



**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:	Costello's Care Centre
Name of provider:	Costello's Nursing Home Limited
Address of centre:	Ballyleague, Lanesboro, Roscommon
Type of inspection:	Unannounced
Date of inspection:	25 June 2021
Centre ID:	OSV-0000333
Fieldwork ID:	MON-0033410

About the designated centre

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

Costello's Care Centre is designated centre and is located in Ballyleague, Lanesboro, Co Roscommon. It is registered to accommodate a maximum of 28 residents. Accommodation is provided in a variety of rooms. There are single, single en-suite and six shared/ twin rooms. All rooms are located on the ground floor. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory/ chapel, a hairdresser room and an enclosed garden area that are all readily accessible to residents.

Costello's Care Centre provides care for residents whose needs range from low dependency to maximum dependency nursing care. The centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care post-operative care and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Friday 25 June 2021	09:30hrs to 17:15hrs	Kathryn Hanly	Lead
Friday 25 June 2021	09:30hrs to 17:15hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Inspectors spoke to six residents to gain a better insight of their lived experience in the centre. Overall, residents reported good quality of life in a homely environment and they were complimentary of the care in the centre. There was a rights based approach to care in the centre and residents reported choice in all aspects of their care and living arrangements. They expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. Residents also described heightened anxieties and the difficulties brought on by the COVID -19 pandemic and expressed relief to have had received their COVID-19 vaccinations.

Inspectors began this unannounced inspection in the morning and were met by a member of staff who ensured that hand hygiene and temperature and symptom checks for COVID-19 were carried out prior to entering the centre. On arrival, the inspectors did a walk of the centre with the clinical nurse manager and person in charge. Resident bedrooms were located down three separate corridors that were in close proximity to the main communal living rooms. Bedroom accommodation was provided in a mixture of single and twin rooms. Overall the general environment and communal areas, toilets bathrooms, and sluice facilities appeared visibly clean.

Through walking around the centre, inspectors observed that most residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control. The décor in resident's rooms was showing signs of wear and tear, however the inspectors were told painting was to commence shortly. Barriers to effective hand hygiene practice were also identified during the course of this inspection for example there were a limited number of clinical hand wash sinks available for staff use. Findings in this regard are further discussed under the individual Regulations 17 and 27.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time over the past year. Staff and management also described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. The potential harm to residents associated with the loss of regular direct personal contact with those who are most important to them was recognised by management. The Registered Provider had engaged with residents and communicated clearly with residents and relevant others regarding the changes in the visiting policy. Inspectors observed a visit taking place. A separate entrance and exit was available for visitors.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents said the food was good, they received a choice and they

generally could not fault the food.

The majority of residents spent their day in the living room. Inspectors observed activities, including bingo and a card game. There was evidence that a varied programme of activities was available to residents in the centre. Inspectors noted that there was a flow of conversation between the residents who participated. Inspectors observed that staff related to residents in a calm and kind manner on the day of the inspection. Residents were referred to by name, and there was obvious warmth between residents, staff and managers. Residents told inspectors that they were listened to and that staff were kind to them.

Staff were observed coming and going from individual residents' bedrooms. The inspectors observed that each bedroom door had a vacant / engaged sign to ensure privacy where desired. Inspectors observed that the signs were not actively used although all staff knocked on resident bedrooms and communal bathrooms and waited for a reply prior to entering.

Overall residents reported to being very happy with the kind care received from the staff. The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effected the quality and safety of the service.

Capacity and capability

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in November 2020. During this outbreak 22 cases were identified (7 residents and 15 staff members). Thankfully all infected residents and staff had recovered. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health.

Inspectors found that there was a clearly defined management structure with identified lines of accountability and responsibility for the centre, ensuring good quality care was delivered to the residents. The designated centre was operated by the registered provider Costello's Nursing Home Limited. The registered provider was available in the centre on the day of the inspection. The registered provider was actively involved in the running of the service and worked closely with the staff team and were knowledgeable about the residents and the day to day issues that were happening in the centre. The person in charge was supported in the centre by a clinical nurse manager.

The management team were generally proactive in response to issues as they arose however on this inspection some improvements were required to ensure there were adequate arrangements in place for evacuating all residents in the event of fire in the centre and the safe placement of residents, particularly in relation to the

evacuation of eight residents from rooms 9-14 at night when there were two staff members on duty. Following the inspection, the Chief Inspector issued an urgent compliance plan regarding the fire safety risks to the registered provider and sought further assurances. In response the provider placed an additional member of staff on the roster for night time hours until the fire expert has carried out the planned simulated night time fire drill on the 9th July. In addition the provider created a vacancy in the largest compartment thus reducing the occupancy level. Findings in this regard will be discussed under Regulation 28.

Improved oversight was also required by the provider to review the systems in place to assure itself that the physical environment, facilities and staff resources were managed to minimise the risk of infection. Inspectors were informed that all bathrooms were cleaned daily however resident's rooms were routinely cleaned on Mondays, Wednesdays and Fridays. For cleaning to be effective, centres should have a documented cleaning schedule that outlines clear responsibilities of staff and the frequency of cleaning required and the products that should be used to clean specific areas. Inspectors were informed that a member of management had recently completed an infection prevention and control training programme and following this was reviewing the cleaning documentation and schedules.

The governance arrangements and operational structures ensured that the provider detected, managed and responded appropriately to the November COVID-19 outbreak. Inspectors were informed that the contingency plan had worked well and the provider had established links with support organisations, including Public Health and had access to national guidelines. An infection prevention and control nurse specialist had attended the centre during the outbreak and had advised on outbreak management and infection prevention and control practices.

Three pieces of unsolicited information had been received by the Chief Inspector since the last inspection including concerns in relation to infection prevention and control practices and visiting arrangements in the service. These were followed up on inspection and were found to have been appropriately managed.

There was an annual review in progress to review of the quality and safety of care delivered to residents in the designated centre during 2020. A clear policy was available to guide complaint management, and records were well maintained separately from any resident file or information.

There was a programme of audits carried out to monitor the quality and safety of care delivered to residents. However due to the additional workload generated by the COVID-19 pandemic and the recent outbreak the audit programme had fallen behind schedule. Weekly monitoring of key performance indicators such as complaints, falls, wound care, infection control, invasive device management and nutrition was also undertaken.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. All staff had completed mandatory training including manual handling, fire safety and safeguarding vulnerable adults. Staff were seen to be knowledgeable

about residents and regular staff meetings took place.

Managers and staff had access to the current Health Protection and Surveillance Centre (HPSC) guidelines. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education.

The inspectors reviewed the care plans for residents who had bed rails in place and found clear documentation in place. However inspectors found that NF39A quarterly notifications including (any occasion when restraint was used) had not been accurately submitted to the Chief Inspector.

The findings in relation to the capacity and capability of the governance structures and processes are discussed under the relevant regulations in the next section of the report.

Regulation 15: Staffing

There were insufficient staffing levels at times having regard to the needs of residents and in accordance with the size and layout of the centre. For example:

- There were not sufficient staff on duty at night to ensure that residents could be evacuated safely in the event of a fire.
- There were not sufficient household staff on duty to ensure that all residents rooms were cleaned each day.
- The Activities Co-ordinator was available five days a week. Inspectors were informed that recruitment was ongoing with a plan to increase this to seven days a week as outlined in the centres statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. All staff working in the centre had received up-to date mandatory training which included fire safety, manual handling and safeguarding training. Additional fire safety training and independently monitored fire drills had been scheduled for 2021.

Judgment: Compliant

Regulation 19: Directory of residents

Inspectors found that the directory of residents was maintained in line with statutory requirements and detailed the relevant information in respect of each resident.

Judgment: Compliant

Regulation 23: Governance and management

While it was evident that care was delivered to a high standard, inspectors found that the management systems in place to monitor the quality and safety of the service continued to require further strengthening. For example:

- A evaluation of the management of the outbreak, which occurred in November 2020, including lessons learned to ensure preparedness for any further outbreaks, had not been compiled at the time of the inspection as recommended in HPSC guidelines.
- There were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance.
- There was a lack of oversight and supervision of cleaning processes and staff. As a result there was some uncertainty among housekeeping staff regarding cleaning processes including the requirement for dust control or vacuuming prior to wet mopping.
- Risks were not being effectively identified and managed. For example, the risk register did not include the fire safety risk risks identified by inspectors on inspection as addressed under Regulation 28.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector. However, the detail submitted specific to the use of restrictive practices was not accurately communicated to the Office of the Chief inspector in line with the requirements of Regulation 31, Schedule 4(7)(1)(g).

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents spoken with told inspectors that they would not hesitate to make a complaint. Residents said they were confident their concerns would be listened to and action taken if required. Feedback from residents was welcomed by the management team. There was a suggestion box at the nurses station. Inspectors reviewed the complaints log and found that there was a total of two complaints logged in 2020. There was good evidence in the documentation that appropriate actions were taken when a complaint was received.

Judgment: Compliant

Regulation 4: Written policies and procedures

All 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, the inspectors found that residents were appropriately supported to live a good quality of life in the designated centre and care needs were generally being met. The centre generally ensured that the rights and diversity of residents were respected and promoted. However non-compliances with the regulation 28 were identified during the inspection that require urgent attention to safeguard the safety and wellbeing of the residents. Findings in this regard will be discussed under Regulation 28.

The centre experienced an outbreak of COVID-19 in November 2020. While it may be impossible to prevent all outbreaks, careful management had contained the spread of infection and limited the impact of the outbreak on the delivery of care. A significant amount of work had been undertaken by the provider in implementing multiple measures to effectively manage and contain the November COVID-19 outbreak. However issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example improvements were required to ensure un-vaccinated residents were appropriately managed on return from acute hospitals in line with HSE and HPSC COVID-19 guidelines. Regulation 27 was found to be substantially compliant.

Residents continued to have good access to their general practitioner (GP) and other health care professionals throughout the COVID-19 pandemic. There were established links with a consultant geriatrician in a local hospital. Residents were

comprehensively assessed on admission and assessments were regularly reviewed. A review of a sample of care plans indicated they were person-centred and provided good guidance on the care to be delivered to residents on an individual basis. The care plans were supported by clinical assessments such as the malnutrition universal screening tool (MUST) and assessment of cognition and skin integrity. Residents with nutritional challenges were seen to be well managed. Residents' weights were audited after the COVID-19 outbreak and checked monthly to identify any resident who had lost weight. The development of an individualised COVID-19 vaccination care plans for reach resident, as part of a resident's overall care plan was another example of good practice.

The vaccination roll out in the centre and the associated benefits of full vaccine uptake among residents had provided an opportunity for further incremental changes in some public health measures, including visiting. Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that came into effect on 04 May 2021. Inspectors saw evidence that relatives and friends were kept up to date with the changes to the visiting guidelines via the centre's newsletter.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example facilities for and access to clinical hand hygiene sinks in the centre were not sufficient. While efforts and been made to de-clutter the centre items of resident equipment during the November outbreak, hoists were obstructing access to the dirty utility room. Eleven residents on one corridor used the shower on an adjacent corridor. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through gradual upgrading and ongoing refurbishment. Planned refurbishment included the provision of additional en-suite facilities. However there was no time bound plan in place for these works to be completed.

Overall equipment and the environment in the wards inspected were generally clean with some exceptions. However inspectors were not assured that the centre was hygienically clean as residents rooms were only routinely cleaned three days a week and further supervision of cleaning techniques was required.

There was a risk management policy in place which reflected the requirements of the regulations, including the management of specified risks. However the risk register which included a list maintenance issues to be addressed did not reflect the format outlined in the centre's risk management policy. For example the risk register did not include a summary of controls or the risk impact.

Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre. Visits were pre-arranged in advance. Visiting for residents were encouraged with appropriate practical precautions to manage the risk of introduction

of COVID-19 with protective measures. Visitors were asked to complete a COVID-19 questionnaire which included a declaration that they have no symptoms and underwent a temperature check before entering the centre. Inspectors were informed that if a visitor is fully vaccinated and is visiting in a room with a resident who is fully vaccinated with no other person present they did not need to wear masks or avoid physical contact. Residents were facilitated to go for a drive with family/ friends subject to risk assessment.

Judgment: Compliant

Regulation 17: Premises

Eleven residents used a shower located on an adjacent corridor. The underside of the shower tray in this room was heavily stained and incontinence wear was stored on open shelving.

The décor in resident's rooms was showing signs of wear and tear.

Further improvements were required in respect of premises and infection prevention and control, which were interdependent. For example:

- Ancillary rooms such including the 'dirty' utility, and cleaner's rooms were small sized and did not facilitate effective infection prevention and control measures. For example there was no sluice sink in the dirty utility room.
- Storage space was limited. For example access to the dirty utility room was obstructed by a hoist and the cleaning trolley was stored in an unused shower.
- Resident's rooms were not routinely cleaned on a daily cleaning basis.

Judgment: Not compliant

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in schedule 5. There were arrangements in place for recording and investigating and learning from serious events involving residents.

Judgment: Compliant

Regulation 27: Infection control

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

- Monitoring for new symptoms consistent with COVID-19 was not documented for new admissions that had not been fully vaccinated prior to admission.
- Inspectors observed that personal protective equipment such as gloves were used inappropriately by staff while serving residents refreshments.
- Alcohol hand gel dispensers did not deliver the expected volume of alcohol handrub to appropriately cover hands. Repeated pushes of some alcohol hand gel dispensers were necessary to provide enough hand rub to effectively perform effective hand hygiene.
- There were a limited number of dedicated clinical hand wash sinks available for staff use. The clinical hand wash sinks in the treatment room and the 'dirty' utility room did not comply with current recommended specifications for clinical hand hygiene sinks.
- Some items of equipment observed during the inspection were visibly unclean including a glucometer and two nebuliser masks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors were not assured that there were adequate arrangements in place for evacuating all residents in the event of fire in the centre and the safe placement of residents, particularly in relation to evacuation from the zone accommodating eight residents (three residents that were assessed as being maximum dependency, one high dependency and four medium dependency). Inspectors found that the exit of this compartment was down 10 steps and over 30 steps to a safe place. There was only two staff available on nights to complete this evacuation.

No fire drills had taken place during 2020. One simulated fire drill had taken place in 2021. However, a simulated drill on the largest compartment to reflect night time conditions had not been completed since 2019.

Inspectors were informed that the system in place to ensure that the fire doors could be opened in a fire was that all staff carried a master key to the fire doors. A break glass unit with a key was also available at the emergency exits. However inspectors asked multiple members of the staff for their key and found that the system in place was not effective.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission and at regular intervals thereafter. Assessments were supported by the use of a variety of accredited assessment tools for a range of issues, such as the risk of falling, the risk of pressure related skin damage, mobility needs and nutritional status. Care plans were then developed based on these assessments and these were seen to be predominantly personalised and provided good guidance on the care to be delivered. Records indicated that care plans were reviewed regularly and residents were reassessed at a minimum of every four months or as their needs change.

Judgment: Compliant

Regulation 6: Health care

On site medical reviews and individual one to one consultations had been completed throughout the pandemic. Assessments from Allied Healthcare Professionals had continued via electronic communication. There was good evidence that when a review was completed advice given was followed that has a positive outcome for residents.

The inspector found that the recording of the resuscitation status of each resident had been completed.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors saw that staff were respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection.

There were facilities in place for recreational activities, with residents observed to be participating in group activities. A copy of the weeks' activity programme was available to view on the notice board in the day room. Inspectors were informed that recruitment was ongoing with a plan to increase the activity programme to seven days a week. Residents also had access to radio, television and daily newspapers. Regular residents meetings were held.

The person in charge confirmed that the centre was not operating as a pension agent for residents living in the centre. Residents also had access to independent advocacy services whom assisted residents in managing their finances.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Costello's Care Centre OSV-0000333

Inspection ID: MON-0033410

Date of inspection: 25/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following a Governance Meeting, we reviewed Staffing in several areas. We will review the Duty Roster to provide extra Staffing at night time. There are interim measures in place as notified to the Inspectors, until the recruitment process can be completed. The recruitment process is underway.</p> <p>Whilst there are sufficient members of the Household Team, some were allocated non-cleaning duties, and the cleaning schedule was unclear in areas. This has been reviewed and re-arranged to provide clarity and consistency. An area that we addressed was outsourcing all Laundry, so that our Household Team can ensure cleaning and recording of all areas on a daily basis. We are currently reviewing a plan from a Laundry Company to implement this.</p> <p>The Activities Co-Ordinator was available 5 days a week In addition to that, there are outside Activities Personnel, who work on a seasonal basis. We will review this ensuring there is scheduled activities daily.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The evaluation of the outbreak in November 2020, has been addressed in Governance Meetings that have been held monthly. As the HSPC guidelines recommend an evaluation, we will compile same including lessons learned, support systems and their input and effectiveness.</p>	

The cleaning schedules are being reviewed and re-written to make them clearer and to avoid any uncertainty. The Providers Assistant has since the date of Inspection, undertaken a Course of education, that will enhance her knowledge and ability to oversee this area. Certified Training has also been undertaken by the Household Staff and Catering Staff.

There is also a substantial Fire Risk Register and Records, such as Weekly, Monthly and Quarterly Testing, Identification of Deficits and Action Plan. Since our Inspection, we have had a Meeting with a Suitably Qualified Fire Officer, who is reviewing our systems

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Since we have received clarification about the specific detail required by Regulation 31, Schedule 4(7)(1)(g), we have amended our reporting, to ensure compliance.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 As we are all aware, the last year and a half has presented significant and unprecedented challenges for Nursing Homes, Staff and Residents, and systems within Nursing Homes were radically altered. There were restrictions on Construction, access by Plumbers, Decorators and so forth, unless for emergency procedures.

We have arranged to meet with a Builder, to discuss works to upgrade facilities within the Nursing Home.

The environment has been cleaned with chlorine based products on a regular basis and disinfected routinely. We did have a Vaccinated Painter in for several weeks, to commence our programme of upgrading. All Lounge, Corridor and Dining Areas, have been freshly painted and work is on-going. There is a list of areas to be painted and refreshed.

We are aware that we have storage issues and we are minimizing clutter to have effective systems in place. There is now a sluice sink in both utility rooms.

We have reviewed storage areas to prevent inappropriately storing items.

As outlined in other areas, we have reviewed and clarified Household Staff Members roles and each room is cleaned and recorded daily.

Regulation 27: Infection control

Substantially Compliant

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

New Admissions to the Nursing Home are now generally fully vaccinated. Any new Resident admission who is not fully vaccinated, will be monitored twice-daily for symptoms of COVID-19 and this is being recorded.

The Providers Assistant will monitor and audit the usage of gloves, when giving out refreshments in the Lounge and Dining Room and evaluate the results.

The Nursing Home is in a Contract with a Hygiene Supplies Company where they supply, fill and monitor each Dispenser. We have contacted the Company to review the system in place, identifying deficits that there may be and are rectifying same.

We propose to review Clinical Handwash Sinks within the Nursing Home, to establish what would be appropriate, and will draw up a plan of improvement.

As mentioned earlier, the cleaning schedules have been re-addressed and provide clarity for our Household Staff. The necessity to ensure all equipment is clean and left in a useable condition, is now being monitored by the Provider.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: When permitted by Regulation, there was Fire Training held on-site in the Nursing Home. There were two Fire Training days. As inspectors were informed during Inspection, we have engaged a Suitably Qualified Fire Engineer, to provide our overall Fire Plan and Compliance, and we are active in ensuring that Resident safety is promoted. Since our Inspection, we have reviewed our evacuation Policy and Procedure, in conjunction with our Fire Engineer.

The Independent Fire Engineer carried out a Fire-Drill reflecting night-time conditions, in the largest area of the Nursing Home. Subsequently, their report has been forwarded to HIQA. An interim plan is now in place, and as stated already, we have commenced the

recruitment process, to increase Staffing levels at night-time. The HIQA Inspection Team have been informed of the interim plan.

On 27th July 2021, there was Mandatory Fire Training for Staff, which included an on-site fire-drill, evacuation , use of FFE, and fire safety protocols, such as having the master key on their person at all times.

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	30/09/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	30/09/2021

	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.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Not Compliant	Orange	27/07/2021

	case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	15/09/2021
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	27/07/2021