



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

Issued by the Chief Inspector

Name of designated centre:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0035278

About the designated centre

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

Thorpe's Nursing Home is a purpose build nursing home located in Clarina, Limerick was established in 1989. The Home can accommodate up to 42 residents. The bedroom accommodation is laid out in 32 single bedrooms and 5 double bedrooms. We accommodate both female and male residents, normally but not restricted to persons over the age of 65. A pre-assessment is carried out prior to admission to assess if we can cater for your needs, we can cater for low, medium, high and maximum dependent residents. We can facilitate dementia and most medical conditions that affect the older person. We cater for both long and short term residents and also welcome respite and convalescent care. We offer 24-hour nursing care. Admissions to Thorpe's Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours admissions. By agreeing to take up residency within Thorpe's Nursing Home you will have signed a contract of care which ensures that you have a legally binding assurance of high quality care standards and that we have an acknowledgement of your commitment to our terms and conditions. We operate an open visiting policy, however to protect our residents we ask that all visitors wait in the designated visitors' area to enable staff to announce their arrival and partake in precautionary infection control measures. The home reserve the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions. To fulfil your personal, social and psychological needs the following services and activities are available: hairdresser, cards, music, and gardening. The following therapy services are provided on request: physiotherapy, chiropody, occupational therapy, dentist, optician, speech and language therapy, etc. Mass is held weekly on a Thursday, we are happy to cater for and accommodate all religious denominations in our home. Our ethos is that our residents are treated as unique dignified individuals and are encouraged to fulfil their potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

33

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 27 January 2022	08:45hrs to 16:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who residents described as kind, polite and caring. The feedback from residents was positive with regards to the quality of care they received.

This was an unannounced inspection carried out over one day. On arrivals to the centre, the inspector was met by the clinical nurse manager who guided the inspector through the centres infection prevention and control measures which included temperature checks, hand hygiene, symptom checking and face coverings. Following an opening meeting, the inspector was guided through the premises by the person in charge.

On the day of the inspection, the centre was nearing the end of a period of restrictions due to an outbreak of COVID-19. A small number of residents were being cared for in the centres isolation unit with a dedicated staff member to monitor their recovery and assist with their care needs. The clinical nurse manager informed the inspector that this was the first day since the start of the outbreak where centre wide restrictions had begun to ease and full personal protective equipment was not required to be worn by staff other than those in the isolation unit.

Thorpe's Nursing Home provides long and short term care for both male and female adults. It is a two storey facility with residents accommodation situated on the ground floor and the first floor is used as a staff, storage and administration area. The centre is registered to provide accommodation to 42 residents in both single and multi-occupancy bedroom accommodation. Bedroom accommodation is comprised of thirty-two single and five twin bedrooms. Sixteen bedrooms provide full en suite shower facilities while the remaining 20 bedrooms provide a wash hand basin only. One twin bedroom has en suite toilet and wash hand basin only.

The premises was bright and spacious and there was a variety of communal areas for residents to use that included a library, lounge, sitting room and a large spacious and bright dining room. Residents had access to the enclosed gardens from five access points. The garden area was well maintained and had appropriate furnishings for residents to sit outside and enjoy the garden. The inspector observed that an area of the premises, described as the 'old building' required attention with regard to maintenance and repair of floors and doors on corridors and in bedrooms.

A small number of residents were observed in a dayroom opposite the nurse's station and some residents were sitting around the reception area. The person in charge told the inspector that those residents required close supervision by staff and their assessed care needs meant that they required frequent contact with others and stimulating activities. The person in charge told the inspector that the remaining residents, who had recovered from COVID-19 or had a negative PCR test, were still

required to isolate in their bedrooms for a further seven days and this decision was based on risk assessment and consultation with public health. However, this decision was not in line with the COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

The inspector found the atmosphere in the centre to be calm and relaxed and staff were busy attending to the morning care needs of residents. The inspector spoke with six residents during the inspection. Residents told the inspector that they were happy living in the centre and although restrictions were an inconvenience, they understood they were necessary and praised the staff who they described as very supportive, kind and caring.

Residents told the inspector that this was their first experience of restrictions whereby they were required to isolate in their bedrooms and they found this 'very hard'. Residents missed having indoor visits and going out for dinner with their family and told the inspector that family and friends came to their bedroom windows to visit frequently during the outbreak to talk to them. The inspector observed some residents receiving visitors at their bedroom window.

Residents were aware that additional staff had been put on duty during the outbreak to provide supervision, assistance with meals and activities and to ensure call bells were answered promptly. It was evident that staff knew residents well and engagement between staff and residents was seen to be respectful. Residents indicated that they felt safe and were confident that the management team would address any concerns or complaints they may raise.

Staff were visibly attentive to the needs of all residents. Interactions between residents and staff were observed to be kind, polite and unhurried. Healthcare staff were observed knocking on residents' bedroom doors before entering to provide assistance. The activities staff were observed visiting each residents to chat with them and brought them the daily newspapers. Residents in the dayroom and reception area were provided with activities throughout the day such as music, singing and small group exercise activities in the afternoon and social distancing was maintained.

The dining room was not in use on the day of inspection. Meals were brought from the kitchen to residents in their bedrooms. Where some residents required assistance with their meals, staff were available to support residents during mealtime in their bedroom. Residents were complimentary of the meals they received. Some residents commented that they had requested a change of menu at a recent resident meeting and this change was observed to be implemented. Residents confirmed to the inspector that they received snacks and fluids throughout the day. Residents told the inspector that they looked forward to attending the dining room again to chat with others and enjoy the dining experience.

Residents told the inspector that they were provided with daily newspapers, television, phone calls, internet access and window visits throughout the period of restrictions. Residents told the inspector that staff were 'fantastic' and 'reassuring'

throughout the duration of the current outbreak and praised them on their efforts to keep them safe.

The following sections of this report present the findings with regard to the capacity and management of the centre and how this impacts on the quality and safety of the service being provided to residents.

Capacity and capability

The inspector found that overall this was a well-managed centre where there was a defined governance and management structure that oversaw the provision of care that supported and facilitated residents to enjoy a good quality of life. However, further oversight of the premises and infection prevention and control measures were required.

This was an unannounced risk based inspection conducted over one day by inspectors of social services to:

- Monitor compliance with the Health Act (2007), as amended and the Regulations and Standards made thereunder.
- Follow up on the actions taken to address non-compliance found on the previous inspection in March 2020.
- Review the centres infection prevention and control standards and outbreak management plan.

Barnacyle Nursing Home Limited is the registered provider of Thorpes Nursing Home. There was a clearly defined management structure in place with the management team consisting of a person in charge and clinical nurse manager. The management team had a positive attitude and were committed to ensuring residents living in the centre enjoyed a good quality of life. The person in charge was responsible for overseeing the clinical care provided to the residents and the clinical nurse manager supported the person in charge to discharge her duties and regulatory responsibilities. The clinical nurse manager divided their time between providing direct nursing care and supervision of staff and administration duties. Information and records requested during the inspection was made available for review and the person in charge was available throughout the inspection to discuss any issues or queries as they arose.

Arrangements were in place to monitor the quality and safety of the service. A regular schedule of audits demonstrated a commitment by the management team to continued quality improvement in all aspects of the service. The inspector found that some improvement was required to ensure actions arising from audits were progressed through an action plan to completion. The person in charge monitored clinical and quality indicators such as the incidence of falls, pressure ulcers, restrictive practices and the weights of residents nutritionally at risk on a weekly basis. A monthly quality of care report was also compiled in regard to incident,

complaints, care plan reviews and medication management. This information was analysed at governance and management meetings and action plans were developed. There was good evidence of communication and information sharing with the wider staff team at formal meetings to address areas for identified quality improvement and changes in the service being provided.

Systems were in place to monitor risk in the centre that included maintaining a risk register. Some improvement was required in the identification of risk to ensure appropriate controls were in place to mitigate risk to residents. Incidents were appropriately recorded, investigated and there was evidence of learning from incidents. Notifiable events involving residents were notified to the Chief Inspector within the required time frame.

The Chief Inspector was notified of an outbreak of COVID-19 in the centre on 02 January 2022 and throughout the outbreak the Chief Inspector had received regular updates of the situation in the centre and the outbreak management plan. During the outbreak, 19 residents had tested positive for COVID-19 and sadly one resident had passed away. Public Health had assisted in the management of the outbreak and the person in charge reported that they had acted to implement the Public Health and Infection prevention and control recommendations during this time in conjunction with the centres' COVID-19 outbreak management plan. The centres' outbreak management plan defined the arrangements that were instigated during the outbreak and the person in charge reported that the plan had worked well in practice. Two nurse led teams had been established during the outbreak to ensure nursing staff were designated to the isolation and clean areas of the centre to minimise the risk of transmission of infection, monitor the health status of each resident and ensure residents care needs were met. A small number of agency staff supported the implementation of the staffing contingency plan which was seen to be reviewed frequently by the person in charge.

On the day of inspection, there were 33 residents living in the centre and the centre had sufficient resources to ensure the effective delivery of care to the current residents. There was a full complement of staff including nursing and care staff, activities staff, housekeeping and catering staff on duty each day. There was a registered nurse on duty at all times supported by a second nurse in the morning to supervise the care provided to residents, administer medication and provide direct nursing care. Staffing levels were monitored and adjusted according to residents assessed needs and occupancy in the centre.

The centre was adequately equipped to meet the needs of the service and an effective training and induction programme was in place to support staff in their delivery of care. All staff had completed an induction period and staff were supported to attend education and training relevant to their role. Staff were knowledgeable with regard to the centres' fire safety procedures, infection prevention and control measures that included the centres' outbreak management plan, safeguarding of vulnerable people and safe manual handling practices. The person in charge and clinical nurse manager provided clinical supervision and support to all staff.

Policies and procedures were updated by the management team to include policies specific to COVID-19 and these were available to support staff in the safe and effective delivery of care to residents. The inspector reviewed the policies required by Schedule 5 of the regulations and all policies were up-to-date.

A review of the centres complaints register evidenced that complaints were welcomed and used to inform improvements in the service quality. Each complaint had been reviewed and investigated by the person in charge with the outcome of each complaint communicated to the complainant and the satisfaction of the complainant with the outcome. A complaints procedure was displayed at the main entrance that detailed the personnel involved in complaints management and the complaints policy was up-to-date.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of the current 33 residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

The person in charge confirmed that staffing levels were continuously reviewed and would be adjusted as the centres occupancy increased and residents dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in fire safety, safeguarding of vulnerable people and manual handling. Staff had completed training in infection prevention and control that included hand hygiene, donning and doffing personal protective equipment and breaking the chain of infection. Additional training had been provided to nursing staff that included cardio-pulmonary resuscitation, wound management, continence and catheter care and training to support residents with dysphagia.

Arrangements were in place to ensure staff were supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Judgment: Compliant

Regulation 21: Records

Information governance arrangements were in place to ensure secure record-keeping and file-management systems were in place.

A sample of staff personnel files were reviewed by the inspector and these were securely stored and well maintained. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Nursing records were maintained on an electronic system that was made accessible to the inspector for review. Daily health and social care needs were documented in the electronic system for each resident.

Judgment: Compliant

Regulation 23: Governance and management

The centre had clearly defined, accessible, governance arrangements and structures in place that set out lines of authority and accountability.

Regular audits were carried out to assess, evaluate and improve the provision of services in a systematic way in order to ensure a safe and quality service was provided to residents. However, some improvements were required to ensure audits were effective in identifying issue with the service and where issues were identified, a time bound action plans was put in place. For example:

- An environmental audit prompted the assessor to examine the integrity of floor coverings in the centre. There was disparity between the audit findings and the inspectors findings on the day of inspection.

The systems of risk identification required some improvement. The inspector identified some risks on the day of inspection that had not been progressed through the centres risk management procedure. This included:

- The storage of oxygen cylinders in two external storage buildings.
- The procedure in place to decontaminate equipment while the bedpan washer was awaiting repair.
- The risk of cleaning agents unsecured on the housekeeping trolley.

The allocation and supervision of the staffing resource specific to housekeeping required review. There was one housekeeper on duty Monday to Friday for seven hours and this was further reduced on Saturday and Sunday. This arrangement was not adequate and required review in the context of the ongoing pandemic, the size and layout of the building and as evidenced by the inspectors findings under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreement for contract of care that detailed all fees payable including charges for activities and services that had additional costs.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector as set out in the regulations and within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place that's was aligned with the requirements of the regulation. Records of complaints were maintained in the centre and the inspector found that all complaints had been acknowledged, investigated promptly and the complainants satisfaction recorded within the complaint record.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall residents care and welfare was maintained by a good standard of supervised care and support. While many residents were content living in the centre and said they enjoyed a good quality of life, improvement was required in infection control, premises, and fire safety.

The inspector found that each residents had a person-centred care plan in place that detailed residents' individual care and support needs to carry out their activities of daily living. Care plans were developed following a comprehensive nursing admission assessment that included an assessment of risk with regard to falls, nutrition, impaired skin integrity and dependency levels. Care plans were in place for residents that had specific care needs that required nursing intervention such as catheter care and wound care.

Arrangements were in place for timely referral and assessment of residents by health and social care professionals such as physiotherapy, dietitian services, speech and language, occupational therapy and psychiatry of later life. Residents were satisfied with the arrangements in place to access additional expertise if necessary. Where recommendations were made by health and social care professionals, these were appropriately recorded in the residents care plan. Residents were supported to retain their own general practitioner (GP) following admission to the centre or could choose to change their GP if they wished. Records reviewed evidenced that residents had access to a GP as required or requested.

Infection Prevention and Control measures were in place and monitored by the person in charge and clinical nurse manager. Staff had access to appropriate infection prevention and control training and were knowledgeable with regard to the centre outbreak management plan and the procedure to take should a resident or staff display symptoms consistent with COVID-19. Good practices were observed in regard to infection prevention and control such as twice daily symptom monitoring for residents and staff, alcohol hand sanitisers placed throughout the centre and signage displayed throughout the centre to prompt hand hygiene. However, some improvements were required to ensure the premises supported appropriate infection prevention and control practices. Further findings will be discussed under Regulation 27.

Overall, the inspector found that the premises met the collective and individual needs of the residents. There was ample indoor communal space and the enclosed garden could be accessed from five areas within the centre. Corridors were wide to accommodate mobility aids, bright and supported residents to mobilise freely and safely. Nonetheless, there were aspects of the premises that required maintenance, redecoration and repair such as floor coverings on corridors and residents bedrooms.

The risk management policy met the requirements of the regulations. The person in charge had oversight of an established risk management system that was guided by the centres risk management policy. A risk register identified potential risks to residents health and safety and control were in place to mitigate such risk. However, the systems of risk identification required improvement.

Staff demonstrated a clear understanding of fire safety precautions and had participated in evacuation drills. The provider had procedures in place to protect residents from the risk of fire. Arrangements were in place to carry out daily and weekly assurance checks on fire safety equipment and records reviewed contained no gaps. The centres fire alarm was sounded on a weekly basis to ensure it was operational and certification confirmed an L1 system was in place. There were arrangements in place for the quarterly and annual servicing of fire safety equipment and emergency lighting by a suitably qualified external contractor. There were frequent fire evacuation drills that practiced progressive horizontal evacuation and the records detailed the fire scenario, participants and the time taken to complete the simulated evacuation. There was evidence of learning from the practice drills to better improve the staff response to fire alarm activation. Some improvement was required in the management of fire risk and this is discussed under Regulation 28: Fire Precautions.

Visiting was currently restricted due to an outbreak of COVID-19 which had affected a number of the residents and staff. Visiting on compassionate grounds was allowed under strict controls.

Residents rights were upheld in the centre and residents were supported to exercise choice over how to spend their day and were kept informed of changes in the centre that impacted on them. For example, all residents were informed of the restrictions within the centre as a result of the outbreak and accepted that these restrictions would soon be eased. Residents were provided with access to television and radio, newspapers and some residents were able to access the internet from their bedroom to watch TV shows they enjoyed and video chat with family and friends.

Regulation 11: Visits

Visits to the centre had been suspended due to the outbreak of COVID-19. This decision was risk assessed but was not in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities. The management team on the day of inspection told the inspector that this decision had been made in consultation with public health and had been communicated to all residents.

The inspector was informed that visits on compassionate grounds, including family visits for those at end of life were facilitated.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the centre was homely and accessible to residents but

some improvement was required in aspects of the premises to comply with the requirements of Schedule 6 of the regulation. For example:

- Floor coverings on some corridors and in some bedrooms required repair and there were areas of the floor where there was a gap between the floor covering and skirting. This resulted in a build up of debris.
- Some equipment required replacement such as shower chairs where arm rests were torn and some commodes had become rusted around the wheel castors.
- Storage facilities in the clinical room were not optimal and did not provide adequate space for nursing staff to prepare for, or carry out, clinical procedures.
- Ventilation in the sluice room and linen room was not adequate.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy that contained the risks as required by the regulation and the control in place to mitigate risk. The policy had been reviewed in February 2021.

A register of risks was maintained in the centre which included additional risks due to COVID-19. These were regularly reviewed with appropriate actions in place to mitigate risk.

However, further improvement was required in regard to risk identification and the systems of recording risk into the risk register and this is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified during the inspection that had the potential to impact on infection prevention and control measures. For example:

- The supervision of the cleaning of resident assistive equipment, store rooms and the sluice room required attention. The inspector observed a number of examples where the aforementioned was not cleaned appropriately.
- A review of the small laundry facility was required to ensure it clearly defined the dirty to clean flow.
- The bedpan washer was not working. However, this issue had been identified by the person in charge and was scheduled for repair.

- Storage cabinets in the sluice room required repair to ensure a seamless joint between cabinets and the wall to support effective cleaning.
- Some staff were observed wearing gloves in the corridors which reduced opportunities to perform hand hygiene.
- A number of fabric covered chairs were observed in residents' bedrooms and in the nurses station. Records of decontamination were not maintained for these items of furniture.
- Some equipment, such as hoist slings, were shared between residents and this increased the risk of cross infection to residents.
- Hand hygiene sinks did not meet the current recommended specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- The inspector found that the self-closing device on two cross-corridor fire doors had been disabled. This meant that the fire doors would not close automatically to contain smoke in the event of a fire. The person in charge corrected this issue immediately.
- There were unsealed gaps in the linen room where water pipes from the heating system entered the attic space. This required review by a competent person to ensure they were appropriately fire stopped.
- A review of the storage of linen alongside the centres heating and hot water system required review for potential fire hazards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of five residents records evidenced that each resident had a care plan, based on an ongoing assessment of their needs which was implemented, evaluated and reviewed in consultation with the resident and, where appropriate, their relative.

Additional care plans had been developed to support residents who had COVID-19 and included information specific to their underlying health conditions, risk and symptom monitoring. Care plans detailed the supports required to assist residents in their recovery.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were met through regular assessment and review by their general practitioner (GP). Where necessary, residents were appropriately referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy.

There was evidence of ongoing assessment and monitoring of residents both during and after their COVID-19 infection and residents were reviewed by their GP. Residents who had recovered from COVID-19 were scheduled for review by, for example, the physiotherapist and dietitian services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that they were treated with dignity, respect and kindness by the staff in the centre and their choice was respected.

The inspector found that staff made good efforts to ensure the residents' rights were upheld. Residents were provided with access to Internet services, daily newspapers, television and radio.

Despite the restrictions during the outbreak and the impact on residents, the inspector found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. Activities staff were on duty seven days per week to ensure residents were engaged in meaningful activities on a one-to-one basis during the outbreak. Small group activities were taking place for resident in a dayroom and staff spent time with each individual residents isolating as a result of the outbreak.

In house religious services had been temporarily suspended during the outbreak and residents could watch mass on television or listen to mass on the radio.

Through a review of the documentation and conversations with residents, the inspector was assured that residents were consulted with regard to the quality of the service provided and their feedback and requests were acted upon.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Thorpe's Nursing Home OSV-0000436

Inspection ID: MON-0035278

Date of inspection: 27/01/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The audits capture a moment when the audit is carried out, PIC will ensure if any change to the premises a new audit will be carried out to ensure it captures any changes that may happen, any action plans will be carried out appropriately.</p> <p>The storage of Oxygen will be reviewed and stored appropriately</p> <p>There is an SOP in place to decontaminate equipment in the event of the bed pan washer been out of commission</p> <p>A new cleaning trolley is ordered and will ensure secure storage of cleaning products.</p> <p>A review of the cleaning roster will be carried out and if necessary increased hours will be allocated</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the floor coverings was carried out and anywhere that required sealant was attended to, PIC will continue to monitor same.</p> <p>A review of equipment was carried out and any items that require replacement will be replaced</p> <p>Layout and storage in the Treatment Room will be reorientated to facilitate clinical procedures.</p> <p>An Electrician will review the mechanical ventilation in both the sluice room and linen room</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>PIC will carry out an audit of the equipment and premises and ensure cleaning is up to standard.</p> <p>A review of the Laundry was conducted and there is a clear flow of dirty to clean laundry</p> <p>Bedpan washer is now in working order</p> <p>Storage cabinets in sluice room will be replaced to ensure seamless joints</p> <p>Staff have been reminded regarding correct use of gloves</p> <p>Cleaning schedule is now in place for Fabric furniture in bedrooms</p> <p>Slings are no longer shared between residents</p> <p>A review of the clinical sinks will be carried out and any sink requiring replacement will be replaced</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An audit of the fire door closers was carried out and all door closers are now operational.</p> <p>All gaps around the linen room pipes are now sealed in line with Fire precautions</p> <p>A review of the storage of linen has been carried out.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	31/05/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	01/04/2022

	consistent and effectively monitored.			
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	31/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2022