



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

## Issued by the Chief Inspector

Name of designated centre:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 October 2020
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0030852

## About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and and b)to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 31 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent / low /medium/ high and maximum care. Residents will be over 18yrs of age. A pre-admission assessment will be carried out to determine that the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held once per month where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving, and partake in precautionary infection control measures as appropriate.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

25

## 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:**

Date	Times of Inspection	Inspector	Role
Friday 23 October 2020	10:30hrs to 15:45hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

Residents said that staff were supportive and they were thankful for the kind care they received. They had been advised on hand washing and on physical distancing. At the time of inspection residents were spending the majority of the day in their bedrooms as the outbreak of COVID-19 was still active, Staff were seen to communicate with them in an appropriate and respectful manner. The inspector observed that residents were watching favourite TV programmes, listening to the radio and reading the daily papers.

A number of residents were seen to be seated comfortably, appropriately dressed and conversing with staff. Residents said they felt safe as all precautions were being taken and they were assured to know that the majority of those infected were recovering.

The activity coordinator said that residents in isolation were sending out requests for their favourite foods and snacks which she was having delivered to them. She was also heard to facilitate a game of bingo, music and a quiz during the inspection. Residents said that staff kept their spirits high which helped them to cope without their visitors at this time. Video and mobile phone calls were facilitated which brought much needed comfort to residents and their relatives. The person in charge said that residents were communicated with individually and in small groups so that physical distancing could be maintained.

The person in charge said that some residents had a very good understanding of COVID-19, the measures needed to protect them and the consequences in the event of illness. Surveys were undertaken which highlighted the views and concerns of residents, for example a number of residents had said that they felt safe in the centre, others expressed their reliance on staff for information and reassurance. Some residents expressed how they missed direct contact with family and friends and said they were comforted by the video calls to them. The person in charge said that it was their policy, in the event of any positive case of COVID-19 that residents and families would be informed, while respecting individual rights to privacy and confidentiality.

## Capacity and capability

This inspection of Villa Marie Nursing Home was a risk-based, unannounced inspection carried out as a result of a significant outbreak of COVID-19 in the centre. The centre had a good history of compliance with the regulations for the sector. During the first wave of COVID-19 the centre had remained free of the virus due to the efforts of staff and residents to follow all guidelines set out by

the Health Services Executive (HSE) and the Health Protection Surveillance Centre (HPSC). The provider had a contingency plan in place to support staff in how to respond to an outbreak of COVID-19 in order to ensure the ongoing care and welfare of the residents. For example, there were no new admissions to the centre, three bedrooms had been kept vacant and the person in charge said she had ceased admissions since March 2020. These measures were intended to minimise the risk of infection and also facilitated cohorting and isolating residents within the centre in the event of an outbreak. Supplies of personal protective equipment and oxygen had been secured. A COVID-19 management team had been established as well as a COVID-19 lead. The team met on a regular basis to review the contingency plan and these minutes were reviewed. Contact had been established with the public health and the local community services and there was evidence provided by the person in charge of regular communication, for example in relation to the sourcing of additional supplies of personal protective equipment (PPE) and oxygen.

On this inspection the inspector acknowledged that residents and staff living and working in the centre had been through a challenging time, as a number of staff and residents had tested positive for the virus following community transmission. This resulted in a staff crisis in the short term and the cohorting of a number of residents into an isolation zone within the centre. Due to the requirement for staff who had tested positive, to self-isolate, local community services had provided additional staff to attend to residents' care needs. In addition, the centre had been supported to access agency staff and infection prevention and control guidance from an infection control nurse. The COVID-19 support team, in conjunction with the public health and community teams continued to provide daily 'zoom' meetings with the centre's management team to evaluate the situation and manage the outbreak. The person in charge was highly appreciative of the community service's support with staffing and with the provision of additional Personal Protective Equipment (PPE) during this time. It was apparent to the inspector that staff and management always had the best interest of residents at the forefront of everything they did at this anxious and busy time.

At the time of the inspection a number of staff and residents were due to complete their isolation period. However, three residents with underlying conditions had sadly died, having tested positive for COVID-19. Staff were very effected by the loss of these residents in such a small centre. Families had been supported throughout the residents' illness period. A key member of the management team who had tested positive following the inspection had remained in phone contact with the centre during the two week isolation period in order to provide clinical oversight on the management of the outbreak. In addition, an experienced nurse manager had been co-opted into the centre for two weeks to ensure that staff were supported and that there was oversight of the service.

## Regulation 14: Persons in charge

The person in charge worked in the centre five days a week and was very familiar with the needs of residents. She fulfilled the regulatory requirements for a person in charge. She was knowledgeable of the regulations and standards and was responsive to the regulator. She engaged in continuous professional development.

During this period of crisis she had put into place the centre's COVID contingency plan and had ensured that staff were supported and that there was appropriate oversight of care and services. The person in charge worked on day and night duty when required and was available in the centre each weekend also.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty to provide safe care and support for the residents. Staffing levels had been maintained with support from community health services and agency nurses and carers. Inspector acknowledged that residents and staff in the centre were emotionally affected by the impact of the current COVID-19 outbreak, deaths in the centre and the isolation brought about due to the visitor restrictions. The death of residents had been a great source of sadness according to the person in charge. Staff had been facilitated to access support services in this regard.

The provider had engaged with the local community health services to maintain staffing at the required levels when a significant number of asymptomatic residents and staff had tested positive for COVID-19 during the routine fortnightly testing. The person in charge informed the inspector that the local public health and community health services had been supportive once the impact of the outbreak was understood. They had supplied knowledgeable staff and additional personal protective equipment (PPE) supplies for staff attending to residents in the isolation zone. While staffing support was still required from community services and agencies at the time of the inspection the inspector was informed that the majority of the centre's own staff had recovered and completed their isolation period and were due to return to work.

Staff were supervised and were aware of the line management reporting arrangements. The registered provider representative (RPR), who was the owner and a qualified nurse, was on duty in the centre during the inspection. She had also supported staff on both day and night duty and had stayed locally to prevent any risk of contamination from the wider community.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector was informed that a comprehensive programme of relevant education and training had been provided to staff both in-house and through the use of other resources such as 'HSEland' and relevant 'Webinars'. This training included hand hygiene and putting on and taking off of personal protective equipment (PPE). Staff were trained to recognise the rarer symptoms of COVID-19 such as poor appetite and gastrointestinal symptoms. All staff who had contact with residents, or whose work was fundamental to minimising the risk of infection, had completed this training. Staff adherence in practice was monitored by direct observation, for example weekly spot-checks of hand hygiene techniques and audit of cleaning practices. Additional training courses reflected changes made in the context of the national response to COVID-19 such as, the pronouncement of death by registered nurses, which had been completed by the person in charge and the registered provider representative (RPR).

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there was an effective management system in Villa Marie Nursing Home which ensured that good quality care was delivered to the residents. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by the registered provider representative (RPR) and the knowledgeable health-care team.

Throughout this ongoing COVID-19 outbreak the wider management team had made every effort to ensure that the service provided was consistent, controlled and effectively monitored. Clinical oversight and supervision from members of the team supported by the local doctors, infection control specialists and public health colleagues had resulted in a good outcome for the majority of people who tested positive for COVID-19.

During the inspection the inspector found that guidance relating to the segregation of residents, based on test results and symptoms of suspected COVID-19 was followed. Twelve residents were in isolation on the day of inspection. Audit and supervision of staff provided oversight of infection prevention and control practices to ensure that staff were following recommended guidance. On the day of inspection, the inspector observed that staff were adhering to hand hygiene guidance in relation to hand washing, not wearing jewellery and by wearing suitable PPE. The inspector met with a member of the community health services staff supporting the person in charge and also met with the infection control nurse. These external professionals were satisfied with the systems and processes in place in the centre and of the management team's dedication to staff, residents and their families.



Staff meetings and detailed handover reports ensured that information on residents' changing needs was communicated in an effective manner. Staff were appropriately trained and supervised. The inspector reviewed the records of staff training, policy updates and minutes of meetings. A training matrix was maintained which indicated that staff had received appropriate training.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was clear on recent changes made in the procedures for the submission of notifications to the Chief Inspector, such as the NF02A for reporting suspected and positive cases of the virus.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The person in charge informed the inspector that she had reviewed and amended a range of policies to reflect the altered arrangements and procedures in response to the risk of COVID-19. For example, the policies on risk identification and management, visiting protocol, end-of-life care, recruitment and staff training. These policies had been amended in line with national guidance: (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).

Judgment: Compliant

## Quality and safety

Overall, the quality and safety of care provided to residents in Villa Marie Nursing Home was of a good standard.

The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls, and mobility. Care plans were developed with the resident and or their representative. Care plans were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs. The inspector reviewed the care plan of a resident who had died as a result of the effects of COVID-19, in

conjunction with other co-morbidities. The record showed that all efforts had been made to support the resident at the time of illness.

Residents' general well-being was enhanced by the choice of appropriate activities available to meet their preferences and choice at this post-crisis period. The community were very supportive, sending good wishes cards and treats to residents and staff. Residents' surveys were undertaken which provided opportunities for residents to express their opinion. Any required actions were completed. Mass was facilitated now by video link to the local church, on a weekly basis.

Robust systems which had been developed to support residents' rights and their safety:

For example:

- choice within the current restrictions of social distancing
- ongoing review of bed-rail use or other restraints
- relevant training relating to the management of COVID-19
- external advocacy arrangements
- a range of activities and conversation

Nevertheless, the inspector found there were a number of issues to be addressed to bring the centre into compliance with Regulation 27: Infection Control: as described under the relevant regulation in the report.

## Regulation 11: Visits

In normal times, visitors were always welcome in Villa Marie Nursing Home. The COVID-19 pandemic had greatly impacted on this policy. However, alternative means of contact with friends and family had been established during the restrictions. Residents had access to visitors from a distance such as, through their windows and also through video and WhatsApp links.

For those residents at end of life visitors were facilitated to visit for short periods, at a social distance, while wearing suitable personal protective equipment (PPE).

During the inspection the inspector saw that new visiting restrictions had been established due to the active outbreak.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The inspector found that a detailed transfer document accompanied any resident

requiring care in the acute sector. Hospital discharge information was also detailed and maintained.

Judgment: Compliant

### Regulation 26: Risk management

According to the person in charge the risk management policy and its procedures had been updated and amended to minimize the risk of infection of COVID-19 to residents and staff working in the centre.

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy addressed specific issues such as absconson and the prevention of abuse.

Controls had been put in place to conform with the national guidelines: (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). This included, the education of staff and residents, daily supervision, enhanced environmental cleaning and a detailed contingency plan that included plans for responding to an outbreak.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control measures were in place and the Covid-19 contingency plan strengthened these for the current outbreak. As discussed under other regulations there was access to the appropriate information and national guidance. Relevant training had been completed by staff. Staff were supplied with PPE and were seen to be using this appropriately. There was a uniform policy in place for staff as well as a requirement to socially distance. Daily screening of staff and residents' well-being were undertaken. An inventory of stocks including PPE and cleaning products was kept and monitored on a weekly basis. Formal records of enhanced environmental cleaning procedures were seen by the inspector and these were monitored by the management team. The defined isolation zone was in use.

There were facilities for the management of clinical waste.

However, a number of issues were identified for attention in relation to infection control:

- Due to the unprecedented outbreak resulting in excess waste the inspector

issued an immediate action to the provider in relation to the storage of this waste. The inspector saw that the four large clinical waste bins were full. In addition to this 15 full bags of this waste was stored on top of the bins. The immediate action related to the removal of this to a more suitable waste storage area on the grounds, The person in charge addressed this immediately and said she was confident that this would be stored, managed and collected appropriately in the future.

- The person in charge was also advised to cohort staff into two changing rooms and separate dining spaces so that there was no interaction between those working with COVID-19 positive residents and those in which the virus was not detected.
- Due to the narrow corridors in the older section of the centre the inspector found that it was difficult to maintain social distance. This was brought to the attention of the management staff who undertook to advise staff about negotiating this area safely during the outbreak, to maintain social distance. The IPC nurse provided supervision and additional advice into organising a separate entrance and exit for staff in the isolation zone.
- The person in charge was also advised that a member of staff was seen to enter the centre without wearing a mask when going through the front door.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and medical, nursing and care records. The records were seen to be detailed and relevant. A daily nursing note referred to family communication, residents' holistic care needs and any change in the resident's condition. Care plans supported the entries and medical assessments were appropriately recorded and documented by the resident's general practitioner (GP), including notes recorded at the time of the outbreak. A sample of a care plan of a resident who had died during the outbreak was reviewed. This was found to be detailed and to address all the resident's medical, spiritual and social care needs.

An individualised approach had been taken to assessing each resident's needs in the context of the risk to them from a COVID-19 outbreak. Care plans were discussed with residents and where appropriate family, in the event that they became unwell due to COVID-19. These wishes were recorded in the care plans. Some residents had said that they wanted to be transferred to hospital and actively treated in the event of an infection.

Staff had been advised of the diverse, atypical, symptoms of COVID-19 and a medical assessment was completed daily for each resident. The assessment of well-being included awareness and reporting of any variation from residents' normal baseline of temperature and normal oxygen saturation levels.

Judgment: Compliant

## Regulation 6: Health care

The person in charge explained that throughout the outbreak residents continued to receive medical care when required. This included reviews by their general practitioner (GP) if this was deemed necessary. The person in charge reported that all GPs adhered to infection prevention and control measures when visiting residents. Overall staff said that residents were improving. 'Zoom' medical appointments had also been facilitated.

Nursing care was available on a 24-hour basis. The contingency staffing plan provided for the continuation of management in the event of absence due to illness had been invoked: a senior nurse from the community had joined the team once the need was identified.

Allied health care was available primarily through referral via phone at present. These services were accessible in a timely manner.

Records showed that residents were transferred to hospital when required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The identification and assessment of the needs and challenges for those with dementia was supported by routine clinical reviews by GPs and the local community based mental health team, where appropriate. The person in charge described controls which included increased activity, one-to-one staffing and allowing freedom of movement where possible.

Staff reported that more restrictive interventions would only be used when therapeutic interventions were not effective and were used in line with national policy. Care plans were developed following consultation with the appropriate health care professional.

Overall the person in charge said that residents with dementia were doing well during the outbreak and there was little change or escalation in the behaviour and psychological symptoms of dementia (BPSD) as a result of the current situation.

Judgment: Compliant

## Regulation 8: Protection

No safeguarding concerns were raised with the inspector. The senior management team were available to supervise and direct the care of residents on a rotational basis.

Robust recruitment processes were described by the person in charge such as Garda (police) vetting clearance and formal induction training. Training records were maintained, and showed that safeguarding vulnerable adults was part of that training. Records showed that staff were up to date particularly in relation to mandatory training and training which was pertinent to the COVID-19 pandemic.

Staff were described as diligent in conforming to the guidelines while being aware of consulting and speaking with residents. They were made aware daily of their role in protecting residents from the risk of harm from loneliness, fear and feelings of isolation.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were protected during the current outbreak with a number of initiatives. Residents were encouraged to share their concerns in the absence of visitors.

The person in charge told the inspector that the centre continued to provide a structured programme of activities to residents. Activities now took place over seven days each week in smaller groups, where the activity coordinator could facilitate physical distancing. The person in charge explained that this meant that residents had continuity which was reassuring and stabilising.

There was access to a range of media such as newspapers, TV and radio, as well as 'IT media', which kept them in contact with friends and family. Religious practices were continued such as local mass transmitted via video-link and pastoral care by local clergy.

Other activities included

- Residents were involved in infection control training especially hand washing techniques.
- Chair-based exercises on an individual basis at present.
- Garden walks would resume when residents were allowed to circulate again.
- Movie nights were popular with small groups as above.
- Music, word games, bingo, board games and letter writing.

- Flower arrangements.

There was great community involvement such as "virtual concerts" and delivery of treats to residents and staff.

Garden music had been arranged before the outbreak where residents would be seated near open windows to hear the music and sing along.

Residents' surveys were held and a member of management engaged individually with residents daily throughout the outbreak.

Upcoming events, residents' meetings, newsletters and activities were pasted on the centre's notice board to increase participation and create items of interest.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0030852

Date of inspection: 23/10/2020

## 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:

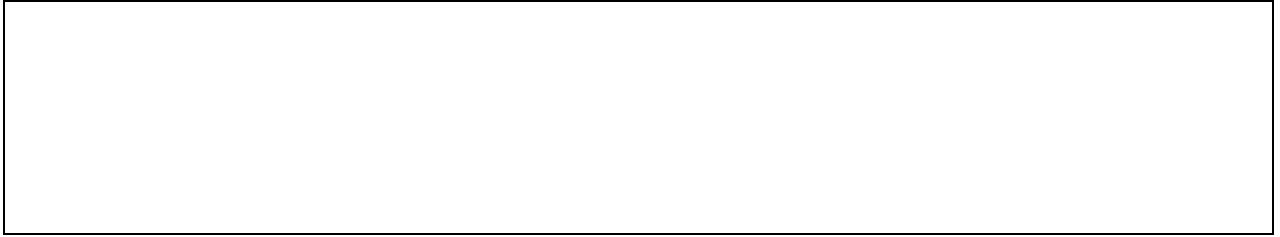
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li> <p><b>Clinical Waste:</b></p> <p>The waste observed by the inspector on the day of inspection was collected the following day and the company contracted to manage clinical waste has agreed to facilitate twice weekly collections as required. Resolved 24/10/20. Monitored daily.</p> </li> <li> <p><b>Total Separation of Cohort Area:</b></p> <p>Following inspection, and as per the advice of the IPC Clinical Nurse Specialist, the following procedures were implemented to ensure total separation of the cohort area: Completely separate entry to and exit from the cohort area Changing facilities identified within the area. Staff breaks taken within the cohort area. Fully Resolved 28/10/20. Monitored daily.</p> </li> <li> <p><b>Social Distancing within Corridors:</b></p> <p>The importance of maintaining a social distance in corridors was reinforced to all staff members present on the day of inspection and communicated to all staff not on duty on that day to ensure compliance. Resolved 23/10/20 Monitored daily.</p> </li> <li> <p><b>Use of Facemasks:</b></p> <p>The importance of having a facemask in place immediately on entry to the building was reinforced to staff present on the day of inspection and communicated to all staff not on duty on that day to ensure compliance. Resolved 23/10/20. Monitored daily.</p> </li> </ul>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/10/2020