



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

## Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	12 January 2022
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0035536

## About the designated centre

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

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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
Wednesday 12 January 2022	09:00hrs to 16:30hrs	Marguerite Kelly	Lead
Wednesday 12 January 2022	09:00hrs to 16:30hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended during an outbreak of COVID-19 in the centre.

Inspectors arrived unannounced to the centre. Prior to entering the centre, there was a series of infection, prevention and control measures which included temperature check and a declaration that the inspectors were free of symptoms associated with COVID-19.

The centre was experiencing an outbreak of COVID-19 at the time of the inspection with necessary restrictions impacting on the day-to-day lives of residents. Inspectors were sensitive to this situation at all times during the inspection. Throughout the day of this inspection, inspectors spoke with a small number residents and observed staff interactions with them. All interaction observed between staff and residents were kind and respectful.

The inspectors met and spoke with some of the residents whilst on inspection in the centre, but spoke with two residents in more detail. The inspectors observed the residents did not have any activities during the day as the usual activities staff were working as care assistants due to staff shortages. Four of the residents told the inspectors they wished that they could see their relatives more often, and one had not seen either of her children since before Christmas due to the COVID-19 outbreak. A number of people living at the centre spoke about the day being very long and that while staff were good, there were not enough of them available, resulting in having to wait for assistance when required. Inspectors observed residents unsupervised during the lunch meal.

Following the opening meeting the inspectors reviewed the premises with the person in charge. The inspectors noted they appeared well known to the residents and staff and was seen to have a good rapport with all spoken to. The centre consisted of two floors: 27 bedrooms upstairs and 22 downstairs, plus ancillary rooms such as dirty utilities, housekeeper rooms, laundry and staff areas. The inspectors found that the hairdressers room had a number of built in electrical hairdryers and appliances and also accommodated a shower, this presented a safety risk and required review. This was discussed with management at feedback.

Residents' bedrooms seen were personalised with items for each resident, many residents had their own items of furniture from home, pillows, pictures, framed photographs and ornaments. Due to the number of residents and staff who had tested positive, it was not possible to cohort the positive residents into one area of the centre. This meant that precautions were required to ensure that adequate infection and prevention controls were in place to protect the residents who had remained 'not-detected'. Residents were not allocated to specific positive or not-

detected areas of the centre, but rather isolated in their own rooms. Towels, sheets and curtains in the centre were seen to be of poor quality and the curtains did not block the sun from the resident rooms. One resident couldn't watch her television as the sunlight was so bright on her screen.

There were plenty of supplies of personal protective equipment (PPE) but much of it was stored inappropriately. PPE stations were overstocked of PPE plus inappropriate items such as cups and wipes. Several members of staff were observed not correctly donning and doffing (putting on and taking of) their PPE as they entered and exited residents' rooms. Decontamination (cleaning) of resident equipment was very poor. For example wheelchairs, pressure relieving cushions and shower chairs were seen unclean and stored on the floor or in small cupboards and presses.

Inspectors observed that premises, equipment, surfaces and finishes were worn, torn and poorly maintained and as such, did not facilitate effective cleaning. Barriers to effective hand hygiene practice were also identified during the course of this inspection. Hand hygiene facilities were not provided in line with best practice and national guidelines. There was only one hand hygiene sink that was compliant with HSE and HPSC guidelines, and that was in the administration corridor.

The majority of residents and staff were vaccinated, with a small number of staff to have yet to receive their booster vaccine.

## Capacity and capability

The provider had informed the Chief Inspector of a COVID-19 outbreak in the centre on 21 December 2021. On the day of inspection, there were six residents and two staff confirmed with COVID-19 infection.

Mowlam Healthcare Services Unlimited Company is the registered provider of this centre. The unit is registered to accommodate 50 residents, with 47 residents living in the centre on the day of inspection. Residents' accommodation is arranged over two floors with communal, dining and sitting rooms, and utility on each floor. The laundry is located on the ground floor.

The management team consists of a company director, who represents the provider, a person participating in management and a person in charge. The person in charge is responsible for the day-to-day running of the designated centre. They are supported by a team of nurses, carers, kitchen, laundry staff, maintenance and an administration staff member. The person in charge was in attendance on the day of inspection and facilitated the inspection.

The actions committed to in the compliance plan response of the previous inspection included:

- installation of two additional communal showers, one on each floor

- a designated storage area was to be facilitated
- a staff member to be allocated to facilitate residents to maintain effective contact and communication with families when visiting is restricted.

These had not been fully implemented. This inspection found that work had commenced to provide an additional two showers but was yet to be completed. The storage issue had not been resolved and the staff who would assist residents with activities were redeployed as carers due to staff shortage. There was also no staff member to support visits on the day of inspection.

Inspectors found that in spite of the best intentions of the management team to source additional staff, there were not enough staff with the appropriate skills to ensure residents were provided with safe and appropriate care and that the designated centre was clean. The available workforce was not in line with the provider's statement of purpose. On the day of the inspection, the centre was short two care assistants and therefore, there were no staff allocated to the social and recreational programme for residents, nor was there capacity for existing staff to attend to this important aspect of resident care. Additionally, there was no replacement for the receptionist/administrator who was on leave. The permanent clinical nurse manager post was also vacant.

Inspectors identified that there was ineffective staff support and supervision to ensure adherence to good infection prevention and control practice in the centre. There was inconsistent application of standard and transmission-based precautions and compliance with both precautions was not monitored throughout the centre.

From a review of the training records, inspectors found that staff had received training in relation to the management of infection prevention and control with particular regard to COVID-19 management, hand hygiene, and the safe use of PPE. This training was not implemented in practice and there was a lack of oversight and supervision. This was evidenced by:

- poor practices observed in relation to hand hygiene
- non-adherence to infection prevention and control national standards, and Health Protection Surveillance Centre (HPSC) guidance
- inappropriate use of PPE
- inadequate systems and staff for cleaning and decontamination procedures.
- Given that cleaning and disinfection is a core requirement for the management of an outbreak, it was evident that there was a knowledge deficit in relation to infection prevention and control.

The assessed needs of residents were not met due to insufficient staffing and skill-mix this is further discussed under Regulation 15: Staffing.

## Regulation 15: Staffing

Staffing was supported by the use of agency staff and on occasions the staffing requirements could not be maintained when agency staff could not be provided. Rosters provided to the inspectors for review evidenced that there was significant challenges in maintaining an appropriate number and skill-mix of staff on duty each day to meet the assessed needs of the residents during the COVID-19 outbreak. This was evidenced by:

- There was insufficient numbers of staff to ensure residents were supervised in the dining room.
- There was insufficient numbers of staff to provide a timely response to residents' ringing their call bells for assistance.
- The centre did not have adequate numbers of cleaning staff available to ensure the environment and equipment was appropriately cleaned and to ensure residents were protected from risk of infection.
- Activities staff were redeployed to healthcare assistant duties as there was a shortage in the healthcare assistant roster, which impacted on the provision of consistent meaningful activities for residents.
- There was no replacement for the receptionist/administrator who was on leave and the clinical nurse manager post was vacant.
- The centre did not have adequate maintenance support, as much of the centre was in need of maintenance input, such as worn and chipped surfaces.

Judgment: Not compliant

## Regulation 23: Governance and management

Significant and sustained improvements were required to the governance and management of the designated centre. This is a repeat of the finding from the previous inspection.

There was insufficient resources and supervision provided to ensure the effective delivery of care in accordance with the centre's statement of purpose. The staffing strategy in place was ineffective. For example, the person in charge did not have support in oversight of the centre as the clinical nurse manager (CNM) role was vacant.

The centre's COVID-19 contingency plan was not effective and risks associated with insufficient staffing resources during the COVID-19 outbreak were not adequately assessed. Therefore, measures in place to mitigate risks impacted on the quality and safety of the care provided to residents.

Inspectors found poor management systems in place to identify and manage risks, such as:

- The centre had a number of ongoing staff vacancies which not all had been filled. This posed additional challenges to maintaining sufficient staffing levels



during the COVID-19 outbreak.

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- An urgent action was issued in respect of governance and management, infection prevention and control and fire precautions.

Judgment: Not compliant

## Quality and safety

Residents spoken with were aware of COVID-19 restrictions and four residents spoken with were unhappy that they could not partake in meeting their families and friends for such an extended period. One resident told an inspector that they felt they could safely meet their family in a small room off the reception area instead of meeting through a window. The residents spoken with did not feel involved in some of the decision making and the records of resident meetings showed they were not held frequently.

Infection control, standard and transmission precautions observed during the inspection were not in line with national standards and guidance. There was an auditing system in place but areas that required improvement were not always actioned upon. Supervision at the time of the inspection was also difficult as the person in charge was supporting the inspection, supervising staff and also acting as admin support due to absence of staff. Decontamination (cleaning) of resident equipment was very poor and there were many examples of unclean items seen such as wheelchairs, shower chairs and pressure relieving cushions and much storage on the floor, which is not in line with guidance.

Due to the lack of clinical hand wash basins, inspectors watched numerous staff wash their hands in resident sinks, which is not recommended due to the risk of cross contamination. Several alcohol gel wall dispensers were also empty.

The provider had increased housekeeping staff during the outbreak from the regular two staff to three. However, even with this increase there were many examples of unclean areas, equipment, housekeeping rooms and housekeeping equipment. The method and supervision of deep and terminal cleaning were not effective as evidenced by the many examples that these procedures were not completed to a satisfactory level.

The laundry did not have a 'dirty to clean' flow of linen to ensure contamination does not occur, and also the inspectors saw much storage of clothing and footwear that could not be identified as it was not individually labelled.

The bedpan washer disinfectors were not functioning normally, both displayed alarms and both services were out of date.

The outside healthcare risk waste compound contained large bins which were

overflowing of healthcare risk bags. The centre had tried to arrange pickup but were still unsuccessful at the time of inspection. Access to the compound was not within a locked compound with no access to the general public as required by health and safety legislation.

While there was a maintenance and refurbishment program in place, there were many items, fixtures and fittings that need upgrading, as they were worn, torn, stained and chipped.

There was evidence that outbreak management was discussed at staff handover and contingency plans were drawn up. Staff and residents were monitored for signs of infection. Residents had good access to healthcare as evidenced by general practitioner (GP) and health and social care professional consultations.

Residents' needs were being met through good access to healthcare services but further opportunities for social engagement were required.

### Regulation 11: Visits

Arrangements were in place to facilitate residents to have compassionate visits from their families, but it was found on the day of inspection that not all residents who wished to see relatives and visitors were accommodated. This was not in line with national HSE and HPSC guidance.

Judgment: Substantially compliant

### Regulation 27: Infection control

Regulation 27 requires that the registered provider ensures that procedures, consistent with HIQA's National Standards for infection prevention and control in community services (2018), are implemented. Consequently, registered providers must implement these standards in order to be compliant with Regulation 27.

The inspectors identified inconsistencies in applying standard and transmission-based precautions as per "HIQA National Standards for infection prevention and control in community services" For example:

- Decontamination of resident equipment was very poor and many unclean items were seen and stored on the floor.
- Storing unclean resident equipment such as a nebulizer compressor with sterile dressings and supplies.
- Unclean cleaning equipment.
- Rusty equipment.
- Five out of five sharps boxes examined were not signed on assembly and all

temporary closures were left in the open position instead of the closed position.

- PPE was not worn in line with Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities V1.2. For example, inspectors observed staff entering rooms in full PPE and then moving into another room, with the same PPE.
- Staff were wearing full PPE when working in the non-COVID-19 area which meant there is a risk that staff become complacent, this was seen several times during the inspection.
- Healthcare risk waste was not managed in line with national guidelines. For example healthcare risk bins were available throughout the centre and staff routinely disposed of all items as healthcare risk waste, even though it was not.
- There was a build up of healthcare risk waste in the external waste compound.
- Individual resident hoist slings were not in use.

There was not adequate management arrangements in place to ensure the delivery of safe and effective infection prevention and control (IPC) within the service. For example:

- There was no identified person or persons with appropriate knowledge and skills to manage key areas of infection prevention and control within the centre. The HSE IPC Nurse had attended to support the outbreak on the 29th Dec, 2021 but the centre did not have access to person or persons with appropriate knowledge and skills to manage other key areas of infection prevention and control within the centre.
- There were infection prevention and control audits that were in place to identify good practices and deficits, however even when deficits were highlighted and escalated from the centre for remedy they often were not rectified and some were still evident on the day of inspection.
- There were insufficient cleaning resources provided to ensure that the environment and resident equipment was cleaned to a safe standard.
- Hand hygiene facilities were not adequate, only one compliant clinical hand wash sink in the reception area.
- The escalation of deficits from the previous HIQA inspection regarding shower facilities, storage and hand washing facilities. (HIQA inspection of July 2020) had not been addressed.
- The new shower facilities position was away from the residents' bedrooms which would impact on their privacy and dignity.
- There was a learning from the previous outbreak report however, learning from this report was not utilised.
- Dirty utility also being used as cleaner's room.

Outbreak of infection was not managed and controlled. For example:

- There appeared to be an early recognition of outbreak. However, learning from previous outbreak was not utilised. For example, COVID-19 contingency plan was not followed by means of not allocating activities staff to care duties, not disinfecting correctly, not informing relatives that visiting is permitted in certain circumstances.
- Extensive wearing of PPE in non-COVID-19 area could have escalated outbreak due to staff not wearing and changing correctly.
- Governance and supervision was difficult as there was no on site CNM to support the person in charge as per the centres statement of purpose and function. The persons participating in management were working remotely and had not been on site since commencement of the outbreak.
- Cleaning and disinfectant deficiencies may have made outbreak last longer.
- Poor storage and storing of unclean equipment may have made outbreak worse.

Judgment: Not compliant

### Regulation 28: Fire precautions

An urgent action plan was issued to the provider due to the risk identified from the following observations:

- Chairs, trolleys and boxes were obstructing fire escape routes.
- Some the fire doors were ineffective. For example, the door to the smoking room and door to the dirty utility room and would not contain smoke if fire occurred. An assessment of the performance of all fire doors is required.
- Inspectors noted additional fire detection was required to ensure the early identification of a fire.
- An assessment on the requirement for a repeater panel was not carried out.
- Some areas of the centre did not have fire detection, for example the assisted bathroom on first floor and stores under a number of the stairwells inspected.
- Assurances was required that the aids in use for evacuation can safely fit on all corridors, fire exits and staircases.
- There was no smoke detector in the garden shed used by residents for smoking.
- The lift which opens to bedrooms was not compartmentalised.
- Drills carried out did not consider the highest risk in the centre, for example largest compartment.
- There was no risk assessment for a first floor balcony area.
- The provider was requested to submit a fire risk assessment completed by a competent person to the Chief Inspector.

Judgment: Not compliant

## Regulation 9: Residents' rights

On the day of the inspection, residents' social care needs were not met as staff were redeployed to other duties. Other areas which impacted on residents rights were:

- The previous resident's belongings had not been moved when another resident was moved into one room.
- Clothing and slippers were stored in laundry and were unlabelled.
- One resident could not view their television when they wished as there was no blinds on their window, and light on screen resulted in a glare and difficulty looking at the screen.
- There was no meaningful engagement or activities arranged for residents as staff were delivering personal care.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0035536

Date of inspection: 12/01/2022

## 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"> <li>• Arrangements are in place to identify any staffing deficits and provide appropriate cover in line with the nursing home's Statement of Purpose. A contingency plan is in place for staffing through contracted agencies which will be utilised to backfill any staff shortages.</li> <li>• The vacant CNM post has been filled by an Assistant Director of Nursing and the candidate will commence on 07/03/2022.</li> <li>• The PIC will ensure adequate skill mix of staff on duty to ensure day to day health and social care needs of residents are safely met, including appropriate supervision and assistance at mealtimes.</li> <li>• The challenges of meeting residents' social and recreational care needs during a covid outbreak have been reviewed. Individual activity and visitation care plans are in place so that activity staff can facilitate activities as planned to residents in isolation in the event that their movements are restricted.</li> <li>• We have introduced regular safety checks for all residents who choose to spend most of the time in their bedrooms, to ensure that all their care needs can be met in a timely fashion and that they have all they need within easy reach, including the call bell.</li> <li>• The maintenance staff will undertake a monthly refurbishment plan in conjunction with the PIC and additional hours will be allocated to ensure that all identified maintenance issues can be addressed.</li> <li>• Additional care staff and housekeeping staff requirements will be met through agencies during an outbreak to ensure that there are sufficient numbers of personnel available to maintain hygiene and cleanliness throughout the home.</li> <li>• We have arranged to outsource the laundry service. Staff from the laundry will be redeployed to supplement the housekeeping team and provide additional personnel for housekeeping on a daily basis.</li> </ul>	



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"> <li>• The PIC is supported by the regional Healthcare Manager, and in response to the findings of this inspection, the Healthcare Manager has increased the frequency of on-site visits in order to: <ul style="list-style-type: none"> <li>• monitor regulatory compliance</li> <li>• receive assurance and evidence that standards of resident care are in accordance with individual assessed care needs and resident preference.</li> <li>• assess the environment of the home.</li> <li>• provide advice and guidance where improvements are required</li> <li>• follow up on implementation of corrective actions and required improvements.</li> </ul> </li> <li>• The Healthcare Manager with responsibility for Quality &amp; Safety has attended the home on 24/02/2022 to monitor compliance with Infection Prevention &amp; Control standards, and has issued a compliance report to the PIC, who will implement corrective actions and quality improvements.</li> </ul> <p>Staffing and Supervision:</p> <ul style="list-style-type: none"> <li>• The Clinical Nurse Manager (CNM) post will be filled by an Assistant Director of Nursing who will commence in post on 07/03/2022. In the interim, a Senior staff nurse is acting as CNM to support the PIC, providing clinical supervision to ensure safe and effective delivery of care.</li> <li>• There is a fulltime Administrator in post.</li> <li>• During the recent Covid-19 outbreak, the staffing roster was adjusted, and agency staff were utilised to supplement the available staff. This ensured that safe staffing levels could be maintained at a time when several staff were unavailable for work due to testing positive for Covid-19 or as close contacts. The PIC will closely monitor the duty roster to ensure that there are always sufficient staff on duty to meet the assessed care needs of all residents.</li> <li>• We will ensure that there are sufficient staffing levels for housekeeping to ensure that the nursing home is maintained in a clean and hygienic condition at all times, and we will review the housekeeping staffing levels on duty each day to ensure that there are appropriate systems of oversight and monitoring of cleaning and decontamination procedures. The laundry service is outsourced, and the laundry assistant has been redeployed to supplement the housekeeping team.</li> </ul> <p>Infection Prevention &amp; Control</p> <ul style="list-style-type: none"> <li>• The PIC, supported by the Healthcare Manager will conduct Infection Prevention &amp; Control audits on a fortnightly basis until we are satisfied that there is consistent and improved compliance with expected standards and regulations. We will ensure that the audit is conducted in an open and transparent, objective manner, and where necessary that appropriate quality improvement plans are identified and implemented to address any areas of non-compliance, using SMART methodology for completion.</li> <li>• The audit results and progress on action plans will be discussed at the Monthly Management Quality &amp; Safety Meeting, attended by representatives from each department in the home. This will heighten staff awareness and improve engagement</li> </ul>	

with the quality improvement programme.

- The systems and resources for maintaining a hygienic environment and adhering to infection prevention and control practices have been reviewed; these procedures will be included in the induction programmes of permanent and temporary staff, as per the nursing home's Infection Prevention & Control Policies & Procedures and in accordance with the Company Housekeeping Manual.
- A deep clean of the entire centre has been completed and the staff are all committed to maintain the improved standards of cleanliness in the home.
- The IPC Committee in the nursing home will meet on a monthly basis to review hygiene and infection control issues and to engage all staff in maintaining high IPC standards.
- A Lead IPC Nurse has been appointed who will chair the IPC Committee and raise the profile of IPC policy and contingency planning.
- The PIC will ensure that all permanent and temporary housekeeping staff have been inducted to include the procedures they are required to complete as part of their role to maintaining standards of hygiene and cleanliness in the centre.
- There is a Housekeeping Manual available for staff to use as a reference guide.
- The system of record keeping has been reviewed and records are now in place for daily, deep cleaning and enhanced terminal cleaning procedures, which will be monitored by the PIC.

#### Fire Safety

- The PIC will oversee regular fire safety drills using the minimum (nighttime) staffing levels.
- Fire safety evacuation drills will be timed, and a record will be maintained which includes attendees, an evaluation of the drill and recommendations for improvements. All staff will have an opportunity to participate.
- Fire doors have been repaired where required.

#### Provision of Activities

- Individual activity plans have been reviewed for residents. Social, mental and emotional wellbeing care plans have been updated and trained activity staff will provide a varied schedule of group and one-to-one activities.
- The Covid Contingency Plan has been updated to reflect that insofar as is practicable, activities will be provided to residents who may require isolation. This is contingent on staffing levels which can often be challenging in the midst of a Covid outbreak.
- The Activity coordinator has completed a refresher course in 'Engaging Dementia' to enhance the therapeutic activities that are provided to residents with dementia.
  
- A risk assessment has been completed for the hairdressers' room and a plan is in place to ensure that this facility is safely managed when in use.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:

- Visits during an outbreak are facilitated in accordance with current HSPC and HSE guidelines for visiting in residential care facilities.
- All families and residents will be updated on public health guidelines on visiting. Facilities for web texting are in place to communicate to families.
- Compassionate visits and visiting residents in isolation will be facilitated during any visitation restrictions imposed by public health team, based on appropriate risk assessments.

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

- The PIC and Healthcare Manager will carry out regular hand hygiene audits in accordance with SARI handwashing Guidelines, as part of regular IPC audits, and immediate remedial/corrective actions will be implemented if poor practice is observed.
- Refresher training and review of prevention and control of healthcare-associated infection has been completed for all staff.
- The PIC will ensure that there is effective communication with staff to update them when HSE and HSPC guidelines are updated.
- A system is in place to ensure robust cleaning of equipment and frequently touched surfaces using a tag assurance system.
- Review of storage of items done and order of sterile items will be completed in line with Centre's storage capacity.
- An in-house refresher training of all staff on infection control has commenced with special emphasis on management of sharps and sharp injuries and practical sessions on hand hygiene. PIC will ensure safe practice is followed in line with management, control and prevention of covid 19, influenza and other respiratory viruses. A buddying system is in place to ensure staff follow correct practices in line with IPC policy.
- Visual display is in place in the treatment rooms in Management of sharps and sharp bins in line with Company policy.
- A timely collection schedule for health care risk waste will be arranged for management and disposal of health care risk wastes to be in line with IPC guidelines.
- All residents using the hoist have individual named slings and these are stored in their bedrooms.
- Housekeeping staff have been instructed regarding the importance of adherence to the correct dilution of cleaning product as per the manufacturers' instructions. Staff training by manufacturer's representative took place on 18/01/2022, and a full programme of Clean Pass training is scheduled for housekeeping staff on 27/01 and 28/01/2022 (this training programme had been scheduled prior to the Covid outbreak).
- Both bedpan washers have been fully serviced and are now functioning effectively.
- All unsuitable storage from sluice rooms and housekeeping rooms has been addressed. A system for daily checking of these areas on by PIC or nurse in charge and communication with staff in place.

- Storage of incontinence wear has now been reviewed and excess supplies have been removed from residents' bedrooms and stored appropriately.
- Equipment is stored on shelves and not on the ground; regular spot checks will be conducted by the PIC and Healthcare Manager to monitor continued compliance.
- As part of a longer-term decorative upgrade, storage and shelving facilities in the bedrooms will be reviewed and sufficient storage space will be provided for each resident.
- Furniture is being reviewed and replaced as required.
- Covid-19 signage has been reviewed throughout the building, excessive and inappropriate signs and posters have been removed to avoid confusion.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A fire risk self-assessment has been completed and will be reviewed every 12 weeks by PIC to identify any fire risks/hazards.
- This assessment identifies each fire compartment by size and areas considered a high fire safety risk such as the kitchen, laundry and smoking areas.
- The PIC and lead nurse, supported by the designated Health & Safety representative, will twice daily check that there are no obstructions in the way of any doorways, including escape routes and exit doors.
- The PIC has conducted an evacuation practice drill with night-time staffing for the largest compartment and to record a detailed evaluation of the drill, outlining the response time of staff, names of attendees, time taken to evacuate the compartment and methods used. A fire scenario was clearly described i.e., electrical, combustible type fire or residents' clothes catching fire and a suitable post fire drill record that adhered to SMART principles for all drills was documented and a plan to improve efficiency and safety for the next fire drill documented.
- Fire safety and evacuation drills will be conducted monthly until the PIC is satisfied that all staff have participated. In addition, the PIC will develop an overarching record of the staff attendance at fire evacuation drills.
- A compartmental evacuation plan is in place and is available readily to staff at the nurses' station on each floor.
- Fire training records are in line with regulations including evacuation procedures, escape routes and building lay out and location of fire alarm call points as evident from training records. Training to include first aid measures and procedures to follow in case of fire.
- A twice daily fire safety checking by PIC or Nurse in charge is in place to ensure all fire exits are free with no blockage of fire doors and all passageways are clear.
- An assessment of all fire doors was completed and repair works completed in line with fire safety regulations.
- An assessment of the home by a fire safety expert was carried out on 15/02/2022 to identify any risks and a plan will be in place to ensure modification in facilities will be completed as per the recommendation. This will include consideration of a repeater panel

on the first floor, and provision of additional fire or smoke detectors based on the risk assessment.

- The garden shed was cleared of any stored items and appropriate fire extinguishing equipment is in place.
- A risk assessment for a first floor balcony area regarding fire safety has been completed by a competent fire inspector and a plan will be devised to for any structural improvements required. A report of the risk assessment including the plan for improvement will be submitted to the Chief Inspector.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All residents' personal items will be labelled or tagged and if any relocation of rooms are needed, the items will be transferred according to their property list which will be supervised by the nurse in charge.
- There is an individual activity and visiting care plan for all residents in place, and as far as possible, meaningful individual and group activities will be provided to residents over seven days a week. The provision of activities will be coordinated and facilitated by a trained activity coordinator.
- All bedroom windows on the first floor will be provided with a black out blind to ensure blockage of strong sun light. This has commenced as part of the refurbishment plan for bedrooms.
- Suitable meaningful activities to residents in bedrooms will be provided as far as possible by activity staff daily.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	28/02/2022
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	28/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	28/02/2022

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	Red	28/02/2022
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	Red	28/02/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	28/02/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	28/02/2022
Regulation 28(1)(d)	The registered provider shall	Not Compliant	Red	28/02/2022

	make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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 case of fire.	Not Compliant	Red	28/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Red	28/02/2022



	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/03/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/03/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2022