



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

Issued by the Chief Inspector

Name of designated centre:	Elm Hall Nursing Home
Name of provider:	Springwood Nursing Homes Limited
Address of centre:	Elm Hall Nursing Home, Loughlinstown Road, Celbridge, Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2020
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0031191

About the designated centre

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

Elm Hall Nursing Home is a purpose built nursing home close to the village of Celbridge and is approximately 15 minutes from west Dublin. The centre can accommodate 62 residents, both male and female and primarily over the age of 55. The centre provides a wide range of 24-hour nursing care services to residents, including long term nursing care, palliative care and convalescent and respite care.

There are 58 single and two twin bedrooms in the centre, all of which have en-suite facilities. Communal space is also available to residents and includes day rooms, dining rooms and quiet rooms. The centre is designed and operated to ensure every comfort is afforded to residents. The centre endeavours to provide a high quality of nursing care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 November 2020	09:00hrs to 18:00hrs	Deirdre O'Hara	Lead
Wednesday 25 November 2020	09:00hrs to 18:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Many of the walls on the corridors had artwork produced by the residents and had focal points of interest for residents, this added to the homely, person-centred atmosphere in the centre.

Communal space was seen to be plentiful and well lit. The main hub was a large sitting room area and the activity room. In addition there was other smaller seating areas for residents who wanted a quieter environment; a comfortable lobby, an oratory for quiet reflection, and an external smoking area located in the garden. The residents had access to a large enclosed well-kept garden with a selection of seating. The provider had hired a large marquee which was located in the garden to facilitate visiting. It was used when public health restrictions were at level three and below and residents said they looked forward to be able to use it again in the coming weeks.

The dining room was accessible and well decorated with clear arrangements in place to facilitate social distancing at mealtimes. Residents also dined in their bedrooms if they chose to. Residents told inspectors that they were happy with their rooms and could bring personal items into their rooms if they wished.

Residents were positive about the support provided by staff and were appreciative of the work they did to keep them safe. The inspectors observed good communication and gentle supportive approaches to residents throughout the centre. Residents confirmed they felt safe, and staff knowledge showed they knew the policy and procedure to ensure residents were safeguarded in the centre.

Residents confirmed that they did not have any complaints but if they did, that they knew they could make a complaint or raise issues of dissatisfaction. They said that if they had a concern or complaint they were immediately acted on.

The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well and chatted with residents as they went about their day. This contributed to the calm atmosphere in the centre.

Residents who spoke with the inspector has a lot of praise for the staff and described them as being marvellous, kind and caring. They said that staff were always at hand to help them if they needed and that bells were answered quickly. Another resident said that staff knew what each resident's particular likes and dislikes were and could anticipate resident's needs.

When the inspector spoke with residents about how the restrictions on visiting were affecting them, they said that it was very hard as they were used to regular visits from family and were happy to have window visits facilitated over the last number of weeks. They understood that these measures were in place to keep them

safe.

Food was seen to be well presented and residents said that when they had first come to live in the centre that they did not like the food but this had been addressed by the provider and they had plenty of choice now and were looking forward to new menus coming out soon.

Inspectors observed plenty of opportunity for social activities and recreation on the day of inspection, including singing and 1:1 activities for those who did not want to join in a group activity.

Capacity and capability

This was a short notice announced inspection with the provider informed the day prior to the inspection visit. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to give the provider an opportunity to have documents and records ready and available for the inspector to review.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an Outbreak Control Team, where the person in charge was identified as the lead person should an outbreak occur. The registered provider had a clear pathway in place for testing and receiving results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively.

The person in charge have taken the necessary steps in relation to restricting visiting as part of COVID-19 preventative measures. Visiting had been restricted in line with public health measures. Information pertaining to this was displayed on the door of the centre. Families were facilitated to visit on compassionate grounds, such as at end of life.

Residents said that they were provided with updates about the pandemic by staff. Due to the COVID-19 pandemic, social media and telephones was used to help residents maintain contact with their families and each other.

Inspectors observed high levels of staff morale and resilience and staff were cheerful, and worked to ensure that the residents' new routines were aligned with the current infection and prevention control guidance and that residents were reassured and supported during this time.

There were sufficient staff and resources available to provide a good standard of care, where the provider and person in charge were seen to be well known to staff and residents. Staff were provided with the required training to care for resident's needs.

Regular meetings were held by senior management along with the recent formation of a clinical governance committee, to enhance the quality and monitoring of care given. This was supported by a consultant geriatrician.

Complaints were seen to be managed in line with the centres own complaints procedures which was displayed prominently in the centre.

Regulation 15: Staffing

There were sufficient staff to meet residents' assessed needs. A range of staff were seen to be in the centre including the management team, a clinical nurse manager (CNM), registered nurses, healthcare assistants, activity staff, cleaning and catering staff. There were also reception and an administration staff available in the designated centre.

Rosters showed there were always at least two nurses on duty. Staff were supervised in their work by the CNM and nurses.

Recruitment had taken place for a kitchen manager to enhance catering arrangements and develop the menus offered to residents.

Staff files viewed contained all information required under Schedule 2, which included vetting disclosures in accordance with the National Vetting Bureau by An Garda Síochána (police).

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records in the centre and found that all staff had received training in infection prevention and control which included hand hygiene, donning and doffing (putting on and taking off) personal protective equipment (PPE).

All staff had received up-to-date training in safeguarding vulnerable adults, fire safety, moving and handling. Records showed that refresher training was scheduled to take place next year.

Other training available to staff were venepuncture, wound management, rights based approach, use of restraint and decision making. Three staff were trained to take swabs for the detection of COVID-19 infection.

Judgment: Compliant

Regulation 23: Governance and management

Elm Hall is owned and managed by the Springwood Nursing Homes Limited. Prior to the COVID-19 pandemic, the centre had a generally good level of compliance identified during inspection in 2018. Following this inspection the provider submitted plans to the Chief Inspector setting out how they would address the issues identified, and showed a willingness to make improvements. However some areas with regard to infection control still required improvement.

The registered provider representative, the person in charge, an assistant director of nursing and two nurse managers actively participated in the management of the centre. The changes in routine due to COVID -19 and why they were necessary were explained to residents and the person in charge said that the majority of residents understood the precautions and restrictions. Resident wishes in relation to their health and care had been established, essential visiting was facilitated and necessary steps were taken to maintain contact with friends and family.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19 which was updated on 18 August 2020.

There were systems in place to monitor the service, however there were gaps identified during the inspection which were not identified in the infection control audit tool being used to give the provider assurances that best practice was in place and was effective. Inspectors identified scope to broaden the current auditing programme to include other aspects of infection prevention and control such as environmental hygiene and hand hygiene facilities. This is discussed further in Regulation 27: Infection Control. The person in charge assured inspectors they planned to include infection control audit findings for discussion at management meetings in the future.

The provider had undertaken a staff survey which showed that staff felt well supported by management and they were given all the information that they needed to care for residents, they reported that they learnt about COVID-19 as it progressed and were satisfied with the PPE provided. They stated that they worked well together as part of a team. This was confirmed in conversations staff had with inspectors. Discussion with the person in charge showed there was on-going information sharing with staff regarding Health Protection Surveillance Centre guidance.

The annual review for the quality and safety of care was available and was prepared in consultation with residents and family. The inspector was assured that a satisfaction survey would take place before the end of this year and feedback from this would assist in future planning for the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and available to residents. It was displayed in communal areas and the reception. The complaints log was available, and records contained the details required. There was evidence that the outcome of complaints were documented and this included the complainant's level of satisfaction with the result.

Staff were familiar with the complaints process and residents reported feeling comfortable with speaking to any staff member if they had a concern. Complaints were also discussed at resident meetings to assist in improving the service provided. All residents who met inspectors throughout the inspection confirmed high levels of satisfaction with the service.

Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Some improvements required were identified within care plans and infection control.

The centre was found to be homely, well-laid out and well furnished. It had suitable communal areas for the number of residents and their assessed needs. Communal spaces such as dining and lounge areas on the ground floor and first floor were spacious and bright. To reduce the risk of an outbreak of COVID-19, the centre had grouped residents into small pods based on their friendships and similar activity interests within the centre. Inspectors observed the centre to have a calm relaxed energy within these communal spaces on the day of inspection, with residents socialising, within their pods, with each other and staff. Residents were encouraged to go for daily walks and sit outdoors weather permitting.

Residents' health care and nursing needs were met to a good standard with arrangements in place for assessment and care planning. However, care plans were not always reviewed and improvements were required to ensure reviews were completed within the appropriate time frames. Improvements were also required to ensure that the knowledge staff had of residents was incorporated into the care plans to ensure continuity of care. Care records showed that residents had timely and satisfactory access to medical services and allied health and community care professionals. The centre was on two floors with residents' accommodation on both floors. Residents were accommodated with 58 single rooms and two twin rooms. Residents confirmed that they were happy with their rooms and that the

accommodation met their needs.

Observations made by inspectors showed that alcohol based hand rub, and PPE supplies were available. Information posters to support practices were clearly displayed throughout the centre to ensure social distancing and correct usage of PPE and hand hygiene measures were followed. While infection prevention and control processes and procedures were in place and the centre was generally clean, there were areas identified which required review. These are discussed in detail under regulation 27:Infection Control.

The provider ensured that residents were safeguarded from abuse and staff had up to date training and knowledge relating to safeguarding.

Regulation 26: Risk management

The registered provider had ensured that the risk management policy and safety statement had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. Risk assessments with regard to abuse, unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and violence and self-harm, outlined the measures and actions in place to guide staff.

The COVID-19 contingency plan was informed by a comprehensive risk assessment. The risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. They were subject to ongoing monitoring to ensure their effectiveness. The provider had planned an emergency outbreak drill for the day of inspection but was postponed until the following day.

Judgment: Compliant

Regulation 27: Infection control

Records showed that there were formalised arrangements in place to manage a potential COVID-19 outbreak in the centre. The centre had experienced and outbreak of COVID-19 on 3 April which closed on 28 May 2020. Eighteen Residents and 15 staff contracted the virus and sadly eight residents died. There were no other detected resident or staff cases since then. There was an outbreak report prepared after the COVID-19 outbreak in May 2020, which included a review of the outbreak, a staff survey and any lessons learned for future practice.

The Health Protection Surveillance Centre "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance was available in the

centre.

There were systems in place for on-going monitoring of residents to identify signs or symptoms of COVID-19 however there were gaps seen in staff monitoring records. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use.

There were infection prevention and control signs on display on bedroom doors, to ensure that in the event of a resident being isolated because of COVID-19, staff were aware of the infection prevention and control precautions needed when caring for residents. Clinical waste bins were situated outside bedroom door of residents who were isolating, which did not align with best practice, this was addressed on the day of inspection.

Signage, instructional information and education material in relation to infection control was available in the centre.

Social distancing measures were observed by staff when they were on break and large number of residents were dining in their room following public health advice. The provider had put in place a 'pod' system where residents who enjoyed each other's company and had similar interests were grouped together for activities and dining. This was in place to protect residents and was an example of good practice.

While there was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift, staff were seen to wear stoned rings and a wrist watch which did not align with national hand hygiene guidelines or the centres own policy.

There were systems in place to ensure appropriate PPE was available in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Hand hygiene practice and correct use of PPE was good on the day of inspection. Alcohol based hand rub was available throughout the building and easily accessible at the point of care.

There were safe laundry and waste management arrangements in place. Clean and dirty laundry were separated and staff were knowledgeable about infection prevention and control measures required. Records showed that bedpan washers were regularly serviced and a legionella management system was in place.

There were cleaning processes in place which were documented in cleaning sign off sheets for rooms and frequently touched surfaces. While there were terminal cleaning checklists available to guide staff when a resident had left a bedroom and would not return, cleaning staff were not aware of them. Refresher training was required with regard to processes to ensure that spray bottles were emptied,

washed out and allowed to air dry at the end of each cleaning session. There were records kept of patient equipment cleaning schedules by nurses and cleaning staff.

Records showed that the temperature of one medication fridge was not maintained at the correct temperature on a number of occasions, this had not been reported by staff for repair. The provider disposed of fridge contents on the day of inspection and arrangements were made to install a new fridge.

A seasonal influenza flu vaccination programme had commenced and was available to both residents and staff. Further vaccination sessions were scheduled for the day following inspection.

Other findings on the day of inspection identified the following areas for improvement:

- A number of bins were not hands free which could lead to cross contamination.
- The provision of janitorial units in cleaners rooms was required, to facilitate hand washing and prevent cross contamination of cleaning equipment as cleaning staff were disposing cleaning liquids in the sluice rooms.
- A splash back was required behind the hand hygiene sink in the laundry room to facilitate cleaning.
- The provision of flushing sluice hoppers was required to dispose of bodily fluids in sluice rooms.
- There were gaps in practice in the re-use of single use dressings and an insulin pen was not labelled correctly.
- Clean linen and continence wear were stored on open trollies on a corridor. This practice could lead to cross infection in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans focusing on residents who were at risk of losing weight, residents who were high risk of falls, newly admitted residents, residents with COVID-19, residents with wound care and continence care plans.

Care plans were maintained on a password protected computerised system and there was documentation available for all residents. Care plans reviewed were person centred in detail and were accompanied by relevant risk assessments. Assessments completed guided care plan interventions including appropriate referrals to medical and allied health professionals.

Improvements were required in formal reviewing of care plans, a number of care plans reviewed had not been reviewed at four monthly intervals and some care plans were not completed within 48 hours of the residents' admission.

Inspectors observed insufficient detail in care plans to inform staff about each resident's care, such as gaps within documentation for new admissions to include the date by which the resident would be out of isolation.

Residents told inspectors that they were happy with the care they received. Inspectors observed staff supporting residents in a timely fashion and with dignity and respect, throughout the day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate medical and allied healthcare support to meet their needs.

The centres general practitioner visited the centre once a week. In addition the centre also had support from a geriatrician who visited the centre weekly.

Community services were accessible to residents via referral processes and records showed that referrals were made. There was evidence seen that where allied health care services were engaged such as dietitians and tissue viability nurses, that their guidance and treatment recommendations were updated in resident care plans.

Documentation showed that the centre had ensured that residents had access to a range of allied health professionals, this included physiotherapy, dental services, optical, a mobile medical diagnostic service to fulfil x-rays and an occupational therapist. Residents were also supported to access national screening programmes.

Judgment: Compliant

Regulation 8: Protection

The centre had an up to date safeguarding vulnerable adult's policy and a review of the centres training matrix outlined that staff had attended training in safeguarding of vulnerable adults. Staff interviewed were able to identify and respond to alleged, suspected or actual incidents of abuse. Staff told inspectors that they would report safeguarding concerns immediately to managers.

Residents had free access and movement between floors and to the garden.

Residents who presented with responsive behaviours were supported with dedicated care plans that outlined the behaviours displayed, known triggers and effective de-escalation techniques. Where psychotropic medication was charted as required, this

was followed up with consultation and review with the centres geriatrician.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that residents' rights were upheld with residents exercising choice within the centre. Documents recorded residents' views relating to a new partnership to enhance the menu and food offerings for the centre. Residents' took part in sampling and trialling some food options. Inspectors also reviewed care plans on maintaining residents' rights.

Interactions between staff and residents were kind and respectful with staff supporting residents in an unhurried fashion. Residents were observed to mobilise independently and were supported to spend time with staff in the internal courtyard.

There were two members of staff allocated to activities within the centre. Residents were facilitated with activities in a person-centred and individual manner and were seen to be enjoying the activities on the day of inspection. Inspectors observed group activities taking place within the lounge areas which were facilitated within pods of five residents to reflect who residents enjoyed spending their time with. Residents were also facilitated on a 1:1 basis with activities such as crosswords or games on the centres magic table.

Records showed that residents were facilitated to remain up to date on relevant guidance relating to COVID-19 including signs and symptoms and the visiting restrictions for the different Government Framework levels.

Residents were supported to remain in contact with loved ones through sending and receiving post, phone and video calls. Inspectors observed video calls to be taking place on the day of inspection.

Residents' committee meetings took place every quarter and minutes of meetings were seen. There was a weekly activities calendar displayed for residents. The activity staff within the centre were also bringing in new initiatives such as Christmas letters for the residents from local schools and Montessori's and a personalised individualised newsletter for each resident from their family members.

Judgment: Compliant

Regulation 13: End of life

End of life care plans were reviewed and met the requirements of the regulations.

Care plans showed that residents were consulted with and given an opportunity to express their wishes and preferences regarding their end of life. Staff spoke with residents relatives to obtain information on their loved ones preferences and wishes where residents were unable to share this information.

The centres GP was also seen to have reviewed residents end of life care plans. There was a document in place that staff followed to ensure that staff were aware of each resident's wishes and preferences.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: End of life	Compliant

Compliance Plan for Elm Hall Nursing Home OSV-0000034

Inspection ID: MON-0031191

Date of inspection: 25/11/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A new schedule of Infection Prevention and Control Audits has been commenced by our IPC Link Nurses and Support Services Supervisor to identify, measure and action the day to day practical application of IPC measures under three core areas: Covid-19 Management and Prevention, Hand Hygiene and safe use of PPE, Environmental Hygiene. The team will audit each of these key areas on a monthly basis commencing in January 2021 and results will be reported monthly to the management team for review and action and learnings shared with the wider team. 	
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"> • Clinical Waste Bins provided for doffing of PPE have all been relocated to inside the bedroom area and updated guidance has been issued to all staff as of 26th November 2020. • A 'Bare below Elbows' Policy is in effect for all staff with guidance provided to all members of the team on it's implementation as of 26th November 2020. Adherence will be monitored by the Hand Hygiene and PPE Audit in addition to supervision from line managers on an ongoing basis. • Refresher training has been given to all household and cleaning staff in relation to terminal cleaning documentation and the procedures for washing and air drying cleaning spray bottles by the Support Services Supervisor on the 02/12/2020. Adherence to these procedures will be measured by the Environment Hygiene audit process in addition to 	

ongoing supervision by the Support Services Supervisor.

- The fridge identified in the course of the inspection was replaced by our partner pharmacy provider on 3rd of December 2020. A smart temperature data logger is now in place and records the fridge temperature every 15 minutes and transmits the readings instantly to an online monitoring system, any reading outside of the required 2-8 degree's Celsius results in a notification to the Nurse in Charge and Person in charge for immediate action to resolve any anomalous readings.
- Any bins which are not foot pedal operated have been modified or replaced as of 7th December to ensure staff can dispose of waste without contacting the bin lid or surfaces.
- Refresher training has been given to all nursing staff on the subject of single use items and dressings as of 02/12/2020 and adherence to these measures is being monitored daily by Clinical Nurse Managers.
- Insulin pens are labelled on the outer package and on each individual pen within the outer package as of 02/12/2020, adherence to this measure will be monitored on monthly medication storage audits.
- As of the 21st of December 2020, all incontinence wear within the centre is allocated on arrival to the resident and stored in a designated storage within their bedroom eliminating the risk of cross contamination from storage on open trolleys. Adherence to this process will be measured by means of the monthly Environmental Hygiene Audit.
- The provider has developed a costed capital improvement expenditure plan to enhance IPC measures by carrying out the following works which will be completed on or before 31st March 2021:
 - o Installation of a splashback to the sink in Laundry area
 - o Installation of a janitorial unit to the cleaners store room
 - o Installation of flushing sluice hoppers in sluice rooms
 - o Provision of covered trolleys for storage and transport of clean linen

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A revised monitoring and audit system for Care Planning and Assessment is in place from 02/12/2020 to identify on a weekly basis any care plans, assessments or measurements that are approaching their review date to ensure that this documentation is reviewed within the required 4 monthly timeframe at all times. The Clinical Nurse Managers will provide a report on a monthly basis to the management team on the status of these documentation reviews.
- The revised monitoring and audit system for Care Planning and Assessment implemented from 02/12/20 shall also identify and ensure that new residents have a comprehensive care plan prepared within a maximum of 48 hours of the residents admission to the centre.
- Our Covid-19 Management Care Plans have been amended to record the specific date that a resident being cared for in isolation is expected to have those isolation measures

discontinued.

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 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	12/01/2021
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	31/03/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	02/12/2020

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/12/2020