



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Greenhill Nursing Home
Name of provider:	Saivikasdál Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0035451

About the designated centre

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

Greenhill Nursing Home is situated in a residential area approximately half a mile from the centre of Carrick-on Suir on the main Waterford road. Local amenities are all within easy access of the centre. The registered provider of the centre is Saivikasdal Ltd and Greenhills Nursing Home is purpose-built and residents' accommodation comprises of single bedrooms and one twin bedroom, most with en suite facilities. The layout of the centre comprises of three wings, each with it's own large day room. Day rooms are arranged with a comfortable lounge area and a dining area. The main dining room is located by the main reception, this is a large room with views of the enclosed landscaped garden. Residents have access to the garden via many exits. The garden has walkways, seating areas, a smoking shelter, raised flower and vegetable beds for residents' enjoyment. Greenhills Nursing Home provides accommodation for 55 residents. The centre employs approximately 49 staff and full-time nursing care is provided for both male and female residents with low to maximum dependency. It caters for long-term care, convalescence care and for people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Wednesday 30 March 2022	09:30hrs to 18:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, residents spoken with by the inspector provided positive feedback about the care they received and services provided in the centre.

The inspector arrived unannounced to the centre. Necessary infection prevention and control precautions, such as recording body temperature were completed on arrival. After an opening meeting with the assistant director of nursing (ADON) and one of the directors, the inspector was accompanied on a tour of the centre by the ADON.

Greenhill nursing home is a single storey facility located in a residential area in the town of Carrick-on-Suir. The centre has capacity to accommodate fifty five residents in fifty three single rooms and one twin room. Forty of the single rooms and the twin room have full en suite shower and toilet facilities and thirteen of the bedrooms have a wash hand basin only in the room. There are adequate communal toilet and shower facilities for these residents. On the day of the inspection there were 52 residents in the centre.

Operationally, the centre is made up of three distinct wings, A, B, and C wing. Each wing has their own day/dining room. The inspector observed the centre to be appropriately furnished and decorated with pictures and ornaments throughout. While the centre was generally clean throughout, some areas were in need of painting as there was scuffed paintwork on walls, doors and skirting boards.

There was appropriate directional signage to assist residents with cognitive difficulties to find areas of the centre and residents' bedrooms had names of residents and an appropriate picture guiding them to their room. Overall residents were complimentary about the centre.

The inspector saw that there were residents in each of the sitting rooms and there were activities underway throughout the day. Residents in the sitting room of B wing were participating in a ball game being facilitated by an activity coordinator. Residents in C wing were chatting with a member of staff and it was clear that residents were actively engaged in the conversation. Residents were offered cups of tea throughout the morning. Later in the morning, residents in the sitting room of A wing were participating in a quiz. The quiz was loosely based on the history and geography of the town and it prompted residents to reminisce about events in their past.

Residents had ready access to an enclosed garden that tastefully landscaped and had seating and walkways for residents' use. The garden was home to a bird table and a cat house, as the centre had their own cats. Residents told the inspector that they were free to access the garden, which was very important when the weather was nice. This was supported by the observations of the inspector as residents were

seen to come and go to the garden throughout the day.

On the walk about of the centre the inspector observed a friendly, relaxed and calm atmosphere throughout. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

Bedrooms were clean and bright and most were furnished with personal items, such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings in wardrobes and chest of drawers.

Staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents said that staff were quick at answering their call bells and they were always respectful in their interactions. Residents said they felt safe living in the centre and that their rooms were cleaned daily and maintained tidy by staff.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that residents were in receipt of a high standard of care by staff that were responsive to their needs. Some improvements were required in relation to the appointment of a person in charge to meet regulatory requirements and in personnel records.

Greenhill Nursing Home is operated by Saivikasdal Ltd, a company comprising two directors. There is a clearly defined management structure in place. Both directors are medical staff and are engaged in the day to day operation of the centre. The person in charge is on an extended period of absence and the assistant director of nursing (ADON) is responsible for the day to day operation of the centre but is in regular contact with the directors. While the ADON is an experienced nurse and manager, she does not meet the requirements of the regulations in terms of having a management qualification. The inspector was informed by the director that the ADON is currently undertaking a management course that will be completed sometime in May 2022. Due to the absence of a person in charge that meets regulatory requirements a process of escalation had commenced. A notice of proposal has been issued to the provider to attach a condition to the registration of the centre requiring the appointment of a person in charge that meets the

requirements of regulation 14 by 24 April 2022.

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been satisfactorily addressed. Lines of authority and accountability, and roles and responsibilities were understood by all staff. There were systems in place to monitor the service. A schedule of audits was completed in areas such as infection prevention and control, falls, nutrition and care plans. The ADON and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and the provision of staff training.

The inspector reviewed audits completed in areas such as infection control, medication management, falls prevention, care planning and restraint. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. Management received feedback from residents and relatives via the resident's forum and surveys. Communication with residents and relatives was enhanced through the commencement of a quarterly residents' newsletter. The management team had completed an annual review of the quality and safety of care delivered to residents for 2021. There was an associated quality improvement plan for the years 2021/2022. There was a comprehensive preparedness plan in place in the case of an outbreak of COVID-19 and there was evidence of an ongoing review and updating of the plan in response to changes in the guidance from the HPSC and HSE. The centre had been subject to an outbreak of COVID-19 in March 2022 and while all residents had completed their isolation period the outbreak would not be officially declared over until the day after this inspection.

The arrangements for the review of incidents within the centre had continued and the inspector noted that there were robust arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. While there was generally good evidence from staff files that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities, some curriculum vitae contained gaps in employment for which a satisfactory explanation was not recorded. Garda vetting disclosures were in place for all staff and employment references were verified.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the care needs of the current residents living in the centre. However, as a result of the outbreak of COVID-19, a member of the laundry staff was also delegated cleaning duties in an effort to have separate cleaning staff in each wing. As there was no clear segregation of laundry and cleaning duties throughout the shift, this posed a risk of cross contamination. This is addressed under Regulation 27 of this report. Staff reported it to be a good place to work, there was low staff turnover and staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively.

There was a training matrix in place which detailed a comprehensive programme of training for staff. Staff were facilitated to attend training in areas such as

safeguarding residents from abuse, fire safety training, moving and handling, infection prevention and control and responsive behaviour.

Regulation 14: Persons in charge

The assistant director of nursing had recently been appointed in an acting capacity to cover for the extended absence of the person in charge. The person was an experienced nurse and manager and had the required experience in care of the older person and in management. The person had enrolled in a management training programme, however, on the day of the inspection they did not have a management qualification as required by the regulations.

Judgment: Not compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. All staff had also completed training in responsive behaviour. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were supervised in their roles by the acting director of nursing.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A review of a sample of four personnel records found that three files did not contain a full employment history as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

There was a comprehensive preparedness plan in place in the case of an outbreak of COVID-19.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services to be provided, the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the complaints officer and the complaints process. The policy included an independent appeals process. The procedure for making a complaint was on display. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly. A review of the complaints log indicated that complaints a small number of complaints were recorded. These were investigated and required improvements, if any, were put in place in response to complaints.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a high standard of care by staff that were responsive to their needs. Some improvements were required in relation to fire safety, infection control and staff knowledge of what constituted abuse.

The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be predominantly person-centred and were updated either four monthly or more frequently when there were any changes to the residents care or condition. A process was underway of implementing new care plans for all residents to ensure that care needs were more easily identified.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability, as requested by residents or as required

All residents spoken with were complimentary of staff, and of the care they provided. Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held regularly. Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have. Residents were assisted to get up in the morning at a time of their choosing. Residents were aware of their rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed.

Measures were in place to protect residents from being harmed or suffering abuse.

Staff had completed training in adult protection. The inspector reviewed the investigation record of an allegation of abuse. Appropriate measures were taken by management to protect the resident as soon as they became aware of the allegation. A review of the record, however, indicated that not all staff recognised what may constitute abuse. The provider was requested to review staff training to ensure that it was effective.

While there was a positive focus on fire safety, some improvements were required. Fire drills were conducted on an almost monthly basis. However, records of the drills did not provide adequate detail of the scenario simulated. Additionally, fire drills were not used to ascertain whether or not staffing levels were adequate to ensure that all residents in a compartment could be evacuated in a timely manner, taking into account the number of residents that required to use of assistive equipment to aid in the evacuation process. There was also a need to ensure that all equipment had preventive maintenance conducted at the recommended frequency. There were regular safety checks to ensure that equipment was functioning and to ensure fire evacuation routes were free from obstruction. Residents' support needs were clearly documented in their personal emergency evacuations plans (PEEPs), which were updated regularly.

Generally staff demonstrated good practices in relation to infection prevention and control. Improvements, however, were required in relation to segregating cleaning and laundry duties. The centre was at the end of an outbreak of COVID-19 on the day of the inspection. Prior to the inspection, the inspector got updates on a regular basis on the status of the outbreak. Management and staff had succeeded in limiting the spread of the outbreak. Staff were observed to use PPE appropriately and carry out safe hand hygiene practices in line with current guidance.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. The inspector spoke with a small number of visitors and all were very complimentary of the care provided to their relatives.

The centre's risk management policy set out the risks identified in Schedule 5. 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.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. Food was attractively presented and residents requiring assistance were assisted appropriately. There was a good supply of fresh fruit and vegetables in the kitchen and residents were offered fruit as snacks during the day. While activities were limited due to the redeployment of staff to other duties as a result of the outbreak, other staff were observed to make every effort to keep residents entertained throughout the day.

Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of introduction of COVID-19.

Judgment: Compliant

Regulation 17: Premises

Improvements required in relation to the premises included:

- parts of the centre required painting as the paintwork on some walls, doors and skirting boards was scuffed
- there was inadequate racking in the sluice room to store bedpans and urinals after sterilising

Judgment: Substantially compliant

Regulation 26: Risk management

An electrical extension cord was in use in the laundry and it was seen to be resting on top of clothes, which poses a risk of fire.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- a member of the housekeeping staff was also responsible for the laundry. The roles were intermingled and the staff member carried out cleaning duties and laundry duties throughout the day. This poses a risk of cross contamination and does not comply with good infection prevention and control practice
- the laundry was observed to be untidy on the morning of the inspection with laundry baskets overflowing and some clothes were in contact with the floor

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- while fire drills were conducted regularly, there was inadequate detail in the drill record to ascertain the number of residents or mode of evacuation simulated in the drill. It was therefore not possible to be assured that all residents in a fire compartment could be evacuated in a timely manner. There was also a need to ensure there was an ongoing review of the dependency levels of all residents in each compartment to ensure compartments containing a higher number of residents requiring the use of assistive equipment to evacuate could be evacuated within an acceptable time frame
- there were gaps in the maintenance records for the preventive maintenance of the fire alarm and emergency lighting suggesting they were not serviced quarterly as required by relevant standards

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector, contained appropriate identifying information. Good medication administration practices were in place and were supported by access to pharmacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

The inspector examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. The individualised care plans reviewed were developed within 48 hours of admission and followed the comprehensive assessment of the resident's health, personal and

social care needs. Care plans were found to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Good standards of evidence based health and nursing care and support was provided for residents in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from a local practice, allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff with good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. The least restrictive practice was seen to be used, in accordance with national policy, as published on the website of the Department of Health.

Judgment: Compliant

Regulation 8: Protection

There was a need to ensure that all staff were knowledgeable of what constituted abuse and were aware of their obligations to report any suspicions or allegations of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. A detailed account of each resident's life was collated that guided staff with ensuring that their quality of life in the centre was optimised. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenhill Nursing Home OSV-0004584

Inspection ID: MON-0035451

Date of inspection: 30/03/2022

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <ul style="list-style-type: none"> • Acting PIC has completed a management course QQI level 6- copy of completion cert attached (1). Final result expected in next 2-3 weeks. • Usual PIC is due to return from maternity leave on 01/06/2022 – copy of her letter attached (2) 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The files in question were updated on the day of inspection. • All other staff files were audited and checked for gaps in employment if present. • Moving forward, we will make sure to include history of any gaps in employment from prospective employees. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Areas which needed painting had been identified prior to the inspection. Due to the COVID 19 outbreak in the centre & public health guidelines at the time meant that improvements and refurbishment were withheld. 	

- Once the outbreak was declared over on 14/04/2022, a review was completed, and a list was made for painting and maintenance. This list is expected to be completed by 30/06/2022
- Sluice room storage was reviewed, and appropriate shelving has been ordered which shall be installed on delivery.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

- The use of extension cords in the laundry room was immediately stopped. A risk assessment of the laundry was undertaken, and the results were communicated to all laundry staff.
- All staff have since completed health and safety training.
- Risk assessments of all areas have been reviewed. The staff have been made aware of them and they have been asked to adhere appropriately to any findings from the assessments.
- There will be ongoing reviews/audits to check the effectiveness of the measures undertaken.

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

- The roles of the laundry and cleaning staff has been separated. This has been done to avoid cross contamination.
- Laundry staff have also been advised to use extra baskets while keeping the laundry tidy so that the floor remains clear.
- The daily laundry checklist has been modified to reflect these new measures.
- All staff has completed online infection prevention and control training and are due to have in person training on the 19-20th May 2022.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- New evacuation drill forms have been devised to add all details regarding the mode of evacuation, no. of residents evacuated, time taken, any difficulties encountered (see attached) (3)
- PEEP is done at the time of admission- regular reviews are done while considering changing dependency levels.
- Preventative maintenance & servicing was planned but postponed due to the COVID outbreak along with high community transmission. The appropriate servicing is done for this quarter and a plan is in place for future servicing. (See attached)(4)

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

- The staff in the centre was made aware of the importance of reporting any form of abuse they witness to safeguard the residents.
- Additional in person training for safeguarding the elderly has been organized for the 12/05/2022.

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	01/06/2022
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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	09/05/2022

	designated centre and are available for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	23/05/2022
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	20/05/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	04/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	09/05/2022

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	09/05/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	12/05/2022