



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	25 June 2020
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0029824

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside in peaceful surroundings approx one mile outside the heritage town of Listowel. The Nursing Home is serviced by nearby restaurants/ public houses/ libraries/ heritage centre and various shops. 24-hour nursing care is available which is led by the person in charge, who is a qualified nurse. Staff participate in regular training courses to maintain and improve the level of care for residents. Lystoll Lodge Nursing Home employs 50 staff. All staff and visiting therapists have the required Garda Vetted (GV) clearance in place. Accommodation is available for both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment following a pre-admission assessment of needs. This is to ensure that the centre has all the necessary equipment, knowledge and competency to meet residents' needs. On admission all social activities/hobbies, leisure interests and local amenities available to residents, are discussed. For example, local social events such as Listowel races and Listowel writers' week can be accessed. A care plan will be developed with the resident's participation within 48 hours of admission. This will be individualised for personal care needs and will provide direction to staff members. All food is prepared freshly and cooked by the chefs who tailor meals to meet the preferences and requirements of residents. Residents meet on a quarterly basis to discuss any improvement or changes that they would like to see in the operation of the centre. An open visiting policy operates within Lystoll Lodge Nursing Home. Complaints will be addressed and the complaints policy is set out in the statement of purpose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 June 2020	10:30hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Feedback from residents was generally positive. Residents spoke about how isolating the impact of cocooning during the pandemic had been. They told the inspector that staff supported them throughout and they felt lucky not to have experienced the virus first hand. Residents said that they were delighted that family visits were about to resume on a limited basis. A number of visitors had made appointments to visit their relatives and an area had been identified for this on each floor. The inspector saw visitors coming in at various, scheduled times.

The activity coordinator was on holidays at the time of inspection. Other staff members were seen to organise activities in her absence such as small group and individual activities, which were currently held within the guidelines of the Health Protection Surveillance Centre (HPSC) on physical distancing. Physical distancing was seen in the dining room where residents were adequately spaced for meals, with a maximum number of two people at each table.

The inspector observed kind and patient staff interactions with residents during the day. Residents confirmed that the care was very good and that they were satisfied with their accommodation. They expressed confidence in the management team and they felt that their complaints were addressed. One lady said she felt she was safe in the centre due to her underlying confidence in staff training and staff supervision.

Capacity and capability

This unannounced inspection of Lystoll Lodge Nursing Home took place to evaluate the continued sustainability of the new governance and management structure on the Capacity and Capability and Quality and Safety of Care in the designated centre. The Chief Inspector had previously proposed to cancel the registration of Lystoll Lodge Nursing due to a protracted period of non-compliance. Nevertheless, on the last two inspections the inspector found that the new person in charge and the new registered provider representative (RPR) had put robust systems in place to support and supervise staff, to manage complaints and to monitor and address poor practice. These improvements and the consequent improved compliance with regulations had led to the renewal of the registration of the centre by the Chief Inspector.

On this inspection the new RPR and the new person in charge were found to have utilised their respective experiences in social and medical care to provide a more holistic and safer model of care which placed residents' lives and experiences at the centre of the care process. Residents confirmed this with the inspector and said that

they felt the management team had brought about welcome change and improved staff supervision.

At the feedback meeting with the RPR and the person in charge following this inspection, the incremental improvements were acknowledged by the inspector. Nevertheless, areas of non compliance persisted which were highlighted for attention and review. These were addressed in the following report under the respective regulations.

In summary:

Issues to be addressed included:

- maintaining a correct roster
- infection control and risk management processes
- oversight of medicine management
- culture change to be established and maintained

The registered provider representative was required to submit:

- a timely, comprehensive and achievable compliance plan based on the findings of this inspection.
- evidence that the required outstanding fire safety plans were displayed in the centre

In conclusion, the findings of this inspection were that the centre remained on a pathway to regulatory compliance. However, continuous improvement, supervision and oversight was required on the part of the provider of Lystoll Lodge Nursing Home to ensure full regulatory compliance with Standards and Regulations for the sector, which set out the requirements for the management of a designated centre and for protecting the rights, care and welfare of residents.

Regulation 14: Persons in charge

The person in charge was experienced and was supported by a team of knowledgeable managers and nursing staff. She had developed a comprehensive CoViD 19 contingency plan and had updated staff with the most recent guidelines from the Health Service Executive (HSE) and the HPSC.

Judgment: Compliant

Regulation 15: Staffing

The person in charge confirmed that she had a contingency plan in place to ensure continuity of care in the event of a shortfall of staff if there was an outbreak of CoVid 19. Additional staff had been recruited so the person in charge said she was confident that staffing levels could be maintained in this event. In addition, the HSE crisis management team had indicated that they would be available to assist, if the need arose.

Staff members had their temperature checked at the start and during each work day. Staff spoken with were aware of the signs of symptoms of the virus and the requirement to report these to senior management.

Handover report between shifts was mainly done in written form and by phone to allow for physical distancing.

The uniform policy was strictly enforced. Staff changed into their uniform following arrival at work. Uniforms were laundered on site so that all staff had a change of uniform each day. A risk assessment was completed in relation to staffing arrangements including shared accommodation concerns.

Staff remained in two teams to facilitate distance between those upstairs and downstairs. The person in charge said that the aim was to prevent crossover of nursing, caring or cleaning staff between both sections of the centre and aid in contact tracing in the event of an outbreak of infection.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix revealed that staff had undertaken mandatory training as required by the regulations. Relevant training in relation to infection control, required during the pandemic, had been delivered to staff. For example, staff had attended training on the use of PPE (personal protective equipment), hand-washing techniques and recognising the typical and atypical symptoms of COVID 19. Staff were seen to follow hand-washing guidelines and to wear the required level of PPE when engaging with residents. The person in charge stated that external training in the mandatory areas, which had been suspended during the pandemic, was scheduled to recommence in July.

Judgment: Compliant

Regulation 21: Records

The records which were required under the regulations were accessible and

generally well maintained:

For example, staff files, medical notes, medication error forms, medicine stock record books, complaints and incidents were available for review.

However, it was not clear to the inspector if the correct roster had been presented on initial request as a second roster (a copy) was later provided, which also required updating as it did not contain all the roster changes which had taken place.

It was a requirement of the regulations that a correct 'worked' roster is maintained and made available for inspection purposes.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that there was an effective management system in Lystoll Lodge Nursing Home which ensured that good quality care was delivered. 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), two clinical nurse manager (CNMs) and a knowledgeable health-care team.

The person in charge informed the inspector that all staff and residents had tested negative for CoVid 19 at the time of "whole-centre" testing. This contributed greatly to the fact that the centre and its residents had remained CoVid Free throughout the period of time when the virus was at its most contagious.

Audit and supervision of staff provided oversight of practice in particular infection prevention and control practices to ensure that staff were following the most up-to-date guidance. On the day of inspection, the inspector observed that staff were adhering infection control guidelines.

In conclusion, notwithstanding the good practice described throughout this report, the inspector found that there were a number of issues outstanding which required management oversight and attention. The person in charge discussed these outstanding issues which she agreed had to be addressed in order to ensure the maintenance of a new culture of care which supported respect for residents' rights and their individuality.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The document contained the details required under the regulations and had been brought up to date in line with the changes to the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the office of the Chief Inspector following a number of specific events, in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded.

However, while the management of these had improved the inspector found that details as to the completion of the complaint and the satisfaction of the complainant had not been documented on the previous five complaints.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures had been updated in line with the regulatory three year time frame.

Relevant policies had been updated in line with the CoViD 19 outbreak, for example, the visiting policy and end-of-life policy.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Lystoll Lodge Nursing Home was of a good standard due to the more robust and consistent management

approach.

The health of residents was supported by ongoing medical review and nursing assessment using a range of recognised tools. These assessments included skin integrity, malnutrition, falls, and mobility. The inspector reviewed a sample of residents' plans of care. These were inclusive of the voice and wishes of residents and were based on information and knowledge about their current medical condition. During the inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs.

Appropriate activities were available to meet residents' preferences and choice at this post-crisis period. Residents' meetings and surveys were held which provided opportunities for residents to express their opinion and request changes. Minutes of these were seen to be maintained and actions were completed. Residents confirmed with the inspector that they had the opportunity to vote at election time either in the centre or in the polling station. Mass was facilitated now by video link to the local church on a weekly basis.

A number of systems had been developed to support residents' rights and their safety:

For example:

- audit and review of bed-rail use or other restraints: there were eight bed-rails in use at the time of inspection
- audit of the use of psychotropic drugs: documentation recorded when a PRN (give if required) medicine was used explaining the rationale for its use
- ongoing and relevant training
- external advocacy arrangements
- meaningful activities based on life stories

Nevertheless, the inspector found there were a number of issues to be addressed in Quality and Safety, to bring the centre into full compliance including Medicine Management: Regulation 29, Risk Management: Regulation 26 and Infection Control: Regulation 27, as described under these regulations in the report.

Regulation 11: Visits

Visiting to residents had been strictly controlled since 6 March 2020. In general there had been no visitors allowed at the height of the outbreak except in extreme circumstances. The recent revised HPSC visitor guidelines had been circulated to all family and friends of residents. This allowed visiting to commence under controlled circumstances. A location had been identified for these visits to enable social distancing to be maintained.

Judgment: Compliant

Regulation 13: End of life

End of life policies were up-to-date in relation to the COVID crisis. There was evidence seen in letters of appreciation, that care at this time was greatly appreciated by family members.

Judgment: Compliant

Regulation 17: Premises

The premises were generally well maintained. Communal areas were spacious including a sitting room in both the upstairs and downstairs section. Bedrooms were nicely decorated and had toilet and wash basin en suite. A bath was available in the centre and there appeared to be adequate storage available. The centre was clean throughout.

- Some painting was required where hall cupboards had been removed.
- On previous inspections the inspector had found that there were an inadequate number of showers available. This had yet to be addressed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food was plentiful, nicely presented and choice was available. Modified diets were available where necessary and specific dietary needs such as gluten-free, were accommodated.

Judgment: Compliant

Regulation 26: Risk management

Risks had been assessed throughout the building and the risk register was updated as necessary. Risk assessments in relation to the risks posed by COVID 19 were included in the register. These included controls such as checking temperatures of staff and residents, staff changing into their work clothes on arrival and departure,

wearing of PPE and proper hand-washing procedures;

Not all risks had been assessed and controlled however:

For example:

- clothes and other items were stored on the floor of the linen room which impeded effective cleaning
- oxygen tubing/masks was not always appropriately covered when not in use
- there was no easily accessible hand-washing sink in the hallway in both the upstairs and downstairs areas. Anyone who wished to wash their hands had to use a sink located in one of the toilets or the staff office
- additional wall mounted hand sanitisers were required to ensure that staff were afforded every opportunity to sanitise their hands between resident care moments
- two fire-safe bedroom doors were held open with chairs as the electronic closing device appeared to be faulty
- a nebuliser (a device for vaporised medicine) was seen to be turned on and in use while placed on a chair under the resident's clothes: this presented a fire risk as the machine was hot to touch due to being covered for an unknown length of time
- a large amount of cigarette ash was seen on the floor of the smokers' room
- an oxygen cylinder was seen in the administrator's office near to electronic equipment, which is not conducive with safe storage of oxygen which is a combustible gas and therefore an explosion risk in the event of a fire: the lack of a suitable warning sign for the presence of oxygen in this room meant that it would not have been apparent to fire brigade personnel that oxygen was stored in the office by the front door .

Judgment: Not compliant

Regulation 27: Infection control

On this inspection the inspector acknowledged the effective infection control procedures adopted by staff which had resulted in the centre remaining clear of CoViD 19 to date. This was a great achievement for all levels of staff.

Nevertheless, throughout the inspection saw that a number of staff from the upstairs area were also in the downstairs department on a number of occasions despite the system in place for cohorting staff in separate areas of the centre.

The staff dined within the residents' dining room. This presented an infection control risk as staff removed their masks when dining: residents were seen to approach and sit with staff at these times.

The inspector found that increased supervision was required for cleaning procedures following the departure of each visitor in this post CoVid period: a protocol had not

been set out and well as appropriate audit of the process.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were signed for by nursing staff when administered to residents. Two nurses signed the controlled drug book on all occasions and this was available to the inspector.

Nevertheless, the inspector found that a large number of medicines no longer in use had not been returned to pharmacy. These were stored in an unsecured cupboard, which was an additional risk. These were required to be returned to pharmacy in the interest of accountability and safety.

In addition, a resident who required medicines to be 'crushed' due to a swallowing difficulty did not have this form of the medicine authorised/signed by the GP. Despite this, the medicines had been administered in a 'crushed' form in contravention of An Bord Altranais guidelines on Medicine Management for Nurses: i.e. the correct form of the drug.

Furthermore, two medicines on the medicine administration sheet (MARS; the prescription for nurses) were not signed by a GP, as required on any prescription.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A number of care plans were reviewed and were seen to have been updated within the four-month regulatory time frame:

- clinical assessment tools were seen to underpin care plans and clinical decisions
- evidence of allied health care involvement was seen, for example, the dietitian and the physiotherapist
- care plans for end of life decision-making were in place and supported by GP input in the medical notes
- care plans and risk assessments had been developed, for the CoVid 19 virus risk, for each individual resident

Judgment: Compliant

Regulation 6: Health care

The inspector found evidence in a sample of residents' care plans of good access to allied health professionals:

For example:

- Physiotherapy was accessible, however it had been suspended during the height of the pandemic.
- Occupational therapy was available on referral.
- The general practitioner (GP) visited regularly during the pandemic and a choice of GP was facilitated where necessary
- The pharmacist fulfilled the duties required to meet residents needs and supported staff with training and supplies of medicines.
- Psychiatric care, a tissue viability nurse (TVN), chiropody, dental, speech and language therapy (SALT) and the dietitian were seen to have made entries in residents' notes, in response to residents' needs before the outbreak.

Phone referrals to these specialists had been responded to throughout the pandemic according to nurse managers.

A clinical excellence team consisting of the local geriatrician, the area HSE managers, public health, occupational health, community placement coordinator, infection control expert and nurse managers, were available for advice on the pandemic. Members of the team had been very helpful throughout, according to the person in charge.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had been diagnosed with dementia.

In a sample of care plans reviewed by the inspector comprehensive care plans were in place for the management of the behaviour and psychological symptoms of dementia (BPSD).

Judgment: Compliant

Regulation 8: Protection

Staff had attended training in the prevention of elder abuse and safeguarding of vulnerable older people. Staff spoken with were aware of their responsibility to report any allegations or suspicions of abuse. Staff were aware of the types of abuse which could occur. Where incidents of alleged abusive interactions had occurred they were addressed and disciplinary procedures were invoked where necessary. The management team were clear that there was a zero tolerance to any form of alleged abuse in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had ensured that while observing physical distancing residents still had opportunities to participate in activities and recreation. Family contact was maintained through telephone, video calling and letters. It was evident that residents had been consulted about the public health measures in place.

Residents had been surveyed during the pandemic and a number of proposed outings were added to the programme of activities such as, Banna beach and Valentia.

The inspector found that staff generally strived to improve the rights and dignity of residents living in the centre.

Residents felt that their lives and experiences were important to staff who were engaged in promoting their well-being.

On the day of inspection the inspector spoke with a number of residents who were delighted to chat and talk about the return of visiting arrangements as well as the good care they received during the time of "lockdown". They were found to be up-to-date and informed about relevant advice and guidelines.

The inspector found good practice in this area:

- each resident had a TV, books and newspapers
- a number of i-pads, headphones and 'tablets' were in use to support video communication with relatives
- the oratory and some bedrooms had been freshly painted
- a conservatory and the oratory had been made available for personal visits
- a small number of residents who were seated in the sitting rooms and dining rooms had social distance maintained
- activities such as individual conversations, beauty treatments, card

games, knitting, artwork, walking, quiz and 'sing-a-longs' were a weekly occurrence.

The inspector found that the majority of interactions with staff were seen to have a person-centred approach. The management team and staff were found to share the vision of providing a safe and respectful environment for residents.

On the day of inspection however, only two residents were seen to be facilitated to go out to the large well-furnished enclosed garden-patio area and surrounding gardens even though it was a warm and dry day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable maps in the form of zoned floor plans were not on display in either the upstairs or downstairs section to assist staff in identifying the location of any fire in the event of a fire alarm activation.

These were not yet available despite undertakings on previous inspections.

Updated maps were required to enable the correct detection of the location of any fire.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0029824

Date of inspection: 25/06/2020

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An updated roster is maintained at the nurses' station and it is the staff nurses responsibility to ensure that all updates are included on the roster in a timely fashion.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Training and development plan will focus on culture change and asserting best practice within the home e.g. Positive Behaviour Support training CNMS are currently completing Supervisory Management Training	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: PIC will ensure complaints are closed satisfactorily within 30 days as per the policy of the Nursing Home	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting in the building has been completed Shower facility will be completed by Dec 2020</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The cleaning scheduled for the smoking room has been increased to twice daily The head Housekeeper will check twice daily and ensure that no items are kept on the floor of the linen cupboard All staff nurses have been advised regarding the correct procedure for use and storage of Nebulizer and oxygen tubing and the CNMs will monitor compliance. IPC training has taken place on 08.07.2020 Additional wall mounted sanitizers have been ordered for the home A plumber has been contacted re installation of sinks in corridors and we are awaiting guidance from him An oxygen storage area has been identified and correct signage has been installed</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A separate staff break area has been identified and will be available from 30.08.2020 A protocol has been developed re IPC following a visit by a family member to the home and is being audited by the Head Housekeeper. A separate nurses station will be created upstairs and this nurse will monitor staff travel between upstairs and downstairs to ensure compliance with the allocations identified as per the COVID plan of the home</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A specific day weekly has been identified for medicines to be returned to the pharmacy. A checklist has been created to support this which is audited by the CNMs</p> <p>All medications found unreturned on inspection were immediately returned to the pharmacy on the same day</p> <p>Kardex's are audited monthly by the CNM to ensure they are up to date.</p> <p>All residents Kardex's have been updated since inspection to ensure they comply with regulation.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The activity coordinator has been allocated the responsibility of ensuring that residents who wish to go outside are facilitated to do so and to encourage outdoor activities weather permitting</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Updated zone plans will be available by 30.08.2020</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	29/07/2020
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.	Substantially Compliant	Yellow	01/12/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Yellow	29/07/2020

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Yellow	30/08/2020
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	30/09/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	29/07/2020

	containing and extinguishing fires.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant		30/08/2020
Regulation 29(5)	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.	Not Compliant	Yellow	29/07/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and	Not Compliant	Yellow	29/07/2020

	whether or not the resident was satisfied.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Not Compliant	Yellow	29/07/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant		29/07/2020
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	29/07/2020