



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

Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0035677

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

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
Tuesday 18 January 2022	09:40hrs to 15:50hrs	Catherine Furey	Lead
Tuesday 18 January 2022	09:40hrs to 15:50hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The centre was experiencing an outbreak of COVID-19 and residents were isolating in their bedrooms on the advice of the public health department. In the absence of dedicated cohorting of residents into identified "red" (COVID-positive) and "green" (COVID-negative) zones, inspectors were mindful of the potential risk of cross-infection and did not enter resident's bedrooms. Therefore, it was difficult to elicit the views and opinions of the residents on the day. Inspectors briefly spoke with three residents who were mobilising in the corridor areas. These residents were cognitively impaired and they appeared to be well looked after.

Inspectors arrived to the centre unannounced. Prior to entering the main building, a series of infection control procedures including a risk assessment and symptom declaration were completed. The inspectors entered a bright and visibly clean centre. The centre is registered for 64 beds and there were 52 residents residing in the centre on the day of inspection. The centre is divided into two separate areas; the memory care unit which has 19 beds, and the main house which has 45 beds. A brief opening meeting was held with the person in charge who then accompanied the inspectors on a walkaround of the centre, adhering to social distancing requirements.

Inspectors observed some areas of good practice relating to infection prevention and control; there were several personal protective equipment (PPE) stations set up conveniently throughout the centre, alcohol hand gel dispensers were available throughout the centre to promote good hand hygiene, laundry arrangements included the temporary outsourcing of all linens, there were separate entrance and exit routes for staff working in the main house, memory care unit and kitchen. Notwithstanding the good practice seen, inspectors observed that the same staff were providing care for residents who tested positive for COVID-19 and those that did not have COVID-19 detected. This presented a risk to the containment of the outbreak and was not in line with best practice guidance.

Public health had advised that separate zones be created to contain the spread of the virus. A separate staff team should care for residents with COVID-19 and they should not mix with other staff members. The person in charge outlined that staff shortages directly impacted on the ability to create distinct zones to allow for cohorted care of residents infected with COVID-19 and those that had not contracted the virus. Inspectors observed that the 38 residents in the main house were spread over three different corridors, with two healthcare assistants on each corridor. Two nurses were assigned to these residents in the morning, reducing to one nurse at 2pm. One cleaner was assigned to the main house, with responsibility for cleaning all bedrooms and communal areas. In the absence of dedicated zones, infection control procedures must be watertight, and inspectors observed breaches in the correct use of personal protective equipment (PPE) which had potential to contribute to cross-infection and onward spread of the virus.

Efforts had been made to cohort residents in the memory care unit. On the day of inspection there were 14 residents in this unit, 7 of whom were positive for the virus. These residents were appropriately isolated in a separate wing of the unit with two dedicated healthcare assistants. However the attempted zoning was ineffective as the staff nurse on duty in the memory care unit was responsible for all residents in the unit and crossed over zones to provide care. This area also did not have dedicated cleaning staff. There were two contract cleaners on duty in the unit, who worked together and moved from the green to the red zone, using the same cleaning equipment in both areas. Inspectors observed that despite the centre being cleaned to a high standard, the procedures in place could contribute to further spread of the virus.

Inspectors spoke to the majority of staff on duty. New members of staff said that they felt well-supported as they were always assigned with a longstanding staff member. Staff told inspectors that they were working under considerable pressure, amplified by the requirement to don (put on) and doff (take off) PPE each time they entered a resident's room. Inspectors observed staff interacting well with residents on entering their rooms, despite the barriers in communication caused by face coverings. Staff were kind and person-centred in their interactions and staff who had worked in the centre for some time were heard to introduce themselves and were familiar with the resident's individual needs. However there were a number of agency staff on duty who told the inspectors that they were not familiar with the residents and relied on the staff they were working with to guide the residents care. Inspectors observed that many residents were nicely dressed and appeared content in their rooms. The meals delivered to residents were warm and appeared appetising. Staff told the inspectors that their priority was to ensure that all residents were well fed and had plenty to drink. Residents had fresh water at their bedsides. Food and fluid intake charts were maintained to ensure that high-risk residents received adequate nutrition and hydration.

The centre was closed to indoor visits but compassionate visits were facilitated when required. Inspectors observed a resident having a window visit in the morning. Staff were continuing to assist residents to maintain communication with their families and friends. Communication had been sent to residents' care representatives and ongoing arrangements were in place to communicate changes as they happened.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection of the designated centre which had been triggered as a result of a significant outbreak of COVID-19. The person in charge had notified the Chief Inspector of the first confirmed resident case of COVID-19 on

13 December 2021. By December 16, 32 residents and three staff were confirmed positive following mass testing as advised by the public health department. Significant onward transmission of the virus occurred, affecting 42 residents and 16 staff in total. The oversight and management of the current outbreak and in particular with regard to regulation 27: Infection control and regulation 6: Healthcare did not comply with regulatory requirements. This is discussed further in the Quality and Safety section of the report. Overall, the governance and management in the centre was not strong enough to maintain sufficient oversight of key areas including staffing, infection prevention and control, care planning and healthcare delivery.

On the previous inspection in November 2021, the governance and management systems in place within the centre were found to require significant improvements to ensure the effective oversight of the centre. Following the inspection, the provider had submitted a detailed compliance plan with scheduled timelines for completion. Inspectors found that although the registered provider had addressed some of the regulatory non-compliance's with regard to complaints and food and nutrition identified in the previous inspection, some actions proposed by the provider were not completed or sustained. Repeated non-compliance were found in:

- Regulation 15: Staffing
- Regulation 23: Governance and management
- Regulation 6: Healthcare

Additional non-compliance was identified on this inspection regarding;

- Regulation 27: Infection control
- Regulation 5: Individual assessment and care planning

A notice of proposed decision to attach a restrictive condition was issued on 31 January 2022 regarding the centre's registration which requires the registered provider to take all necessary action to comply with all regulations found to be non compliant on the inspections in November 2021 and January 2022 by 31 May 2022.

The centre is owned and operated by Mowlam Healthcare Services Unlimited Company, who are the registered provider and are involved in the running of a number of centres nationally. There is a clearly defined overarching management structure in place including regional and national senior management and operations teams. A provider meeting was held on 25 November 2021 to discuss the findings of the previous inspection, particular in relation to the lack of appropriate staffing levels. The registered provider had committed to recruiting suitable staff, however the findings of this inspection were that the centre was not adequately resourced to meet the needs of the residents.

Following the previous inspection, changes were made to the management structure within the centre which included the appointment of an additional clinical nurse manager to enhance clinical supervision of staff. The regional manager supported the person in charge to ensure audits of practice were carried out to identify trends and areas requiring improvement. Poor practice in relation to falls risk assessment was identified on this inspection, as discussed under regulation 5. The oversight of

falls was not significantly robust to identify serious omissions in the assessment of residents who were at risk of, and sustained multiple falls.

Significant improvements were noted with regard to the management of individual complaints. A review of current and closed complaints had identified areas for improvement, and a structured documentation system was in place to ensure complaints were well managed in line with regulatory requirements.

Regulation 15: Staffing

The registered provider did not ensure that the the number and skill mix of staff was appropriate given the size and layout of the centre. Nursing and healthcare assistant staffing levels were less that what was outlined in the centre's statement of purpose. The number of staff employed in the centre was insufficient to meet the needs of the residents. This was a repeat finding from the previous inspection in November 2021.

A review of the rosters showed that the centre was operating with reduced levels of staff prior to the outbreak of COVID-19. In the week preceeding the outbreak, there was no day where the centre operated at full staffing capacity. There was a heavy reliance on agency nurses and healthcare assistants to fill the rosters. When agency staff were not available, this led to low levels of staff. For example, in one 24 hour period, seven 12-hour healthcare assistant shifts went unfilled.

The staffing deficits in the centre posed a risk to the safety and welfare of the residents both prior to and during the outbreak of COVID-19. For example;

- The contingency of staff did not allow for the required cohorting of positive and negative residents as requested by the public health department. The impact of this is discussed under regulation 27: Infection control
- There was insufficient nursing staff to allow for seperate nurse led teams for COVID-positive and not-detected residents.
- There were insufficient cleaning staff. Household staffing levels were less than what was recommended by the recent HSE infection prevention and control outbreak review.
- The social care practitioner based in the memory care unit was unable to meet the resident's specific social and recreational needs as they had been redeployed to healthcare assistant duties. This rosters showed that this arrangement had been in place for some weeks prior to the outbreak, as a direct result of a shortage of healthcare assistants.

Judgment: Not compliant

Regulation 16: Training and staff development

While staff had received training in infection prevention and control, on the day of inspection this training was not seen to be implemented in practice. A lack of appropriate staff supervision resulted in poor infection control procedures, as detailed under Regulation 27: Infection control

In response to issues identified on the previous inspection, the provider committed to providing additional training in wound care and food modification descriptors by 31 January. These had not yet been completed, and were further delayed due to the current outbreak.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were inadequate staffing resources in place to ensure the effective delivery of care in accordance with the centre's statement of purpose, as discussed under Regulation 15: Staffing.

The systems in place to manage an outbreak of COVID -19 were not in line with the centre's contingency plan. A failure to implement the recommendations of the public health department on 13 January and an infection prevention and control specialist on 14 January in relation to separate staffing teams and cohorting of residents impacted on the health and welfare of both residents and staff and there was significant onward transmission of the virus.

Oversight of clinical care in relation to care planning, clinical risk assessments and healthcare delivery required strengthening to ensure best possible outcomes for residents. For example, repeated falls involving the same resident had not been addressed. There was no clinical or risk analysis of these falls conducted to identify any actions required to reduce the risk of the harm to the resident from falling. This is detailed under Regulation 5: Individual care plan and assessment.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and updated following the last inspection and clearly sets out the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed a small number of open and closed complaints that had occurred since the last inspection. Significant improvements were noted in the documentation of complaints. There was evidence that the centre's own procedures for managing complaints were being implemented.

Judgment: Compliant

Quality and safety

The well-being of the residents in Castle Gardens Nursing Home was impacted during the COVID-19 outbreak. Staff worked tirelessly to provide care and interaction to the residents during the outbreak and were compassionate in their engagement with residents. The centre maintained communication with the HSE Outbreak Control Team, the public health department and local infection prevention and control nurse specialists. Telephone and virtual advice was given on outbreak management and infection prevention and control practices. Notwithstanding this level of engagement, the centre struggled to implement procedures to control the spread of infection. There was a lack of sufficient oversight to identify potential risks and opportunities for improvement. Findings in this regard are detailed under regulation 27: Infection control.

Inspectors observed a good level of nursing support was provided to residents. There had been improvements in the clinical assessment and documentation of wound care since the previous inspection. However, support of medical professionals for those residents who were diagnosed with COVID-19 was not sought in a timely manner. On the day of inspection, none of the residents who had tested positive for COVID-19 had been physically reviewed by their GP, or another medical practitioner. The impact of this is discussed under regulation 6: healthcare. There was an electronic system of clinical assessment and care planning in place which was generally found to meet the needs of the residents. There were many examples of detailed and individualised care plans, which were updated regularly as a resident's needs changed. Inspectors found one instance of very poor clinical assessment and care planning which contributed to poor outcomes; this is detailed under regulation 5: Individual assessment and care plan.

Group activities had been suspended under current guidance. Following the last inspection, the activity coordinator and social care practitioner were implementing a new schedule of social and therapeutic activities throughout the centre, however due to staffing shortages in light of the outbreak, the social care practitioner was assigned to caring duties on the day of inspection. Staff took measures to try to meet the residents' social needs while they isolated in their bedrooms. Each resident had a television in their room and many of the residents had radios, mobile phones

and tablet devices. Residents who enjoyed reading the newspaper were provided with a daily paper in their room. Residents were facilitated to keep in touch with their families and friends via window visits, phonecalls and video calls.

Regulation 11: Visits

Visits to the centre had been suspended due to the outbreak of COVID-19, in line with national guidance and advice from the public health department. Inspectors observed some window visits taking place and there was evidence that compassionate visits were occurring based on a risk assessment.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the registered provider failing to ensure that procedures, consistent with the National Standards for infection prevention and control in community services (2018) published by HIQA, were implemented by staff.

- Initial containment advice from the public health department and an infection prevention and control nurse specialist to cohort residents infected with Covid-19 with a dedicated team of staff was not followed at the onset of the outbreak. As a result, efforts to prevent and control COVID-19 transmission were severely restricted and there was a significant onward spread of the virus in both residents and staff.
- Staff were seen entering and exiting rooms wearing PPE including gloves inappropriately and also not cleaning their hands as per the five moments of hand hygiene
- Inspectors observed that staff members did not adhere to required social distancing measures while on scheduled break times
- There was an insufficient number of clinical waste bins on one corridor, meaning staff had a distance to walk to dispose of contaminated surgical masks and other items on exiting a room. This was rectified immediately by the person in charge.
- Cleaning equipment was transported between the COVID- positive and not-detected areas. Equipment used in the cleaning and disinfection of an isolation area should be single use where possible and stored separately to equipment used in other areas of the facility.
- In the main house, there was one cleaner on duty to clean all communal areas and bedrooms, both COVID-positive and not detected. This crossover between areas placed a significant risk on transmission of infection throughout the centre. One cleaner is inadequate to ensure full cleaning and

disinfecting of the COVID-detected areas plus the enhanced cleaning requirements in the non-detected areas.

- In the memory care units, efforts were made to create separate red and green zones however the two cleaning staff on duty were working together across both zones, thereby increasing the risk of transmission of infection.
- More than one staff member was seen to be wearing hand and wrist jewellery
- Cleaning staff were using a Hoover without a HEPA filtration system which is not recommended

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Clinical risk assessments and associated care plans were not always prepared in line with regulatory requirements which directly led to poor outcomes for residents. For example,

- A falls risk assessment was not completed on admission, as required by the regulation
- A resident sustained five falls in a short time frame. A reassessment of the resident's falls risk was not conducted following each fall. This resulted in poor outcomes for the resident
- There was no falls care plan in place for this resident. This contributed to poor knowledge of the residents' baseline condition and therefore there was no preventative measures put in place to reduce the risk of falls occurring.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that a high standard of evidence-based medical and nursing care was provided for all residents. For example, residents who were COVID-19 positive did not have appropriate as required medication prescribed to manage potential deterioration associated with COVID-19. This was not in line with the centre's own COVID-19 preparedness plan which states that an anticipatory care plan will be developed, including supportive palliative management for end of life provision. There was no plan in place for any of the COVID-19 positive residents to be reviewed by their GP. This is important as many of these residents were documented as not for resuscitation or transfer to hospital. This may impact on the quality and safety of care received in the centre. It may also lead to unnecessary admission to hospital particularly if a resident is approaching their end of life.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0035677

Date of inspection: 18/01/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the home regularly. The Director of Care Services will attend a monthly progress review meeting with the HCM and PIC to review staffing and monitor overall regulatory compliance. • The senior nursing management team includes an Assistant Director of Nursing (ADON) and Clinical Nurse Manager (CNM), who provide clinical oversight to Staff Nurses (SNs) and Healthcare Assistants (HCAs). Recruitment for an additional CNM is ongoing. • We will ensure that the staffing establishment reflects the levels outlined in the nursing home’s Statement of Purpose. This will be closely monitored by the HCM and PIC. • In the event of another infection outbreak, we will ensure that appropriate numbers and skill mix of nurses, Healthcare Assistants (HCAs) and ancillary/housekeeping staff are deployed in line with the prevailing guidance of Public Health in place at the time of the outbreak. • In the event of a future infection outbreak, we will ensure that the social and recreational needs of all residents will continue to be met as well as the physical and psychological care needs of each individual. We will ensure that designated social care or activities staff will remain focused on the provision of meaningful engagement with residents in accordance with their individual expressed preferences and choices. • Staffing within the home is carefully and consistently monitored to ensure that there are always enough suitably qualified staff available to meet each resident’s assessed care needs. • During periods when staff are unavailable to work due to sickness leave, or when a post is vacant, every effort will be made to realign the rosters so that another staff member can cover the shift(s), but if that is not possible, agency staff are booked to replace the absent staff member. 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • We will ensure that all staff receive the required mandatory training, including, but not limited to: Moving & Handling of People, Behavioural & Psychological Symptoms of Dementia (BPSD)/Responsive Behaviours, Safeguarding and Protection of residents, Fire Safety, Infection Prevention & Control, Medication Competency Assessment, A Human-Rights Based Approach to Care. All outstanding mandatory training and education programmes, and refresher updates have been delivered or are scheduled for all staff to bring the training records up to date. • We have provided enhanced education and training to nurses in respect of wound assessment, classification, care planning and treatment and the PIC will monitor their practice to ensure that they apply the learned theory to practice. • Training for all relevant staff on food modification descriptors has been completed or scheduled. • The PIC, ADON and CNM will provide oversight in relation to the IPC practices of staff. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There is a clearly defined management structure in the nursing home. There is a PIC, ADON and CNM in post; they have significant experience in caring for older persons and there has been valuable learning and development from the recent experience of significant outbreak of infection in the nursing home. • The Covid-19 contingency plan for the home has been reviewed, updated and a post-outbreak review has been completed, including the learning outcomes from the recent outbreak experience. • The PIC will continue to receive support from the regional Healthcare Manager and Director of Care Services. The Healthcare Manager visits the home very regularly and is available for advice, discussion, and consultation at all times. A monthly progress review meeting in relation to regulatory compliance is attended by the Director of Care Services, the HCM and the PIC. • The staffing roster is produced in advance and there are appropriate deputising arrangements for the PIC. All members of the nursing home management team can be contacted out of hours, and staff on duty are aware of all contact details. • The appropriate deployment of nursing, care and ancillary staff was reviewed and the cohorting guidance of the Public Health department was fully implemented and overseen by the PIC. We will ensure that Public Health guidelines in relation to staff deployment are implemented and adhered to in the event of a future outbreak. 	

- An ongoing recruitment plan is in place to ensure that the number and skill mix of staff is appropriate and accurately reflects the Statement of Purpose staffing levels. This includes the recruitment of healthcare staff from outside of the EU which is currently in progress.
- The PIC is aware of all operational issues in the nursing home as there are regular communication meetings, mid shift Safety Pauses and handover meetings held in the home in order to maintain effective channels of communication with all staff and to give staff an opportunity to provide feedback on any residents who have a change in their needs or health status.
- There is an audit schedule in place to monitor key aspects of care in the home and appropriate quality improvement plans have been identified and implemented to address any areas of non-compliance. For example, the HCM has completed a Falls Analysis and issued a Corrective Action Plan based on the outcome of the audit. The PIC, ADON and CNM will continue to monitor the assessment and care planning of residents who have identified falls risks.
- The PIC attends an organisation-wide Falls Committee and will participate in a virtual education programme on Falls Management; the learning from this course will be shared with the nursing home staff in order to increase vigilance and improve practice in falls prevention and management.
- There are monthly management team meetings which are chaired by the PIC and attended by the HCM and representatives of each department.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- As part of a retrospective review of the recent Covid-19 outbreak in the home, the chronology of events has been analysed, initial actions have been reviewed, and quality improvements recommended.
- All staff have now completed Infection Prevention & Control (IPC) Training updates, including the management team of the home. The PIC will be responsible for the oversight of IPC practices and ensure that all recommended improvements are implemented and maintained.
- Staff were redeployed in line with Public Health advice and overseen by the PIC, including the provision of additional housekeeping staff. A deep clean of all areas was completed once the COVID-19 outbreak was officially declared over.
- The PIC will ensure that all staff have been inducted to include the procedures they are required to complete as part of their IPC role in relation to the use of sluicing facilities.
- A survey has been completed in relation to the available space for an additional sluice room and we will address this requirement and the provision of compliant clinical handwashing facilities as part of a wider schedule of works for the home. A programme of decorative upgrade has commenced prior to the recent inspection; this includes improving the surfaces and finishes, including wood finishes on doors, skirting boards, bedrails and lockers.

- HEPA air filtration system will be installed in the dayrooms.
- We will provide a vacuum cleaner with a HEPA filtration system.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- All residents will have a falls risk assessment completed on admission, which will inform the development of an appropriate plan of care for each resident who is at risk of falling.
- A Falls Analysis was conducted in relation to residents who sustained frequent falls and this includes a corrective plan to improve the oversight and intervention of management and staff in relation to the prevention and management of falls.
- The PIC will ensure that:
a reassessment of falls risk is completed after every fall.
a falls prevention and management care plan is developed in accordance with the outcome of the falls risk assessment.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The GPs who have patients in the nursing home will be contacted to arrange a review of each resident. The review will be undertaken in consultation with the individual residents and/or their designated representative and will include advance planning and anticipatory prescribing to manage the care of residents who have the potential to deteriorate with the associated effects of COVID-19 in the event of a further outbreak.
- The COVID-19 preparedness plan has been reviewed and updated accordingly by the PIC.

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 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.	Not Compliant	Orange	30/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/03/2022

	effective delivery of care in accordance with the statement of purpose.			
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	31/03/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	28/02/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Not Compliant	Orange	28/02/2022

	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.			
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	28/02/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/03/2022