



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

## Issued by the Chief Inspector

Name of designated centre:	Elm Green Nursing Home
Name of provider:	Elmgreen Nursing Home Limited
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	23 September 2021
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0034312

## About the designated centre

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

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

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

Number of residents on the date of inspection:	109
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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 23 September 2021	09:05hrs to 17:50hrs	Deirdre O'Hara	Lead
Thursday 23 September 2021	09:05hrs to 17:50hrs	Margaret Keaveney	Support

## What residents told us and what inspectors observed

This was a good centre where residents were enjoying a good quality of life. From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Inspectors observed many positive interactions between staff and residents and overhead staff discussing topics of personal interest with residents with good natured banter taking place. During the inspection there was a calm and relaxed atmosphere in the centre.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

The centre was laid out over two floors, which were accessible by lifts and stairs. Since the last inspection there had been many upgrades in decor, garden areas and furnishing, however the redecoration of two sitting rooms remained outstanding.

There were a variety of sitting rooms with seated areas around the building. There was large, well maintained enclosed garden that was easily accessible from one of the day rooms, which the residents were seen to enjoy. It was wheelchair-friendly with wide paths and had a gazebo seating area and other suitable garden furniture for residents to enjoy in the good weather. There were also enclosed courtyards and a pitch and putt green on the grounds for the residents to use, which was well kept. The courtyards and garden had recently been upgraded. They were planted with bright flowers and had raised beds and hanging baskets which residents had planted as part of the activities programme.

All bedrooms were single with their own en-suite bathroom. Inspectors saw that residents' bedrooms were personalised with family photographs, bed throws and other personal memorabilia. There was adequate storage space in residents' bedrooms for their clothes and personal belongings. Inspectors noted that a green light system was used when staff were providing personal care to residents to maintain their privacy and dignity.

There was a dementia specific unit with wide corridors which were decorated with street and country scenes. There was good signposting to direct residents with their pictures and names on doors to assist with way finding.

Inspectors observed that all residents appeared comfortable and were well-dressed. Care was seen to be delivered according to the residents' preferences, for example, residents could get up or go to bed and take their breakfast in any area of the home and at a time of their choosing. Residents were offered choice regarding the food they ate and where they wished to eat their meals. Meals were seen to be well

presented and snacks available throughout the day.

Residents were observed to enjoy various activities scheduled on the day of the inspection. A team of activities staff provided activities tailored to the capabilities of residents living in the centre. Inspectors observed residents taking part in meditation in the dementia unit of the centre, whilst other residents enjoyed a lively game of bingo. Other activities on offer included arts and crafts, ball games and catching up with the daily news. During the inspection, inspectors observed that residents were encouraged to participate in activities in accordance with their interests and capacities and that those who required additional support to participate were provided with this by activities staff in attendance. Inspectors were told that some residents had enjoyed a trip to Howth, on the centres' mini-bus, for sea air and ice-creams the day before the inspection. Communal areas were seen to be decorated for the upcoming Halloween festivities. There was a library available with a wide range of books for residents to choose from.

Inspectors observed that there was great camaraderie between residents in some areas of the home. Residents told inspectors that they enjoyed sharing stories and had great fun together. Many of the residents spoken with were also highly complimentary of the staff, stating that they were kind, caring, very attentive and seemed to know everyone's likes and dislikes. Others said that they "loved it here and there was plenty to do". Another resident said that if they asked for help staff came quickly when called. Inspectors observed that resident and staff interactions to be friendly and respectful, and that staff were attentive but relaxed with residents. It was obvious that the staff and residents knew each other well.

Family and visitors said that there was very good care provided and that they were kept up-to-date with changes in care and that visiting was managed well. One family member told inspectors that their loved one said to them that it doesn't feel like a nursing home and that was why they loved living in Elm Green.

Residents who spoke with inspectors said that they would speak to staff if they had any concerns or complaints. One resident said that she had no reason to complain because the care was so good. They mentioned that senior nurses spoke to residents regularly to make sure that they are happy with their care and to deal with any requests. They said that they kept them up-to-date with any changes in the centre such as COVID-19 measures needed to keep them safe. Another resident spoke about staff being polite and well organised.

Feed back from a resident in a survey, stated that the management team were very open and always available for any need. In conversations with staff they were aware of how to respond to complaints and all said that if they couldn't deal with them they would bring it to senior management to resolve them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that residents received good care and support from staff that was person-centred in nature and facilitated them to enjoy activities of their choice on a daily basis. There was a well-organised management structure and good systems in place to support the residents' care. However, improvement was required with regard to information submitted in quarterly notifications to the regulator.

The provider had recently updated the statement of purpose to ensure that all relevant stakeholders were reflected and aligned with the services provided.

This was an unannounced inspection of Elm Green Nursing Home to review ongoing compliance with the regulations and following receipt of notice that receivers had been appointed. The centre is operated by Mowlam Health Care Services unlimited. There was a clear management structure and the responsibilities and the lines of authority of various personnel were evident. The structure was understood by staff who knew who they reported to. The person in charge was a qualified nurse with the experience and skills necessary for their role. They reported to the director of care services and the registered provider representative. They were also supported in their role by the assistant director of nursing (ADoN), four nurse managers, nurses, health care assistants, allied health professionals, administrative, catering, portering and maintenance staff.

There were systems in place to monitor the service, through a variety of committees and groups. They met regularly to review the quality and safety of services and care given. Clinical and non-clinical data were seen to be discussed at these meetings, such as care reviews, infection control, fire safety and incident and accident management, audits with responsible persons identified to action any improvements required. The emergency plan and COVID-19 preparedness self-assessment had been reviewed in September 2021 and contained the information to guide staff in the event of an outbreak.

The centre had experienced an outbreak of COVID-19 on 12 January 2021 and it was declared over on 7 March 2021. During the outbreak 38 residents and 25 staff contracted the COVID-19 virus and sadly 12 residents died. As part of their contingency plan, the provider had set aside six bedrooms on one corridor to manage any potential outbreak in the centre. This area was also used to isolate new admissions to the centre if required.

The provider had ensured that there was sufficient staff available to meet residents' assessed needs. Inspectors examined staff rosters for three weeks and found the planned rosters were updated with subsequent changes made as required by regulation. Management informed inspectors that staffing levels were kept under regular review to ensure the quality and safety of care given. Inspectors found that care staff were supervised in their day-to-day work by nursing staff and the nurse managers.

While the Chief Inspector had been notified by the person in charge, of incidents required under Regulation 31, they had not included all incidences when restrictive practice had been used.

At regular intervals care, services and policies were reviewed by management, the nursing staff and nurse managers. As a result, staff were clear about what was expected of them in their role and showed accountability for the quality of the care and services that they gave residents.

Records showed that all new staff who joined the service were appropriately inducted with professional development meetings seen to take place at one, three and six month intervals and then annually after that.

Approximately 20% of staff were overdue refresher training in fire safety, which was delayed due to difficulties in accessing a trainer. In response to this, the provider arranged for three staff to be trained as trainers to deliver fire safety training and refresher training was scheduled for the weeks after this inspection.

Training records showed that all staff had attended regular mandatory training in infection prevention and control. The person in charge was the trainer for safeguarding vulnerable adults from abuse, with an occupational therapist and a nurse manger were trainers in safe moving and handling. Two nurse managers were trainers in basic life support. A training schedule showed that number of staff were due refresher training in safeguarding, moving and handling training and basic life support. All staff were due to have completed mandatory training by the end of October 2021. Other examples of training available to staff were dementia care, medication management, responsive behaviour and oral care.

Insurance cover and contracts of care seen contained all the information required by the regulations. There was a low level of complaints received within the last year, where 3 were still open and two had been closed out. They were seen to be managed in line with the centres policy, with the outcome and satisfaction levels of the complainant recorded.

Residents were consulted with and their feedback on the service they received was valued by the provider and the person in charge. There was good evidence that residents' feedback was being used to improve the service, such as more outings into the community, an improved laundry tagging system and provision of portable computer tablets to enrich communication with families, especially with those who lived abroad. The annual review of the quality and safety of the service delivered to residents in 2020 was done in consultation with residents. The person in charge informed inspectors that they would be carrying out a satisfaction survey with families in the coming months and would use feedback in the next annual review.

## Regulation 15: Staffing

There were sufficient staff resources to meet the assessed clinical needs of



residents, having regard to the size and layout of the centre. Inspectors observed that at least five registered nurses were on duty at all times to oversee and ensure the clinical needs of the residents were met. Staffing levels were regularly reviewed to ensure this standard was met.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Records confirmed that a number of staff were not up-to-date with mandatory training. A schedule was in place detailing planned training dates in the weeks after the inspection. There was a comprehensive approach in place to manage the induction of new staff.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had the appropriate insurance to cover accidental injury to residents and against loss or damage to their property.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that care was appropriate and consistently and effectively monitored. Residents views were used to improve the quality of services and their lived experience. The annual report was available in the centre.

Judgment: Compliant

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

Four contracts of care were viewed and contained all the terms on which residents resided in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

This statement of purpose contained all of the information required by Schedule 1: Information to be included in the statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Improvement was required to include all incidences when restrictive practice was used, such as locked doors at the entrance to the building and between units, as required by Regulation 31.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy displayed in the designated centre which met the requirements of the regulations. Complaints were seen to be responded to in a timely fashion.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The required policies and procedures were in place. There was a system for updating these to ensure that they remained relevant and provided up-to-date guidance for staff.

Judgment: Compliant

## Quality and safety

Overall, there were examples of high quality care being provided to residents which ensured that they were well supported and encouraged to live a good life in the centre. However, improvements were required in the areas of managing behaviours that challenge, premises and infection control.

There was clear evidence of a person-centred ethos of care in this centre with residents' privacy and dignity respected. Inspectors reviewed a sample of care records, focusing on new admissions, fall risks, wound care and those displaying behaviours that challenge. Residents' needs were identified using a variety of accredited assessment tools, in areas such as falls, continence and nutritional requirements. Person-centred care plans were developed following these assessments to guide staff on how to support and care for residents. There was evidence of ongoing consultation with the residents and their families in relation to care plans, which were regularly reviewed and updated as required.

End of life care plans were developed in consultation with residents, their families and medical staff, to ensure that residents received appropriate care when they were approaching end of life. The sample of plans reviewed detailed residents wishes and preferences.

Residents had frequent access to members of the allied health and social care team including the GP occupational therapist, physiotherapist and gerontologist, and to dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. An occupational therapist was employed to work full time and a physiotherapist worked 20 hours per week in the centre, which ensured there was no delay in residents being reviewed. The provider ensured that those residents who had a medical card were able to access services that they were entitled to without paying costs. Eligible residents were also supported by the provider to access national screening services.

A restraint-free environment was promoted in the centre. Inspectors saw that person in charge and staff actively sought ways to reduce restrictive practices by trialling alternatives to their use. A comprehensive restraint register was maintained, which a multi-disciplinary team met regularly to review. Inspectors observed that residents who presented with responsive behaviours had behavioural assessments and care plans in place, which detailed appropriate positive behavioural supports to meet their needs. Staff spoken with were knowledgeable of these supports and were observed to action them when required. However, at the time of the inspection, inspectors were not provided with evidence that residents, or where appropriate their families, had provided signed consent on the use of restraint. Some improvements were also required as the centre had environmental restraints in place which prevented residents from moving without hindrance within the centre which had not been acknowledged and assessed as a restrictive measure. The person in charge committed to addressing these issues immediately.

Residents' rights and dignity were respected, and residents were supported to choose how they lived their lives within the designated centre. There was a programme of activities available to residents Monday to Friday, which residents told inspectors they enjoyed participating in. Inspectors were told that weekend staff

provided recreational opportunities for residents on Saturdays and Sundays. Residents' views were gathered through regular residents' meetings and satisfaction surveys, and they had access to advocacy and voting services.

The provider had arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and the appropriate steps to take should a concern arise. Staff were clear about their role in protecting residents from abuse and confirmed that they were familiar with the centres safeguarding policy. Residents spoken with said that they felt safe and well cared for within the centre.

Residents were satisfied with arrangements in place for laundering and the storage of their clothing and personal possessions. All bedrooms provided adequate wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available in residents' bedrooms if they wished to use it to store their valuables. The provider did not act as a pension agent or hold petty cash for any resident living in the centre.

The risk management policy met the requirements of the regulation. There were associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. There was a risk register in the centre which covered a range of risks and appropriate controls for these risks.

Effective infection prevention and control strategies had been implemented in the centre. These included the use of transmission-based precautions, such as the use of personal protective equipment (PPE), when caring for residents and the monitoring of visitors, staff and residents for signs of COVID-19 infection. A COVID-19 vaccination programme for both residents and staff had been organised, with a high uptake of the vaccine amongst residents and staff. The person in charge had also organised an influenza vaccination programme with the GP, with delivery of the influenza vaccine expected the day following this inspection.

While there was evidence of good infection prevention and control practice in the centre, inspectors observed some areas that required improvement such as inappropriate storage of personal hygiene items, and refresher training in hand hygiene and maintenance of surfaces to ensure effective cleaning. This is detailed under Regulation 27: Infection Control.

Infection prevention and control measures were in place which allowed residents to receive visitors safely. Inspectors found that the person in charge ensured that the up to date guidance from the Health Protection Surveillance Centre was being followed and was communicated to residents and families. There was sufficient space for residents to meet visitors in private within the designated centre.

## Regulation 11: Visits

Visiting was facilitated in many areas in the centre and was seen to be well managed in line with national guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control of their personal possessions. Laundry services were provided to residents and this service was seen to be well-organised.

Judgment: Compliant

### Regulation 13: End of life

Care plans were in place detailing residents wishes in relation to their physical, social, and spiritual needs at end of life. There was evidence that residents were consulted when developing these plans, and where appropriate family members were consulted.

Judgment: Compliant

### Regulation 17: Premises

Improvements were required to ensure residents' safety living in the centre:

- There was inappropriate storage of residents' equipment under and at the top of stairwells, such as hoists and chairs. This practice could prevent the effective evacuation of residents in the event of a fire.
- Oxygen cylinders were not stored securely in clinical treatment rooms, to prevent them from falling over.
- The lock on one shared bathroom door prevented residents from easily accessing the bathroom.
- Two communal day rooms were in need of repainting in order to provide a comfortable environment for residents to enjoy.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy in place which included a process for hazard identification and assessment of risks throughout the designated centre. Staff were aware of risks that could impact on resident safety and there was a good appreciation among staff with regard to clinical and operational risks.

Judgment: Compliant

### Regulation 27: Infection control

The following issues, important to good infection prevention and control practices, required improvement:

- Damaged paintwork could not be effectively cleaned and decontaminated.
- Inappropriate storage could lead to a risk of cross contamination. For example, incontinence wear stored out of packets and residents' personal hygiene products stored in a shared bathroom and on open trolleys.
- A number of staff were observed to adhere to poor hand hygiene practices, by wearing watches and one was observed to wear a stoned ring.
- The clinical hand hygiene sinks in the centre did not meet the national standards.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' care, medical and social needs and on admission care plans were developed to reflect the assessed needs. All care plans reviewed were personalised and contained detailed information specific to the individual needs of the residents.

Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care was provided. Residents' had access to their GP who visited the centre twice each week or as required. Residents had a medical review completed on a four monthly basis.

Referrals were made to health and social care professionals with timely access for residents to these services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a comprehensive restraint register maintained in the designated centre. However, inspectors were not provided with evidence that residents, or where appropriate their families, had provided signed consent on the use of restraint.

Inspectors also observed that not all environmental restraints were documented in the restraint register. For example, the register did not include information on residents being unable to freely move throughout the centre without the assistance of staff, due to doors being key pad locked.

Judgment: Substantially compliant

### Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Staff spoken with demonstrated their knowledge of what constituted abuse and of the steps to be taken in the event of a suspected or confirmed incident of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' meetings took place regularly and empowered residents to give their views on the running of the home. There was an advocacy service available to residents. There was evidence that communication with families was encouraged and facilitated by staff.

Staff made good efforts to ensure residents had meaningful daily activities that they could participate in. Residents were supported to exercise their civil, political and religious rights while living in the centre and had access to radio, television,

newspapers and to the internet.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Elm Green Nursing Home OSV-0000133

Inspection ID: MON-0034312

Date of inspection: 23/09/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff training in fire safety had been delayed due to difficulties in accessing a trainer, but this has now been resolved and all staff have received training since the time of the inspection.</p> <p>The staff members that were due to undertake refresher training in safeguarding, moving and handling training and basic life support have completed these training programmes.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable incidents will be notified to the Authority within the appropriate timeframes, including all incidences when restrictive practices are used.</p> <p>Access controlled locked doors, which are now included in the Risk Register, will also be notified in the quarterly NF39 notifications, in accordance with Regulation 31.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The storage of residents' equipment under and at the top of stairwells has been addressed with all staff members and the equipment has been removed. These areas are free of storage in order to ensure effective evacuation of residents in the event of a fire. Fire safety checks and safety audits are completed and monitored by the management team, and findings are discussed in depth at monthly staff meetings and also mentioned at daily handover meetings.</li> <li>• Oxygen cylinders have been stored securely in the clinical treatment rooms, by the use of locked chains to prevent them from falling over.</li> <li>• The lock that was in place on the one shared bathroom door at the time of the inspection has been removed, allowing residents ease of access to the bathroom at all times.</li> <li>• A review of the premises to identify areas requiring repainting will be completed and a programme of repainting will be scheduled in order to provide a comfortable environment for residents to enjoy.</li> </ul>	
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>• A review of the premises to identify areas requiring repainting will be completed and necessary repainting will be scheduled to ensure that all surfaces can be effectively cleaned and decontaminated, in line with Infection Prevention and Control procedures.</li> <li>• Storage of residents' personal hygiene products and incontinence wear has been reviewed and all are now stored in individual residents' bedrooms/bathrooms. All staff have been reminded of the importance of correct storage of items to eliminate the risk of cross contamination.</li> <li>• All staff have attended Infection Prevention and Control training, which includes refresher training in hand hygiene practices. Hand hygiene audits are routinely conducted and reviewed by the Person in Charge/Assistant Director of Nursing regular spot checks will be carried out to ensure staff are complying with necessary infection control precautions. All staff have also been reminded of the Education and Practice of Hand Hygiene Techniques Policy (CE-008) and the Uniform and Dress Code Policy (CE-012), which outlines that staff working in the clinical environment shall not wear jewellery while on duty at the nursing home, except for plain wedding bands where relevant.</li> <li>• The clinical hand hygiene sinks in the centre are to be reviewed and a plan will be developed to ensure compliance with the national standards.</li> </ul>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• The use of restraint is discussed at the Multi Disciplinary Team meetings, which includes the resident and/or residents' representatives (where applicable), General Practitioner (GP), Clinical Nurse Mangers (CNMs), Staff Nurse (S/N), Healthcare Assistant (HCA), Psychiatry Nurse Consultant (where appropriate), and the outcome is discussed with the residents' families. The Risk Assessment Form regarding the use of restraint has been amended to include the consent and signature of the resident/resident's representative as relevant.</li> <li>• Following the recent inspection, the risk register has been reviewed and updated to include environmental restraints, such as the access controlled doors and the need for residents to have staff assistance to access or leave the unit due to the key pad locks.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2021
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	30/06/2022
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	30/06/2022

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/12/2021