



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | Abbot Close Nursing Home              |
| Name of provider:          | Abbot Close Nursing Home Limited      |
| Address of centre:         | St. Marys Terrace, Askeaton, Limerick |
| Type of inspection:        | Short Notice Announced                |
| Date of inspection:        | 12 August 2020                        |
| Centre ID:                 | OSV-0004682                           |
| Fieldwork ID:              | MON-0030105                           |

## About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 57 |
|--|----|

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 |
|--------------------------|----------------------|---------------|------|
| Wednesday 12 August 2020 | 09:00hrs to 17:30hrs | Ella Ferriter | Lead |

## What residents told us and what inspectors observed

The overall feedback from residents was that Abbot Close Nursing Home was a nice place to live. Staff promoted a person-centred approach to care, and were found to be kind and caring. Residents spoken with described the care as excellent and stated the staff were lovely and always gave them sufficient time. The inspector observed that residents' choice was respected, and control over their daily life was facilitated in terms of whether they wished to stay in their room or spend time with other residents in the sitting rooms or garden.

The inspector observed that residents were encouraged and facilitated to socially distance as per national recommendations, in response to the COVID-19 pandemic. Residents said they knew about COVID-19, because the person in charge and the staff kept them regularly informed. One resident described the last few months as very challenging, and found it difficult not being able to see family and leave the centre socially. At commencement of the inspection, staff guided the inspector through the infection control precautions necessary on entering the designated centre. This included a signing in process, hand hygiene, face covering, and temperature check in line with Health Protection Surveillance Centre (HPSC) guidance.

The inspection took place on a very warm July day, and residents were observed sitting in the external courtyards. The activities coordinator arranged a karaoke session outdoors for the evening. Residents were observed having a positive dining experience in a beautifully decorated dining room that was similar to a restaurant. There were menus on the tables and residents were assisted as required. Feedback was positive in relation to the choice and quality of food provided.

## Capacity and capability

This was a one day short-term announced inspection to monitor compliance with the regulations. Overall, the findings on this inspection were that the management team provided good leadership, and a commitment to on-going quality improvement in Abott Close Nursing Home. The quality of care that residents received in the centre was to a high standard, however, improvements were required by the registered provider in maintenance of the premises, which was also found on previous inspections.

There was a clearly defined management structure in place, with clear lines of authority and accountability. Care is directed through the person in charge who reports to the Registered Provider Representative (RPR), who is a director of Abott

Close Nursing Home Ltd. The RPR is involved in the day to day running of the centre, and was present of the day of inspection. The person in charge also meets with the RPR on a regular basis and the inspector viewed minutes of these meetings. Staffing, admissions, discharges, financial issues and incidents were discussed, and appropriate actions taken as required. The governance system was effective in terms of communication. The person in charge is supported in her role by an assistant director of nursing, a clinical nurse manager, nursing, care, administration, domestic and catering staff.

The inspector observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs. There was a sufficient compliment of staff to meet the personal care needs of the residents. The person in charge and the assistant director of nursing supervised care delivery, and were supernumerary when on duty Monday to Friday. Improvements were seen in the allocation of registered nurses to each shift since the previous inspection, as there was a minimum of two registered nurses on duty on every 12 hour shift. Staff were knowledgeable and interacted with residents in a kind and courteous manner. Regular staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. The inspector requested review of daily allocation housekeeping staff, following the inspection, which was found to be inadequate for the size and layout of the centre.

The inspector saw evidence that the quality and safety of care delivered to residents was being effectively monitored. The annual audit schedule demonstrated regular audits were taking place in areas such as infection prevention and control, medication management, nutrition and hydration, falls management and wound care. However, as found on the previous inspection improvements were required in monitoring the general upkeep and maintenance of the centre. A comprehensive annual review for 2019 had been carried out by management team.

The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that there were robust systems in place for staff recruitment and all files contained the required information as per the regulations. There was a comprehensive programme of training, and all staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Additional training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). In most cases staff were seen to abide by best practice in the sanitising of hands and wearing of PPE, however, the appropriate wearing of face masks required review. Staff were provided with the most recent guidance from public health and the Health Service Executive.

A record of incidents occurring in the centre was reviewed by the inspector and found to be well maintained and comprehensive. However, not all incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. Residents' complaints

and concerns were listened to and acted upon in a timely, supportive and effective manner.

A COVID-19 contingency plan was available, as well as a COVID-19 resource folder on each unit, for staff to source current Health Protection and Surveillance Centre information. The person in charge was the COVID-19 lead in the centre, with delegation detailed to ensure appropriate management cover in her absence. The inspector acknowledges that staff, residents and their families have been through a challenging time over the past five months, since the COVID-19 pandemic. The centre directly experienced COVID-19 in the centre, with one resident and three staff testing positive. It was evident that the registered provider had an effective COVID-19 contingency plan in place, and had managed this situation appropriately.

Previous inspections of this centre found that the communal space for residents, in the main part of the centre was limited. In response to this the Chief Inspector had placed a condition on the registration of this centre in 2018. This stated that the design and layout of the centre must be reconfigured within the time frame submitted. The condition was attached to ensure that all existing and future residents are afforded adequate communal space and to ensure that the premises meet the needs of these residents. The inspector found that the additional communal space, which consisted of a conservatory, had been constructed, as agreed, and was being used and enjoyed by residents on the day of inspection.

#### Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She was knowledgeable regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector observed staff providing care in a respectful manner. Residents appeared to be familiar with staff and were complimentary of the caring nature of staff. Residents spoke positively of staff and indicated that they were caring, responsive to their needs and treated them with respect and dignity. Staff were observed to interact with residents in a kind, respectful and dignified manner. The number and skill mix of nursing and care staff on the day of inspection was appropriate, having regard to the care needs of residents and the size and layout of the centre. The staff roster was reviewed and discussed and the person in charge

outlined that the roster was constantly under review in line with the changing needs and dependencies of residents. However, the inspector found that domestic staff hours required review, considering the size and layout of the centre and the enhanced environmental cleaning required to reduce the risk of infection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The training matrix demonstrated mandatory training as well as other relevant training completed. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE in response to the COVID-19 pandemic. There was a comprehensive monitoring system in place, which enabled oversight of training needs, with alerts when training was due. The induction process of new staff was discussed and it was evident that a robust system was in place, to ensure that staff had appropriate knowledge regarding care delivery, the centres policies and procedures and were appropriately supervised.

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were compliant with the regulations, and contained all the items listed in Schedule 2. An Garda Siochana (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place, that identified the lines of authority and accountability. The person in charge was supported by the Assistant Director of Nursing and the management team was further enhanced by a Clinical Nurse Manager. There was an out of hours



on call management system for weekends. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents. An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

However, as found on the previous two inspections of this centre, the registered provider had failed to address issues of non compliance in relation to the general maintenance and upkeep of the premises, which will be addressed under regulation 17.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was reviewed by the inspector and it was found that it was well maintained. Incidents had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place and complaints were investigated promptly. Complainants were informed of the outcome of their complaint, and it was recorded it they were satisfied with the response.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice and were centre-specific.

Judgment: Compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Abbott Close Nursing Home, which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services and opportunities for social engagement. Improvements were required by the registered provider, to ensure that the premises was kept in a good state of repair both internally and externally, which would enhance residents quality of life.

The healthcare needs of the residents were very well met. There were a number of local general practitioners (GP) providing medical services to the centre, and out-of-hours medical cover was available. Specialist medical services were also available when required. There was evidence of very regular reviews of residents and ongoing medical interventions as well as laboratory results. A physiotherapist was directly employed by the centre two days per week. Residents in the centre also had access to psychiatry of older life, and attendance at outpatient services was facilitated. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody, ophthalmology services and a tissue viability nurse.

The inspector viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. A review of a sample of care plans indicated that they were very comprehensive, personalised and provided adequate guidance on the care to be delivered. There was a reported low incidence of wound development, and the inspector saw that the risk of same was assessed regularly, and appropriate preventative interventions including pressure relieving equipment were in use.

The atmosphere of the centre was friendly and relaxed and staff actively engaged with residents. The inspector observed that the care and support given to residents was delivered in a dignified manner and was not rushed. Assistance was given

discreetly when needed and all staff demonstrated good communication strategies with residents, including residents with complex communication needs. The inspector noted that staff were familiar with residents preferences and choices, and facilitated these in a friendly, good humoured and respectful manner. The centre promoted a restraint-free environment and there were no residents using bedrails on the day of inspection. Residents were encouraged and supported to optimise their independence where possible, and had free access to safe outdoor courtyards. Residents spoken with said they felt safe in the centre. All staff working in the centre had received training in safeguarding vulnerable adults, and were knowledgeable about what to do if they suspected or witnessed abuse.

The premises is a purpose built two storey nursing home which opened in 2006. Bedroom accommodation comprises 47 single bedrooms and nine twin bedrooms. All rooms have full en suite facilities. The centre had recently undergone building work, with the addition of a conservatory. The inspector also acknowledged that a partition wall had been installed in the foyer, to afford residents more privacy and some bedrooms were being redecorated and personalised, in consultation with residents to provide a more homely environment. However, as found on the previous two inspections of 2018 and 2019, some parts of the centre were in a poor state of repair.

Staff screening for COVID-19 was being preformed every two weeks. Residents transferred from the acute care setting were screened for COVID-19 and isolated in a single room in accordance with HPSC guidance. There was evidence that residents and staff temperatures were being recorded appropriately. Household staff were allocated additional responsibilities for cleaning frequently used surfaces, and records were maintained effectively. Improvements in infection control practices were required, namely in the layout of the laundry, cleaning the premises, wearing of face masks by staff and maintenance of equipment.

The role of activity coordinator was shared between two members of staff, one of whom facilitated activities each day from Monday to Friday between 10:00hrs and 18:00hrs. The activity coordinator the inspector met demonstrated a commitment and enthusiasm for her role. Residents were consulted about how the centre was planned and run through residents' meetings. From available records it was evident that issues in relation to the quality of life of residents in the centre was discussed at these meetings and changes made in response to the feedback.

## Regulation 11: Visits

Visiting had been restricted in March 2020, in accordance with guidance issued in response to the National Public Health Emergency, and only essential visiting had been permitted, such as when a resident was at end of life. Visiting had now resumed in a controlled manner and there were adequate procedures in place to support visitors comply with infection control guidance during their visit. The inspector did not have the opportunity to meet any visitors on the day of inspection,

as there were not any appointments scheduled until the evening.

Judgment: Compliant

### Regulation 17: Premises

Issues in relation to premises had been identified on two previous inspections of Abbot Close Nursing Home in July 2019 and February 2018. On this inspection the inspector noted that some of the premises was in a poor state of repair and required redecoration and additional upkeep, especially the Deal unit. This was evidenced by:

- paint chipping off walls and wall frames in some bedrooms
- torn flooring
- wires loose and hanging in some bedrooms
- water staining on ceilings
- garden furniture found to be a risk, as it was cracked and not fit for purpose.
- equipment that was rusted such as shower chairs and commodes
- outside communal gardens were poorly maintained.

Judgment: Not compliant

### Regulation 27: Infection control

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff and residents temperatures were being monitored as recommended., All staff had received training on infection control procedures, and on the transmission of COVID-19. However, some improvements were required in infection control practices, in particular:

- The compliance plan submitted to the chief inspector following the inspection of July 2019, stated that the layout of the laundry has been reviewed to allow segregation of clean and dirty clothing to be compliant with best practice in infection control. The inspector found that this had not taken place and the dirty linen was being stored on a corridor outside the entrance to the laundry. This was also a corridor used by kitchen staff which presented a risk of cross contamination.
- Signage on bedroom doors, when residents required to be isolated was not clear.
- The amount of domestic staff working in the centre on the day of inspection required review. This was supported by observations by the inspector, discussion with staff regarding cleaning practices, and review of the size and layout of the centre.

- The appropriate use of face masks by all staff in line with recommendations issued by the Health Protection and Surveillance Centre (HPSC).
- Some equipment was found to be rusted and therefore sufficient cleaning could not be assured

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medications requiring crushing were prescribed appropriately which the inspector followed up following the findings of the previous inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment completed to ascertain if the centre could meet their needs. Comprehensive nursing assessments were completed following admission and care plans were then developed following these assessments. Care plans reviewed by the inspector provided good guidance on the individual care needs of residents and were person centred.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the healthcare needs of residents were well met. Residents had good access to general practitioners and a team of allied health care professionals including physiotherapy, occupational therapy, speech and language therapy, dietitian, palliative care and psychiatry of later life.

Judgment: Compliant

## Regulation 8: Protection

The centre promoted a restraint-free environment and there was low use of restrictive practices in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to safe outdoor courtyard and garden. Residents spoken to said they felt safe in the centre. All staff working in the centre had received training in safeguarding vulnerable adults. However, improvements were required in relation to recognising and responding to allegations of abuse. A review of the complaints log identified that a complaint submitted by a resident would have been more appropriately investigated under the safeguarding policy rather than as a complaint. The complaint, from the resident's perspective, could be perceived as abuse of a psychological nature or neglect.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

A programme of appropriate activities were available. The inspector saw a number of different activities taking place including a very lively karaoke session. The person in charge and management team had placed a great emphasis on person-centred care and the importance of social care. Training was provided to the staff and care plans reflected resident's likes, dislikes and wishes.

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed.

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                              | Substantially compliant |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 21: Records                               | Compliant               |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 3: Statement of purpose                   | Compliant               |
| Regulation 31: Notification of incidents             | Compliant               |
| Regulation 34: Complaints procedure                  | Compliant               |
| Regulation 4: Written policies and procedures        | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 11: Visits                                | Compliant               |
| Regulation 17: Premises                              | Not compliant           |
| Regulation 27: Infection control                     | Not compliant           |
| Regulation 29: Medicines and pharmaceutical services | Compliant               |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Substantially compliant |
| Regulation 9: Residents' rights                      | Compliant               |

# Compliance Plan for Abbot Close Nursing Home OSV-0004682

Inspection ID: MON-0030105

Date of inspection: 12/08/2020

## 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 15: Staffing   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The PIC will review the housekeeping roster in conjunction with occupancy levels and infection control requirements frequently.</li> <li>• The PIC and ADON will carry out audits of bedroom cleaning and decontamination and assign housekeeping staff according to the demands of the facility weekly.</li> <li>• The housekeeping roster will be continually reviewed in light of the current pandemic and any infection outbreaks requiring enhanced cleaning will be addressed by the PIC.</li> <li>• The Operations manager will review the systems in place to address the housekeeping needs with the PIC and the provider monthly and make recommendations to address any gaps in the service.</li> <li>• The provider will ensure the housekeeping needs are met by increasing staffing when required to meet the enhanced cleaning need.</li> </ul> |                         |
| Regulation 23: Governance and management  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The registered provider will review the current systems in place to ensure all maintenance is scheduled.</li> <li>• The registered provider will meet with the operations manager and PIC monthly and prioritize the significant pieces of maintenance work required.</li> <li>• The registered provider and the operations manager will carry out a monthly inspection and audit of the facility with the PIC to identify the work required to bring the facility into compliance with the regulations for the safety of the residents.</li> <li>• The provider will ensure that maintenance is planned and scheduled and that this is</li> </ul>  |                         |

checked off by the PIC at the monthly meetings.

- The operations manager will undertake weekly audits and walkabouts of the facility until the areas requiring urgent upkeep and maintenance is completed.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The provider will undertake an audit of the care facility and identify areas for improvement – these will be prioritized for the indoor area for the winter.
- A schedule of work will be prepared by the provider and the operations manager for the upkeep and maintenance of the environment by the PIC.
- The PIC will allocate the schedule of work to the maintenance man each week and audit the completion of each activity.
- The laundry service will be overseen by the provider and a review undertaken to examine the possibility of outsourcing the laundry.
- All equipment not fit for purpose will be removed and replaced.
- The provider will enlist the services of a landscaper for the outdoor garden this will be completed by April 2021.
- The provider will undertake a walkabout every month and audit the maintenance of the outdoor space. A schedule of work will be identified for the outdoor spaces and the frequency of maintenance will be reviewed by the PIC.
- Garden furniture will be replaced.

Regulation 27: Infection control

Not Compliant

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

- The PIC and the ADON will carry out regular audits of staff compliance with mask usage. Daily observations of staff compliance with mask usage by the ADON. Feedback will be provided to staff in addition to regular IPC training and updates.
- The provider will review the current laundry service and identify an alternative location for soiled laundry.
- A meeting will be scheduled with a laundry service provider for outsourcing the laundry. This will be completed by April 2021. In the interim the dirty laundry will be stored in an alternative location.
- Clear signage will be located on isolation bedrooms as required by IPC.
- The PIC and ADON will audit the cleaning practices monthly and weekly in the event of an outbreak and identify areas for improvement and enhanced cleaning.
- The CNM2 is identified as the onsite IPC lead and will audit staff compliance with mask

wearing daily and follow up with education on the need to ensure compliance with IPC guidance on mask wearing.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The PIC will review all complaints and concerns and they will be addressed considering any safeguarding issues. All resident concerns will be taken seriously and a review of care plans to ensure vulnerable residents are safeguarded against all forms of abuse.
- Staff training and education will be provided to ensure they understand the signs of abuse and identify all forms of abuse.

## 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 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow      | 12/10/2020               |
| 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.  | Not Compliant           | Orange      | 20/04/2021               |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service  | Substantially Compliant | Yellow      | 30/11/2020               |

|                 |   |                         |        |            |
|-----------------|---|-------------------------|--------|------------|
|                 | provided is safe, appropriate, consistent and effectively monitored.  |                         |        |            |
| 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. | Not Compliant           | Orange | 31/03/2021 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse.   | Substantially Compliant | Yellow | 02/10/2020 |
| Regulation 8(3) | The person in charge shall investigate any incident or allegation of abuse.   | Substantially Compliant | Yellow | 02/10/2020 |