Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	Glenageary Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0036618

About the designated centre

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

Altadore Nursing Home is located on the Upper Glenageary Road in Dun Laoghaire. It can accommodate 66 residents, both male and female over the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term respite, long term care and convalescence care.

The centres comprises of 44 single rooms and 11 twin rooms, all of which are en suite. There are communal areas available to residents, such as activity rooms, sitting rooms and outside terrace areas. The person in charge is supported by an assistant director of nursing, nursing staff and other support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 March 2022	09:20hrs to 18:45hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Residents appeared to be content living in the centre and the majority of residents who spoke with the inspector were satisfied with the quality of their lives. There was a calm relaxed atmosphere in the centre. Overall residents' well being and welfare was being maintained to a good standard, although some improvements were required to the oversight of policies, restrictive practice and care planning.

This unannounced inspection took place over one day. The inspector spoke with several of the residents living in the centre and spent periods of time observing staff and resident engagement in communal areas. The overall feedback from residents was that Altadore Nursing Home was a pleasant place to live and that they felt well cared for by staff.

When the inspector arrived at the centre they were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. The same process was implemented with visitors admitted to the centre.

The centre was homely, and generally well maintained and spacious. Resident were seen to be freely moving through the centre for exercise or to get to other areas of the centre. Rooms were bright and well ventilated. The building was laid out over three floors, with lifts and stair cases to give access between floors. Communal spaces were observed to be comfortable and residents were seen to be using them to partake in activities, watch TV and enjoy each others company. Newspapers were delivered daily and residents could choose if they wanted their own newspapers.

The centre was furnished to a good standard throughout. In bedrooms seen, residents had decorated them with items personal to them, such as photographs, artwork and ornaments of their choosing. Most residents mentioned that they were happy with their room environments and one said that they liked their room but it was a little bit dark, although it had everything they needed.

Group activities took place during the inspection with all sessions seen to be well attended by residents. A dance class was postponed that day as a musician come instead. They used the centres piano in the activity room to entertain residents who were seen to sing and hum to the music. One to one activity was offered to those residents who did not want to take part in group activities. There were two activity staff allocated each day during the week and one on Saturdays. A healthcare assistant provided activities on Sundays. The hair dresser visited twice a week and was in the centre during this inspection.

While there was a detailed information board for residents, this information was hung at a high level which could be difficult for residents to see.

In the activity schedule, a sample of activities on offer included newspaper reading and a general chat about the news, hand and nail care and exercise classes. Reminiscence therapy was done through poetry, travel documentaries and music. Residents with cognitive impairment were scheduled to use SONAS therapy to encourage memory.

A variety of suitable indoor and outdoor communal areas was available and accessible for residents. Residents said they were pleased to have friends and family coming in again and enjoyed outings from the centre. Residents went on accompanied walks with staff or their visitors.

Lunchtime was seen to be a pleasant, calm and comfortable experience for people dining alone or with assistance from staff. Residents were supported to eat and drink at their own pace, in an unhurried and patient manner, and residents were offered choices of meals, drinks and snacks throughout the day.

Residents who spoke with the inspector said that they were happy with the care being given and that staff were very attentive, kind and caring. They said that they felt very safe and that if they had a complaint they knew who to talk to. They said there was good communication from the staff about any changes in the running of the centre. It was evident that staff were knowledgeable about residents' needs, and were observed to be respectful, happy and gentle in their approach.

The next two sections of this report present the findings of the inspection in relation to governance and management arrangements in the designated centre and on how these arrangements impacted on the quality and safety of the service provided to the residents.

Capacity and capability

Residents received good care and support from staff and had access to a variety of individual and group recreational opportunities. However action was required related to governance and management systems to ensure that services provided were effectively monitored and that they were consistently safe and appropriate for the residents. These included written policies and procedures, and notification of incidents, an updated statement of purpose.

The centre is operated by Glenageary Nursing Home Limited who is the registered provider, with this designated centre being part of the Virtue Group. The inspector saw that the current directors had taken over the running of this centre in 2021 and were in the process of introducing new systems.

There was a clearly defined management structure in place with identified lines of accountability and responsibility for the centre ensuring good quality care was delivered to the residents. The person in charge was well established in their role and was also supported by an assistant director of nursing, staff nurses, healthcare

assistants, activity, housekeeping, maintenance and catering staff. The inspector noted that the person in charge was supported in her role by regular contact and meetings with senior management.

The centre was managed by a management team who were focused on improving resident's well-being and quality of life. The inspector was told that the wifi had been upgraded the week before this inspection and staff were integrating new information systems into their everyday work. For example incidents, accident and complaints would soon be recorded on the new system. The quality and safety committee and resident meetings were being scheduled to take place in the weeks following this inspection and an infection control committee met monthly.

The registered provider completed a suite of clinical and environmental audits weekly and on a monthly basis monthly to monitor the care and service delivered. While there were systems in place for the audit and monitoring of services and care given, audit tools used did not identify findings on this inspection such as environmental and hand hygiene audit tools. These findings are identified in Regulation 27: Infection Control.

The inspector was not supplied with complete staff training records during the inspection, however the relevant information was submitted the day after the inspection. This showed that refresher fire and moving and handling training had been delayed due to the outbreak in the centre. Records submitted included refresher training dates for staff who were overdue training. These were scheduled to take place in the coming weeks.

The inspector identified that there were restrictive practices in place which were not notified to the Chief Inspector in quarterly submissions of NF39A notifications. The provider did not recognise that sensor alarms or locked doors were environmental restraints. This omission did not allow inspectors to have a clear overview of the level of restrictive practice currently in place in the centre.

Action was required by the registered provider to review policies and procedures. A number of policies identified key personnel no longer in position, for example in the complaints, safeguarding, risk management policies. The provider assured the inspector that a number of policies were in draft format and were due to be signed off at the next quality and safety management meeting in April.

The COVID-19 contingency plan had not been updated since November 2020 and contained outdated information such as the name of the previous owners. There was no entry for contact details for any agency should additional staff be required.

Changes to the layout and occupancy of some multi-occupancy rooms had taken place and the registered provider had not notified the Chief Inspector of these changes or submitted the necessary documents for an application to vary condition 1 and 3 of the centre's current registration. The provider had assured the inspector that the required information would be submitted in the weeks following this inspection

The annual review on the quality and safety of care for 2020 was not available to

residents in the centre. It was stored on the office computer. The annual review for 2021-2022 was in draft format. The provider had collated information from resident and family surveys and planned to use this to form a plan of action to improve the lived experience of residents in the centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had failed to complete an application to vary condition 1 and 3, with an up-to-date statement of purpose and floor plan, for the designated centre's registration following the reconfiguration of eight multi- occupancy rooms. The layout of these rooms were configured to reflect single occupancy.

Judgment: Not compliant

Regulation 15: Staffing

There were sufficient staff to meet the assessed health and social care needs of residents in the centre. There were registered nurses on site during the day and the night to oversee and ensure the clinical needs of the residents were met.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for all staff. There was a comprehensive approach in place to manage induction of new staff. Staff were supervised to ensure that they completed their duties to the standards expected.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place in the centre were not sufficiently robust to ensure consistent and effective oversight of services. The governance and management monitoring systems in relation to infection control and the provision of an updated outbreak contingency plan were insufficient to ensure that services were provided in a safe and sustainable way.

The annual review of the quality and safety of care delivered to residents for 2020 - 2021 was not readily available to residents. There was no evidence seen in this review that it was prepared in consultation with the residents or their family.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts of care contained all the information required by Regulation 24: Contracts for the provision of services.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider failed to notify the Chief Inspector of all occasions where restrictive practice was used. Not all environmental restraints, such as the use of bed and chair alarms or locked doors were included in the quarterly reports returned to the Chief Inspector.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider failed to review policies and update them with current stakeholders in accordance with best practice.

The safety statement, risk management, complaints and safeguarding policies identified key personnel who were no longer in position. They had left the service in December 2021.

Judgment: Substantially compliant

Quality and safety

Overall the residents were supported to have a good quality of life. They were seen to be supported by staff to spend their days in the way they wished. However

efforts were needed for the provider to come into compliance with care planning, managing behaviours that is challenging, residents' rights, information for residents, risk management, infection control and premises.

Residents had good access to the centres own medical officer and practice nurse or their own GP if they wished. There was evidence of access to allied health and social care professionals to assess, recommend supports and meet the care needs of residents. Residents had access to palliative care specialist services for end of life care, with national health screening available to those residents who were eligible.

A sample of support plans for residents who were at risk of losing weight or who had specific dietary requirements were reviewed and found to be clear and detailed on required supplements and food types recommended for residents. Action was required with regard to completing timely risk assessments for the use of bedrails to inform the associated care plans. Gaps were seen in the provision of clear guidance for staff in the provision of wound care for one resident and for another resident with responsive behaviour, to ensure that the care given was appropriate.

A register of restrictive practice used was maintained. However the provider did not include environment restraints such as sensor mats or locked doors. In the register of restraints seen, 30 of the 56 residents living in the centre used bedrails. In this record, it was seen that approximately 50% of residents had requested bedrails and there was evidence seen in records for one resident that they had requested the removal of bedrails.

Improvement was needed to show that the provider was taking steps to reduce the use of restrictive practice in line with the national policy as published on the website of the Department of Health.

There were gaps seen in consent practices for the use of sensor mats which required review to ensure that resident rights were protected. Exchanges between staff and residents showed that residents responded well to redirection by staff should they present with responsive behaviours.

While residents did not have access to independent advocacy services, residents had choice and opportunity to be alone and their privacy and dignity was seen to be respected. The inspector was told that by choice, and in the past, residents were consulted about the running of the centre in an informal way rather than through resident meetings. Records showed that residents were now requesting resident meetings and in response this, the provider was scheduling a meeting in the coming weeks.

While there was an information booklet available to residents it did not contain information required by Regulation 20: Information for residents. For example it did not contain a summary of services in the designated centres such as the provision for independent advocacy services or safeguarding. In addition there was no information with regard to the complaints procedure.

While the plan in place for responding to emergencies was out of date, the provider had a risk management policy which identified the hazards and assessment of risks

which were regularly reviewed. Measures and actions were in place to control the risks identified.

The registered provider had responded in a positive manner to fire safety concerns raised at a previous inspection, where fire refuge areas were seen to be free of obstruction during the inspection.

There was evidence of good infection prevention and control practice in the centre, however, there were gaps in practice such as cleaning processes, with no schedules for cleaning soft furnishings. There was inappropriate storage of clinical equipment, laundry and dressings. The hand hygiene sinks in the centre did not meet the National Standards and there was no provision for a clinical room in the centre.

There had been a recent COVID-19 outbreak in the centre. Early detection allowed the provider to put in measures to prevent onward transmission of the virus. Staff were aware of their role in minimising the spread of infection to other areas of the centre.

While two of the occupied shared rooms did not meet the requirements of the premises regulation, the provider had identified that a number of other shared bedrooms did not meet this regulation and had reduced the occupancy of these rooms to one resident. The inspector was told that this arrangement had been in place since the start of the COVID-19 pandemic in an effort to reduce the onward transmission of the virus. The layout of these rooms reflected single resident occupancy.

Regulation 17: Premises

The provider, having regard to the needs of the residents in the centre did not provide premises which conform to matters set out in Schedule 6. Two rooms that were used as shared rooms did not meet the needs of residents, where the layout of the rooms meant that residents did not have access to their belongings in private.

Judgment: Substantially compliant

Regulation 20: Information for residents

There were gaps in the information booklet for residents with regard to complaints, safeguarding and independent advocacy services.

Judgment: Substantially compliant

Regulation 26: Risk management

The safety statement which contained the emergency plan for the designated centre was last revised in January 2020. Key personnel and their contact numbers included in this plan were for staff who had since left their positions. This meant that in the event of an emergency, the most up-to-date information for key personnel was not available to staff.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting healthcare-associated infections. For example:

- One intravenous tray used was cracked and was not clean. This was a finding during the last inspection.
- Six scissors used for wound dressings were not clean. They had sticky residue on them and one was rusty.
- Many hoist slings were found hanging from pieces of equipment with no resident identifiers seen on these slings, indicating they were not resident specific. Staff confirmed that they did not use individual hoist slings for residents who needed them. This was a finding during the last inspection.
- Cleaning procedures did not ensure that hoists and clinical equipment were cleaned before they were disinfected.
- There was no cleaning schedule for curtains, carpets and cloth covered furniture.
- Chairs used in nurses station/offices were cloth covered. Two were seen to be heavily worn and stained.
- Records for the maintenance of bedpan macerators were not readily available.
- Refresher training was required to ensure that cleaning solutions, such as washing up bottles and environmental cleaning solutions were not topped up to prevent cross contamination of these solutions. This was a finding during the last inspection.

Storage practices in the centre required review from an infection prevention and control perspective. For example:

- Clean linen was stored on uncovered trollies on corridors where residents

were walking. This was a finding during the last inspection.
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used. This was a finding during the last inspection.
- In one sluice room there was no appropriate storage for laundry bags and disposable bedpans. These were stored on a sink draining board.
- Two insulin pens in use were not labelled with the residents information. This was a finding during the last inspection.

There were gaps in the provision of hand hygiene facilities:

- There was no alcohol based hand rub at one lift, in sluice and cleaners rooms to ensure compliance with good hand hygiene practice.
- There was no alcohol based hand rub in bedrooms at the point of care, this was discussed with the person in charge, who said they would review this.
- While hand hygiene practice was good, it could not be performed effectively due to four staff wearing hand jewellery such as watches, stoned rings, a bracelet and another had nail varnish.
- There was no bin in two sluice rooms. The bin in the activity room was not hands-free which could result in cross contamination.
- There were hands free bins in toilets seen which did not have a smooth finish to allow for effective cleaning. Two bins seen had stains on them. One of these bins was used outside a room for disposal of used PPE for a resident who was restricting their movement in the centre.
- The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks, in line with National Standards.
- There was no clean utility room/clinical room for staff where drugs, lotions and dressing could be stored or dressing trollies prepared. This also meant that there was no dedicated hand-hygiene facility for staff use.
- In one cleaners room there was no hand hygiene sink.

The totality of the findings listed above and repeat findings from the last inspection have informed a judgement of non-compliance with the current requirements of Regulation 27.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There were gaps in care planning records to ensure that there was an updated, appropriate care plan in place for all residents' identified needs. For example:

- A behaviour support plan for one resident did not give clear direction to staff in how to support a resident when they displayed behaviours that challenge.
- There was no wound care plan for one resident to show the current treatment being given or records of wound assessments.

- While bedrail care plans were reviewed within a four month time frame, the associated risk assessments for the use of bedrails were carried out on a six monthly basis. This meant that the up-to-date risk assessment was not used to update the care plans.
- One safe environment care plan contained historical information that was no longer appropriate to the resident. For example the use of a collar and cuff which the resident no longer used following a fracture sustained in August 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident had timely access to a medical practitioner and allied health and social care specialists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Gaps in records and practice were seen in the following areas:

- Consent records were not available for the use of bed, chair and floor sensor alarms for residents. The person in charge was not assured that the residents or their family members consented to their introduction and use.
- There was little evidence seen in records to show how the provider was progressing towards a restraint free environment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents did not have access to independent advocacy services if they wished. The information on how to access independent advocacy services was not advertised on notice boards or in the resident information guide. The policy with regard to advocacy gave directions that it would be organised through the person in charge. In addition, the inspector was told that advocacy was through an informal arrangement with the activity coordinators. This meant that advocacy services were not independent of the provider.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Altadore Nursing Home OSV-0000004

Inspection ID: MON-0036618

Date of inspection: 31/03/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: The application to vary has been submitted. Works have been scoped to adjust rooms in line with regulations. These plans will be implemented by maintenance.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audits and action plans are discussed during the monthly governance meeting. The Director of Nursing and Assistant Director of Nursing have updated the outbreak contingency plan and discussed with staff during a meeting. A copy of the Annual review has been placed on the resident notice board and annual review is now reflective that it took place with consultation with family and residents. Feedback forms were attached but now summarised in the review.	

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
We are now aware of the request that floor sensors, chair sensors and our locked door are restrictive practise. This has been discussed during are governance meeting and all staff made aware. They are now included in our restraint register. Consent forms have been obtained. These restraints have been included in our recent quarterly HIQA notifiable in April 2022.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
A new suite of policies and procedures have been finalised by the group Director of Quality, Safety and Risk alongside the Director of Nursing. These policies are currently being distributed to all staff.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All rooms are now designated appropriately. Eight rooms have been reassigned from twin to single use. Works to ensure the remaining three twin rooms meet the required regulations have been scoped and these plans will be implemented by maintenance.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
1. The information booklet for residents have been updated to include information on

complaints, safeguarding and independent advocacy services and awaiting for the new booklet to be printed.
2. Residents Notice Board have been hung at a high Level: This has been lowered by our maintenance

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The safety statement was revised in January 2022 but is now available in the safety statement folder. It was located on our notice board. Key personnel content has been updated and available. All staff have read and signed - they are aware of the location in an event of an emergency.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Intravenous Tray: The tray was removed and RGNs educated on the importance of removing damaged cracked trays and replacing. There is a stock of trays available for RGNs. This is audited weekly by management

2. Scissors: RGNs educated on the importance of cleaning and sterilising scissors after use. A face-to-face wound training was organised and took place on 20/05/22.

3. Hoist Slings: Individual slings have been ordered

4. Hoist cleaning: schedule has been allocated.

5. Cleaning schedule for curtains, carpets and cloth furniture is scheduled. Educated the cleaning staff on the importance of documenting this information.

6. Chairs: New easily cleaned chairs were ordered

7. Records for bedpan macerators: Records for bedpan macerators: historical records are with the previous owner. A new SLA is being scoped and agreed.
8. Refresher Training: This was provided to Housekeeping staff and explained the importance of not topping up washing up bottles to prevent cross contamination.

9. Linen Trollies: Suitable trollies which will ensure compliance have been identified and the order is with procurement.

10. Single Use dressings: Educated the RGNs on the importance of only using dressings once. This is overseen by management.

11. Sluice Room-Shelfing has been requested to take place in one sluice room

12. Insulin Pen-RGNs have been educated re the importance of labelling the insulin pen for our insulin dependent Diabetic resident. Audited on a weekly basis by management.

13. Alcohol hand rub: New wall mounted hand sanitiser has been ordered for one lift area (Nearest hand rub available across from lift not directly at lift),sluice rooms and cleaning rooms. The hand sanitiser is directly outside the sluice and cleaning rooms but not in the room.

14. Hand Hygiene: Staff educated on the importance of not wearing jewellery and nail varnish. Hand Hygiene audits increased and management discuss during daily reports.

15. Bins: Bins ordered for two sluice rooms and activity room and now inplace. Hands free bin now in place to the activity room.

16. Bins which do not have a smooth finish have been removed and replaced with stainless steel bins.

17. Hand Hygiene sinks: maintenance to source and install.

18. Utility Room for drugs and dressing: during the pandemic the treatment room was used as a store of essential items. This will return to its previous use.

19. Cleaners hand hygiene sink: maintenance will review location, scope works and advise on solution.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. Behaviour care plans have been reviewed and more descriptive.
2. RGNs have been educated re the importance of weekly wound assessment on all wounds and audited weekly by CNM/ADON.

3. RGNs educated on the importance of reviewing care plans in dept and changing information when required. DON/ADON and CNM has carried out a full review of all residents care plans. 4. Bedrail care plans are updated on a 4 monthly basis and to ensure that the care plan reflects current management, Bedrail assessment now changed from 6 to 3 monthly basis.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: 1. Consent Forms now in place for use of floor, chair and door alarms. Bedrail initiative in progress to reduce restraint numbers. A slow gradual approach. exploring and trialling suitable removal. 2.Challenging behaviour care plans were reviewed and updated. Care plans communicated with care staff.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Advocacy service SAGE details are now included on the Resident Notice Board and resident guide. This service has been discussed with residents and will also be discussed during the resident forum meeting.

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
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	30/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/07/2022
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a	Substantially Compliant	Yellow	07/06/2022

	summary of the services and facilities in that designated centre.			
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	07/06/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	20/05/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	20/05/2022
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 services or damage to property.	Substantially Compliant	Yellow	01/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	23/06/2022

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	29/04/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2022
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).	Substantially Compliant	Yellow	31/05/2022
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	31/05/2022

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	30/06/2022
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Substantially Compliant	Yellow	04/05/2022