



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

Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Partnership
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	24 June 2021
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0033438

About the designated centre

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

Norwood Grange is situated in the quiet countryside of Ballinora, Waterfall, near Cork. It is a single storey building with bedroom accommodation for 30 residents in fourteen single bedrooms and eight twin bedrooms. All but one of the bedrooms are en-suite with toilet, shower and wash hand basin. The centre provides 24 hour nursing care to respite, convalescent and long-term residents. Admissions to Norwood Grange Nursing Home are arranged by appointment following a pre-admission assessment of the resident's needs. A care plan will be developed with the resident's participation within 48 hours of admission. The centre is flexible regarding visiting hours, however, they do advise relatives and friends to avoid mealtimes if at all possible. There is space for sitting outdoors at the front of the home, which is controlled by a coded entrance gate. There is also a secure courtyard to the rear and seating is provided for residents and their visitors. Whilst there are occasional organised day trips for residents the nursing home will also assist participation in external activities outside of the arrangements where possible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 24 June 2021	08:45hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre unannounced on the morning of the inspection. On arrival to the centre, the inspector was met by the person in charge (PIC) who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to entering the centre. After an opening meeting with the PIC, the inspector was guided on a tour of the centre where he met and spoke with residents in their bedrooms and in communal areas.

The Inspector observed that residents coming to the dining room throughout the morning and were being offered a choice of what they would like for breakfast. The majority of residents were in the sitting room or in the dining room area. The inspector found that residents were well looked after and were happy living in Norwood Grange Nursing Home. As staff passed by, they chatted with the residents and asked how they were. Inspectors saw how familiar the residents were with all staff including the catering and household staff and their interactions were warm and friendly.

The inspection was carried out over one day and the inspector spoke with or met most residents. Residents shared their experiences of living in the centre during the COVID-19 pandemic. Residents described how they had missed seeing their families and friends but were complimentary of the efforts of staff to assist them in keeping contact through telephone and video calls. Residents were very happy that visiting restrictions were now lifted and that they could meet with their family and friends face to face. A review of visiting arrangements by the inspector identified that visiting times were restricted and even though there was some flexibility, residents' would benefit from visits being scheduled over seven days of the week.

Some residents said that they haven't had an opportunity to leave the centre but this was about to change. One resident talked to the inspector about an event that he was attending during the forthcoming weekend. It was a memorial to a historical event and the resident told the inspector all about the incident that was being commemorated. This resident also like to observe people as they passed by the nursing home and had received some thank you cards for his friendly wave and encouragement as they were running or walking by the nursing home.

Activities were facilitated from Monday to Friday and the programme of activities was discussed with the activities coordinator. There was a variety of activities available and external entertainers were now recommencing visiting the centre. However, there were no activities on weekends, which together with the absence of visiting at weekends, meant that there were limited opportunities for residents for occupation and recreation during the weekend.

Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, favourite

snacks and drinks and the activities that they enjoyed. The inspector saw that they responded quickly to requests for assistance to go to the bathroom and bringing residents to see their visitors. Staff were seen to knock on bed room doors and obtaining the resident's permission before entering the room. Staff addressed residents in a polite, friendly and respectful manner. Residents told the inspector that they could trust the staff and that they felt safe in the centre.

Residents were encouraged to share their experiences and opinions on how the centre was run through the regular residents' meetings. A review of records of these meetings indicated that residents were happy living in the centre. Residents said that overall the premises met their needs and that they were warm and comfortable. The inspector found the premises to be visually clean, warm and tidy. As identified on the last inspection, an inner sitting room required some redecoration as it was relatively dark and the carpet was dated. The inspector was informed that this work was imminent. There was also a need to replace some of the armchairs as they were upholstered with material that could not be effectively cleaned. Household staff were observed cleaning and using wet floor safety signs to alert residents and others to ensure their safety.

Residents were happy with their bedrooms and were supported to personalize their rooms. Bedrooms were adequate in size including shared rooms. All except two of the bedrooms had ensuite toilet and shower facilities and the residents in both of these rooms shared a bathroom.

The inspector observed a lunch time meal and an evening meal served in the dining room. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff offered discreet support and encouragement to those residents who were not able to eat independently. The meal times were a pleasant social occasion in the resident's day and residents were seen chatting over dinner and enjoying each other's company.

In conclusion the inspector found that residents were well looked after by a staff team that knew them well. However significant focus and improvements were now required to ensure that care was person centred and reflected the assessed needs of all residents and their preferences for care and support.

The next two sections of the report will describe the findings of the inspection under the relevant regulations. The first of these sections will discuss the capacity and capability of the service and the final section will cover the quality and safety of the care and services provided for the residents.

Capacity and capability

Management systems and arrangements in place to ensure the quality and safety of

the service for residents needed improvement. Required improvements included the need for a sustained programme of audits to ensure that the quality of care delivered to residents was monitored on an ongoing basis. There was also a need to ensure that recruitment practices complied with recommended guidance and that training was up to date for all staff.

Butterfly Care Partnership is the registered provider for Norwood Grange Nursing Home. There are three partners. There was a clear governance, management and reporting structure in place. One of the partners takes a lead role and is present in the centre on a daily basis, while the other two partners are also heavily involved in the day to day operation of the centre. The person in charge has only been recently appointed to the role and is an appropriately qualified and experienced registered nurse. The person in charge works on a full-time basis in the centre.

There have been some changes to the person occupying the role of person in charge. As a result there was a period during which there was not a person in charge that met the requirements of the regulations in terms of experience and qualifications. The provider had recently appointed an external consultant to assist in the day to day operation of the centre in order to re-establish a system of oversight of the quality and safety of care being delivered to residents. However, on the day of the inspection this system had not been fully established leading to gaps in key management areas such as auditing practice and implementing improvements based on the findings of the audit process.

Although there was evidence that staffing resources provided were regularly reviewed, a further review was required in relation to laundry duties. Current practices involving the incorporation of these duties into healthcare assistants' daily routines did not comply with infection prevention and control and posed a risk of cross contamination.

A staff training gap analysis had been conducted in order to prioritise a training schedule for staff. The provider had recently transitioned from one training platform to another. As a result, a comprehensive training matrix was not available on the day of the inspection. Therefore, management could not be assured that all staff had attended up-to-date training in mandatory areas such as fire safety, responsive behaviour, safeguarding and manual handling. The inspector was informed that in response to the COVID-19 pandemic, training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE) and COVID-19 information sessions.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate actions were taken to mitigate recurrence. Incidents were notified to HIQA as required by the regulations. The provider was not an agent for the collection of any residents' social welfare pensions.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. Complaints were investigated and managed in line with the centre's complaints policy and procedures.

Regulation 14: Persons in charge

There was a person in charge that had the required experience and qualifications for the role. The person in charge was knowledgeable of residents' individual needs and residents were aware of who was in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

A review is required of staffing in the context of laundry services. as discussed under regulation 27, healthcare assistants were also carrying out laundry duties while also providing direct care to residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While staff were facilitated to attend training, adequate records were not accessible on the day of the inspection to ascertain what training had been completed by each member of staff. Consequently, management would not be able to identify the training needs of staff.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of personnel records found that:

- a full employment history with dates of employment and explanations for any gaps in employment was not maintained for all employees
- references were not always obtained from the person's most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the improvements were required to ensure that the service was safe, consistent and effectively monitored. This is evidenced by the failures detailed throughout this report including:

- there was a gap in the programme of audits and audits had only recently recommenced
- there was no associated action plan with all audits conducted, such as audits of medication management and care plans
- there was no schedule of audits and therefore it was not possible to ascertain if the programme of audits was sufficiently comprehensive
- issues identified on this inspection, such as gaps in assessments and care planning, had not been identified or actioned
- actions from the previous inspection were not all addressed such as the need for regular fire drills in addition to those conducted by an external trainer

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written Statement of Purpose that contained all the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the complaints log and of the accidents and incidents log indicated that all of the notifications required to be submitted to the Chief Inspector were

submitted within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were noted in complaints records. Previously these had been recorded in a diary and there was no template to ensure that the requirements of the regulations were met. Complaints were now recorded electronically. In the sample of complaints reviewed, there was adequate detail of the complaint, the investigation conducted and whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were supported and encouraged to have a quality of life that was predominantly respectful of their wishes and choices. Residents had opportunities for social engagement. Improvements were required in relation to assessment and care planning, fire drills, the use of bed rails, and infection prevention and control.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic and had been successful in preventing an outbreak in the centre. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems. There were sufficient facilities for hand hygiene throughout the building. While personal protective equipment (PPE) was readily available to staff, a review was required of storage and dispensing systems as aprons, masks and gloves were stored on hand rails, posing a risk that they could become contaminated. The centre had a COVID-19 resource folder, however it did not contain the most recent guidance on COVID-19. Other improvements required in relation to infection control practices are discussed under Regulation 27: Infection Control.

Significant improvements were required in relation to assessment and care planning. There was an inconsistency in the assessment process. Residents were not fully assessed based on the activities of daily living and therefore there was not always an evidence-based assessment on which to base care plans. Care plans were not adequately comprehensive to guide staff that may not know the residents to deliver care based on each resident's individual preferences. Issues such as preferences in daily routine, food preferences or personal hygiene preferences were not detailed.

There were measures in place to protect against the risk of fire. This included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance. A finding of the previous inspection was the need to conduct fire drills in addition to those conducted during annual training. These were not done and there were inadequate records maintained of fire drill scenarios used during annual training.

While the provider had arrangements in place for residents to receive visitors, a review of the visiting schedule was required in order provide access to visitors outside of office hours. Activities were provided by a designated activity coordinator and supported by a health care assistant. Residents had opportunities to attend residents' committee meetings and take part in satisfaction surveys.

Residents rights were supported and facilitated. The inspector found that residents were free to exercise choice about how they spent their day. However, while there was an outdoor courtyard, improvements were required so that residents were free to access this area independently. Most residents were observed in the communal areas of the centre but residents that wished to spent time alone in their rooms were facilitated to do so. Residents had access to television radios, newspapers, telephones and Internet connection.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay. All allegations of abuse were reported to the office of the Chief Inspector in a timely manner. Adequate records were maintained of financial transactions made by or on behalf of residents. The provider was not pension agent for any residents. There were no residents living in the centre that were predisposed to episodes of responsive behaviours. A review was required of bedrail usage. Eleven of the twenty eight residents living in the centre on the day of inspection had bed rails in place when they were in bed. While risk assessments were conducted, these were not always updated and records of the exploration of alternatives were not always maintained.

Staff were seen to be supportive and encouraging in their interactions with residents. Residents' rights to privacy, dignity and access to social activities were respected. The service ensured that the impact of public health restrictions was minimised with provision of coordinated meaningful activities for residents in the centre. Residents were encouraged to socialise safely with their family and friends in line with public health guidance.

Regulation 11: Visits

While visiting was facilitated and there were adequate facilities for visitors it was found that visiting was restricted and was predominantly facilitated during office

hours from Monday to Friday.
Judgment: Substantially compliant
Regulation 13: End of life
Residents approaching end of life were provided with a good standard of care. There was good access to palliative care services.
Judgment: Compliant
Regulation 17: Premises
The centre was generally bright and clean and in a good state of repair throughout. As found on the last inspection, plans were in place to replace the carpet in the sitting room adjacent to the dining room, which was somewhat dated, however, this had not yet been completed.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents were facilitated with choice of food at meal times. Residents were complimentary of the choices available. Most residents had their meals in the dining room and meal times were seen to be sociable occasions.
Judgment: Compliant
Regulation 26: Risk management
The door of the medication trolley was found to be unlocked on one occasion and the door of the room in which it was stored was also unlocked.
Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection control included:

- some of the armchairs in communal rooms were upholstered with a material that made them difficult to be effectively cleaned
- staff providing direct care to residents were also responsible for laundry duties and these duties were intermingled throughout the day
- while there was a COVID-19 contingency plan and a COVID-19 resource folder, there was a need to ensure that they were updated to reflect the most up to date guidance from the HPSC
- PPE was inappropriately stored on hand rails throughout the centre

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills were not being conducted in addition to those provided during annual training by an external trainer. Also, there was no record of the scenario simulated or the effectiveness of fire drills conducted during annual training.

Records were not available to confirm that all staff had received up to date training in fire safety.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Significant improvements are required in relation to assessment and care planning. For example:

- a comprehensive assessment was not recorded for all residents to support the development of care plans
- a full suite of validated risk assessment tools normally used to support the identification of residents' care needs were not in place. For example, one resident with significant care needs did not have a moving and handling assessment or an oral cavity assessment completed
- personal emergency evacuation plans (PEEPs) were not reviewed regularly
- care plans were predominantly developed for medical conditions. However, care plans were not in place to support staff provide care for residents based on needs and preferences for issues such as mobility and nutrition
- many care plans were generic and were not individualised to each resident

- care plans were not always updated to reflect advice from allied and specialist services, such as palliative care

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to medical care and there was evidence of regular review by each resident's GP. There was also good access to allied health and specialist services such as dietetics, speech and language, physiotherapy and occupational therapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Eleven of the twenty eight residents living in the centre on the day of inspection had bed rails in place when they were in bed. There was not always full compliance with the national policy on the use of restraint. For example:

- the risk assessment for one resident indicated that the resident did not have bed rails in place, however, the inspector was informed that this resident did have bed rails
- a review of records did not clearly identify that alternatives to the use of restraint was trialled prior to the use of bed rails

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre and that staff were kind and caring. When there were allegations of abuse, these were investigated and adequate safeguarding measures were put in place to protect residents. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Some improvements required in relation to residents rights included:

- activities were facilitated on five days each week and there were no activities scheduled at weekends
- residents did not have ready access to outdoor space. There was a low railing on one side of the internal courtyard that did not provide adequate security to prevent residents with a cognitive impairment from leaving the centre should they be accompanied outside. For this reason the door to the courtyard was kept locked.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Norwood Grange OSV-0000258

Inspection ID: MON-0033438

Date of inspection: 24/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: From September laundry duties will be a separate role for a new hire. This new employee will not be involved in direct resident care. HCAs will no longer be responsible for laundry duties.</p> <p>In the interim we have compiled a risk assessment that identified the potential for cross contamination from contaminated laundry to the uniform of the HCA if they do not wear an apron and gloves. It has been reiterated to staff that gloves, apron (and if deemed necessary by risk assessment a full PPE gown will replace the apron) to be worn by staff who are engaging in laundry activities to reduce the risk of cross contamination from laundry to personal uniforms. Additionally, Norwood Grange continue to outsource the majority of laundry to a private laundry service thus reducing the amount of laundry workload that the HCA has to manage.</p>	
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: We acknowledge that there was not a quick reference guide to the training needs of staff on the day of inspection however there were training records for staff located in each staff members individual file. We are currently in the process of developing an up to date training matrix that will be available for quick reference and that will reflect all the training needs of staff going forward. We have also introduced in-house micro workshops for the roll out of updated policies and procedures for our HCAs and RGNs so that staff</p>	

<p>are familiar with the same. By Q3 we propose to facilitate this for every staff member in Norwood Grange.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: At the time of inspection we had already started our focus on stream lining our personell files in line with our onboarding protocol to clearly state minimum requirements for new staff member. These include 2 written references from their most current employer and a previous employer with verbal confirmation from us to verify authenticity. Any gaps in employment for any potential new members of staff will be discussed and accounted for prior to taking up post in order to protect and safeguard the people in our care.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following recruitment of a new Director of Nursing in February of this year, clinical governance is an area that they themselves have highlighted as an area for improvement. At the time of inspection work had already begun in addressing the issues surrounding clinical governance with the appointment of a Nurse consultant to assist the DON in developing and improving all aspects of clinical governance including risk assessment, care planning and auditing. After analyzing the workload and allocated resources initially we are now focused on completely updating safeguarding, medication management and fire training as a priority. Going forward we endeavour to completely reform the care planning and assessment process for each resident to ensure person centred care for all residents with care plans being interchangeable to the resident needs accordingly. We will also include other members of the MDT and where appropriate family members to ensure better outcomes for all.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p>	

Whilst we appreciate the impact that restricted visiting can have on residents and their families we must also acknowledge that health and safety remains paramount in ensuring the utmost protection for the most vulnerable people in our care. At the time of inspection we had a robust visiting schedule in place facilitating visiting from Mon-Fri with unlimited visiting on compassionate grounds or in exceptional circumstances over 7 days.

As the covid 19 restrictions have further eased we are delighted to now be able to facilitate visiting over 7 days continuing to offer visits in our cocoon room, our visiting room (room 10) along with garden visits. In conjunction with a risk assessment we are also encouraging family members who are vaccinated to take their loved ones out for day trips to home or out for lunch or coffee. We have had many residents take this up and feedback has been very positive from both families and residents.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: New flooring has been ordered and paid for, for the living room adjacent to the dining area. The contractor is yet to confirm a date to fit this floor as tradesmen are on holidays at present. They are very aware that this is an urgent request and will prioritize on their return. We will continue to chase this up and will consider changing contractor if an early date cannot be agreed.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
 As part of our strategic plan in relation to clinical governance, medication management is one of our main areas of focus. Following on from our most recent medication audit and subsequent policy update we will be doing 1:1s with all RGNs in best practice in medication management and administration which would include addressing the risk identified during inspection of an 'unlocked medication trolley'.

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

Many of the armchairs in the lounge are relatively new with leather upholstery there are some chairs remaining that are a mixture of leather and/or cloth. Whilst we appreciate the importance of resident choice, we also acknowledge the importance of infection control now more than ever in this current climate. So going forward it is our aim to replace the remaining chairs with more suitable ones that will meet infection control standards. In the interim we will continue to reduce the risk of spread of infection by continuing to ensure that the current chairs are completely disinfected once a week using the ozone machine in addition to being wiped down daily with disinfectant wipes to further reduce the risk of spread of infection.

From September laundry duties will be a separate role for a new hire. This new employee will not be involved in direct resident care. HCAs will no longer be responsible for laundry duties. See reg 15-response to staffing

On the day of inspection our C19 contingency plan and C19 resource folder was not up to date in line with HPSC guidance. I am happy to report that it has since been updated to reflect current guidance and is accessible to all staff.

Finally, it was highlighted to us on the day that our PPE was not being stored appropriately and increasing the risk of cross contamination. Our PPE was located at various points along the corridors for easy access for staff. We were able to explain that we were finding it difficult to source 'on the roll aprons' that would fit in a wall mounted dispenser. After much discussion with our colleagues in other nursing homes we were eventually able to find a solution and we have since purchased a number of suitable wall mounted dispensers. These will be fitted over the coming days.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We are currently updating our fire response protocol including the roll out of monthly fire drills incorporating both day and night simulations. We aim to have monthly fire drills for a 6 month period and will review thereafter with the view of reducing to monthly with the assurance that staff are competent and confident in their response. All of our staff are trained in fire safety however we are further enhancing their training with a micro module created in house to reflect our own fire protocol as opposed to a generic one.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>It is fair to say that good care planning is a skill and the best care plans are developed by closely working with the person themselves and with those involved in their care. Going forward we aim to provide workshops to RGNs that will be specifically targeted at care planning and assessment. We acknowledge that care plans play a vital role in the quality of care a person receives and so we aim to eventually create a reform in this area to ensure the best quality person centred care for all of our residents in Norwood Grange.</p>	
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> <p>At the time of inspection we did not have any residents who presented with challenging behaviours however we acknowledge that the dynamics of the home are changeable at any time and so going forward we plan to deliver bite sized workshops in the area of responsive behaviours so that our staff are best equipped with skills and knowledge to support them in their response.</p> <p>In relation to the observations of risk assessments of the use of bedrails we are updating all our risk assessments regarding restrictive practice. This will include meeting with each individual and or family member where applicable to discuss their preferences regarding the use of bed rails as some residents have told us that they feel 'safer' with bed rails in situ even if they are not recommended as per risk assessment.</p> <p>We will respond to each of these requests on an individual basis and continue to discuss alternatives to bed rails however we aim to uphold the residents wishes as to their preference. Furthermore, we already have safety checks in place for the use of bed rails; we undertake hourly safety checks when bed rails are in use and document the same.</p>	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

As covid 19 restrictions reduce we are encouraging outings with family members in line with a risk assessment. This will not only offer the opportunity to reconnect with loved ones after challenging times but also offer much stimulation to the residents. We are aware that this is not an option for all residents and so we have activities spread throughout the week including live music, bingo, interactive baking, sing songs, gentle movement, massage and essential oil therapy. We have also reintroduced our hairdresser who comes weekly and this alone is seen as an additional activity for both ladies and gentlemen. We have engaged with pet therapy who will restart their programme in September. We are very fortunate to have a beautiful sensory garden to the front of the property which can be enjoyed by residents and their families. Our sun trap court yard is also undergoing some changes with the aim to make the area more secure and where residents can freely come and go. As the restrictions ease further we will be looking at an outing for residents to the local garden centre which has always been a favourite.

With regards to activities at the weekends we are engaging with residents and potential suppliers to review what is available at the weekend and whether it would be a meaningful activity to engage. We are also currently discussing the option of one of our weekend staff facilitating an activity in the afternoon on Saturdays and Sundays.

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	15/07/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	31/08/2021

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/07/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential	Substantially Compliant		19/07/2021

	services or damage to property.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/08/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Not Compliant	Orange	31/08/2021

	fire drills at suitable intervals, that the persons 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 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/09/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/09/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Not Compliant	Orange	30/09/2021

	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.			
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	30/08/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2021