required. Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. A second activity coordinator had been added and the activity programme extended to seven days per week. Residents reported that this had had a positive impact to their quality of life in the centre. The activity schedule catered for different activities to suit the needs of the various age groups accommodated in the centre.

Residents told inspectors that they had 'plenty of things to do' during the day. The activities available to them included pet therapy, shopping, concerts, group walking, karaoke, films, bus outings, choir, Sonas (a therapeutic programme of sensory stimulation for people with dementia or cognitive impairment), sport, manicures, reminiscence, board games, bowling and chair exercises. Some residents spoke with the inspectors about the upcoming play in which a number of them were taking part. Costumes had been bought and there was great excitement in preparation for the debut.

Inspectors reviewed the minutes from the monthly residents’ committee meetings. There was good attendance with more than 25 residents present on most meetings. Issues discussed were followed up and included upcoming trips, education and learning for residents (NALA - adult literary agency), audio books and library trolley, decoration of premises, Halloween celebrations. There was evidence that residents' views and feedback was acted on and used to improve the service.

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>
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<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 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
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<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially 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 29: Medicines and pharmaceutical services</td>
<td>Not 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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Compliance Plan for Glenashling Nursing Home
OSV-0000040

Inspection ID: MON-0027951

Date of inspection: 24/10/2019

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>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered provider and person in charge continue to have regular clinical governance meetings and daily interactions to ensure effective Clinical Governance and oversight is maintained.

The auditing schedule within the home is reviewed on an ongoing basis and its effectiveness evaluated at Clinical Governance meetings. This ensures that the auditing system captures appropriate information to identify any areas for improvement to achieve and maintain compliance with a central focus on Quality and Safety. The auditing process will continue to support the management team to identify areas requiring improvements and implement necessary changes. This is a collaborative approach between Clinical and administrative staff. The Health and Safety checks incorporated earlier this year and the weekly walkarounds have facilitated this oversight process. While many improvements and refurbishments have been completed in recent months both the maintenance of the home and the schedule of refurbishments is an ongoing process and the Registered provider is committed to continuing this. The Resident Occupiers will continue to be updated and consulted on the progress of any refurbishments and maintenance at monthly meetings.

Plans for transition to an electronic medication management system were already in place prior to this inspection and this new system has now been implemented within the planned time schedule. The area of medication management will be fully discussed under Regulation 29; Medicines and Pharmaceutical services part of this compliance plan.

Reference to smoking room ventilation, privacy screens in double bedrooms and flooring and woodwork around sink areas will be addressed under Regulation 17; Premises of this compliance plan.

The area of infection control will be discussed under Regulation 27; Infection Control of
this compliance plan.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered provider has engaged the services of an electrical contractor to assess the functioning of the extraction systems in the smoking rooms. Upon testing they found that all extractors were operating, however they increased the setting on the fan to an increased speed and tested it. There was a notable increase in suction. While the Registered Provider appreciates the inspectors feedback during an inspection process and therefore has attended to the engagement of services of an electrical contractor in this regard to ensure the ventilation is appropriate in the smoking areas, the expert in this area has deemed that the extraction system is appropriate and with an increased setting is now more effective. This of course will be monitored on an ongoing basis and the Registered Provider is committed to making any necessary changes to the ventilation if or when it is deemed not to be effective any further by the electrical contractor. This will be checked routinely on quarterly service reviews in the home.</td>
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Our person in charge in conjunction with the Registered Provider has carried out a review of all double bedrooms in relation to the privacy screens. While most were appropriately placed a small number require repositioning to ensure both privacy and ease of access to each bed space and room is maintained. The Registered Provider has engaged with the appropriate person to carry out these adjustments to privacy screens and this work is scheduled for January.

The registered provider had already identified some areas of flooring that required repair and / or replacement and had been in consultation with a contractor to carry out this work. This work is scheduled for the coming weeks.

A review of the woodwork around the sink areas has been completed and areas that require attention identified. This has been added to the ongoing schedule of works and will be commenced in January.

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<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: Our person in charge developed a new laundry policy earlier this year. The Registered Provider and our person in charge are committed to ensuring that this policy is fully...</td>
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implemented in practice. The person in charge will carry out spot checks routinely to ensure consistency in practice with the new Laundry policy and this will be added to the laundry section of the health and safety walkarounds. Staff have been updated again regarding the new policy at handovers and through the staff weekly updates. It will be on the agenda at the next staff meeting. Our person in charge will ensure staff have access at all times to marking pens and labelling systems for all items of laundry.

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<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Our person in charge has carried out a full review of medicines and pharmaceutical services including the auditing process. The transition to electronic prescribing and electronic recording of medicine administration was already planned prior to the inspection and was fully implemented in recent weeks.

All residents kardexes were reviewed by our person in charge in consultation with the GP and the Pharmacist prior to this.

- The allergy status is now clearly documented on all Kardexes
- Crush orders are documented on all relevant resident’s prescriptions and electronic MAR (Medication Administration Record)
- Medications not suitable for crushing such as capsules / dispersible medications are documented in the correct format with the correct instruction for all relevant residents.
- Any inconsistencies in prescribing have been corrected.
- All prescriptions now have timings including patches.

A training schedule and implementation plan was prepared and the system was introduced over a two-week period. All nurses received training on the new system. The system is now fully live and the Nursing Team, GP and Pharmacy are using the electronic system.

Our person in charge as part of this process has reviewed and updated the medication management policy to incorporate this new system of medicine management. This has been reissued to all relevant staff.

The system of auditing medicine and pharmaceutical services has been reviewed and an audit of both electronic kardexes and electronic medication administration records (MAR) are now in place. This auditing process also incorporates monitoring of storage and handling of medications, management of controlled drugs and administration of medications within the home. The effectiveness of the new audits will be evaluated at Clinical Governance meetings.
The electronic system greatly supports a safe system of administration of medicines, facilitates the auditing process and allows for greater coordination between the multidisciplinary team; i.e. GP, Pharmacy and Nursing as the live Kardex can be accessed securely by the whole team.
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 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2020</td>
</tr>
<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>06/12/2019</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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>06/12/2019</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>06/12/2019</td>
</tr>
</tbody>
</table>