



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

## Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	29 October 2020
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0030931

## About the designated centre

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

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the other units. Within the Boyne and Barrow there is a reminiscence town streetscape, where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting rooms, dining rooms, gardens and a cafeteria which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit also includes a range of hairdressing, beauty and spa services.

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

Number of residents on the date of inspection:	119
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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
Thursday 29 October 2020	09:00hrs to 16:20hrs	Gearoid Harrahill	Lead
Thursday 29 October 2020	09:00hrs to 16:20hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

As the centre was experiencing an outbreak of COVID-19 on the day of inspection, a number of residents were required to isolate, and for many of them, this required temporarily relocating to a bedroom on another unit. Despite this upheaval, inspectors found that residents were in good spirits and supported by staff to retain as much of their usual routine as was practical and safe.

Residents were supported to socially distance and inspectors found evidence of how residents had been spoken to about the pandemic and the necessary precautions, in line with each person's level of understanding of the circumstances. As a result, there was low anxiety among residents and they had been assured that precautions would be temporary. Individual risk assessments had been carried out for all people relocating to identify and support residents who would be less likely to socially distance or who would be distressed or confused by unfamiliar accommodation or staff.

Inspectors met briefly with some residents and observed other people being supported by staff or going about their day. Residents were seen strolling, moving around the centre, relaxing in communal areas, going out for a smoke or to sit in the garden. There was a safe outdoor area for residents which was decorated in a theme of a street with painted shop fronts, a pedestrian crossing, street lamps, and a post box. Residents also had access to a golf putting area. Resident independence was respected and where staff were supporting residents, this was done in a discreet and patient manner. Residents who spoke with inspectors praised the work of the staff and said that they were always around when they were needed. They said they felt safe and knew who to speak with should they have a concern or complaint. Residents also spoke highly of the food served in the service, particularly the desserts. While the primary dining areas were closed to residents on the day of inspection, arrangements and equipment on each unit allowed meals supplied by the central kitchen to remain fresh and hot for residents who were served while located further apart than usual.

While visiting was restricted due to the outbreak, residents were supported to stay in contact with their families and friends through video calling software on laptops and tablets. One resident said that they missed their fellow residents as they had moved to another area of the centre but kept in contact with them over the phone. They also mentioned that they missed not having the coffee shop open in the centre to meet with their friends and family but understood the reasons for this. Some residents who were less dependent had land-line phone extensions in their bedrooms. Other residents were observed reading magazines and newspapers and watching television in their bedrooms. Bedrooms were personalised with photos and personal possessions, and if residents' bedrooms were temporarily used by one of their peers to isolate, these possessions were respectfully packed away, and the room deep-cleaned and sanitised before the regular occupant returned.

## Capacity and capability

This risk inspection took place due to there being a significant outbreak of COVID-19 in the designated centre. While a large number of people living and working in this centre had been affected, inspectors found that the provider had worked in a consistent and proactive manner with Public Health, who offered advice and support to mitigate the impact of COVID -19 on the operation of the service and the risks associated with transmission.

Parke House Nursing Home experienced an outbreak of COVID-19 starting on 16 October 2020, and on the day of inspection, 39 residents and 14 staff members were confirmed to have contracted the illness, with one resident regrettably having passed away. On advice of Public Health, the provider had temporarily accommodated residents in units based on their status, with one unit designated for people whose test result detected COVID-19, one unit for those identified as close contacts, and the remaining units accommodating everybody else. Each unit had specifically allocated nurses, care assistants and household staff to each unit to reduce the risk of crossover and transmission between the units. Clear signage denoted the point of entry to these units.

While the designated centre is registered for a maximum of 145 residents, the provider senior management team has temporarily reduced the maximum occupancy by 20 to mitigate the workload on care and recreation staff during the pandemic. As well as facilitating social distancing and separation of residents, this also allowed for areas to be specifically used for isolation when required for new admissions, people returning from hospital, or those who had contracted COVID-19. There was a sufficient supply of personal protective equipment and sanitising products available for use by staff on the units.

The provider had also recruited over 20 personnel on fixed-term contracts beyond the staffing complement of a fully occupied centre. By doing so, the provider could ensure that there was a sufficient number of personnel available in the event of a sizable number of staff needing to go off-duty at the same time. As these staff were progressing through the induction and appraisal process set out by this provider, it would be less likely that the provider would need to avail of personnel through an agency or seconded from other services. The enhanced complement of staff also mitigated the potential delay in supporting residents due to them being located further apart than usual.

The inspectors reviewed a sample of the personnel files of staff and found them to contain the information required under Schedule 2 of the regulations, and the provider confirmed to inspectors that nobody would begin work in the centre before being vetted by An Garda Síochána. Inspectors were provided with records indicating how the new staff were inducted and oriented to the centre and its practices before commencing their duties. Calendars and checklists were shown to inspectors which allowed the provider to ensure that routine appraisals and

supervision of new, established and recently-promoted staff was not unduly interrupted.

Inspectors found there to be a sufficient number and skill mix of staff available to support residents with their assessed needs and were observed assisting or chatting with residents in a patient and respectful manner. Staff were allocated per unit and were staggering their breaks to reduce risk of transmission. Each unit had nursing staff available at all time of the day or night, with supernumerary nurse managers available where required. Over 20 nurses on site were trained to carry out cardio-pulmonary resuscitation (CPR) if required.

While the reduced access to training sessions in large groups was impacted by social restrictions, the provider had a schedule of sessions in mandatory training such as fire safety and manual handling, with the newly recruited staff prioritised for November, followed by staff who were delayed in attending training in recent months. Training in safeguarding of vulnerable adults was done remotely. Staff were facilitated to complete online courses in appropriate use of personal protective equipment and good infection control practices.

The provider had arrangements in place to ensure continuity in the governance and oversight of the designated centre. Management had divided into three pairs of clinical and non-clinical senior managers who could work opposite each other to avoid contact should a senior manager be required to go off-duty or self-isolate. A deputation plan was laid out in which senior nurses could step in to continue duties of the person in charge if required. The provider had completed a self-assessment of the centre's preparedness for an outbreak of COVID-19. Among the audits carried out in the designated centre were environmental and staff practice checks to ensure that the premises were being kept clean and safe and that the staff were following good practices to control the risks related to infection control.

The provider had been engaging regularly with the Health Service Executive and the Department of Public Health, and had been visited by the latter shortly before this inspection. Inspectors found that the provider had addressed or was addressing items of improvement identified from this visit. Similarly, areas identified by inspectors during the day for review were addressed promptly, with the provider taking the advice on board and having some items resolved later in the day.

## Regulation 15: Staffing

The provider had maintained sufficient numbers and skill mix during the pandemic to support the assessed needs of residents. The provider had recruited a surplus of personnel to mitigate the impact of staff absence due to sick leave, and to ensure that there was a lower likelihood of needing to seek staffing through an agency or other service. There was a nurse available at all times on each unit, and staff were allocated to reduce risk of crossover and transmission. Staff demonstrated a good knowledge of residents' needs and preferences, and were

observed assisting residents in a discreet and dignified manner.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been facilitated to attend mandatory training remotely or in smaller groups during the pandemic. A training schedule was in place to ensure that new and established staff could keep up to date on training required for their respective roles. Staff had been provided with access to online courses in best practice to follow regarding infection control, including hand hygiene and proper use of personal protective equipment. Inspectors reviewed documentation indicating how new staff were recruited and inducted in line with centre policy, and how existing staff could continue to avail of their regular supervision and support from their respective line managers.

Judgment: Compliant

### Regulation 21: Records

All documentation and records required or requested by inspectors to inform lines of enquiry were kept in the designated centre and were readily available for review.

Judgment: Compliant

### Regulation 23: Governance and management

Arrangements were in place to ensure that there was continuity of leadership, staff identified to deputise and provider oversight, with teams of clinical and non-clinical managers working opposite each other to reduce contact risk if any one person needs to go off-duty. The provider had taken extensive measures to ensure that there would be sufficient staffing resources and equipment supply, with back-up arrangements should there be an interruption in supplies or depletion of staff.

The provider was engaged on a regular basis with outside entities including Public Health, Health Service Executive and the Health Information and Quality Authority to ensure that all relevant parties were apprised of the centre's circumstances during outbreak, and to ensure that strategies were advised and in line with advise from national directives. An internal outbreak control team had been established to lead the service and monitor practices and environment in the designated centre.

There were effective systems in place to monitor the service, however there were gaps identified during the inspection which were not identified in the infection control audit tool being used to give the provider assurances that best practice was in place and was effective. This is discussed further in Regulation 27: Infection Control.

Judgment: Substantially compliant

## Quality and safety

There were infection prevention and control processes and procedures in place and overall the centre was clean and well maintained. However, there were weakness identified which required review particularly with regard to the provision of a robust infection control audit tool, servicing of bedpan washers, the provision of a Legionella management system, the implementation of the hand hygiene policy with regard to the wearing of hand jewellery and nail varnish, a monitoring system for staff. These are discussed in detail under Regulation 27: Infection Control.

An up-to-date risk management policy and procedure was available to guide and assist staff maintain a safe service. There were a range of both clinical and operation risk assessments in place to mitigate against risks with management oversight provided through a governance committee structure.

Inspectors reviewed a sample of care and support plans for residents on each unit, including people who were temporarily being supported in a unit other than where they would normally live. As a sizable number of residents were being attended to by staff who would not typically support them, it was important that plans of care to meet residents' needs are up to date and easy to follow. Inspectors found that overall, care plans were simple, concise and person-centred to give individualised information on how to most effectively support residents with their assessed health, social and personal care needs.

Inspectors found good evidence of how residents continued to be supported when socially distancing or isolating. Each resident had two versions of their plan regarding social and recreational support, which had been composed by the activities coordinators. The second version identified which aspects of a residents' usual interests and routine could safely be continued while in isolation or on an individual basis, to mitigate the impact of that person being in an unfamiliar environment with different support staff. As activities staff were not entering isolation areas, they showed inspectors how they were facilitating the healthcare assistants to temporarily take the lead on this important aspect of resident support and daily life. Residents had access to laptops and tablets with which staff were supporting them to keep in video contact with their loved ones. Residents were observed relaxing with television, papers and magazines with staff dropping in to chat, make sure they were doing well, or to assist residents with meals and personal

care in line with their support needs.

Plans were written in a dignified and positive manner regarding support needs around depression, anxiety and mental health, and where residents required specific supports around communication due to aural or visual impairments. Positive risk taking was found in care planning and through observations of resident with staff. Resident plans ensured that residents were encouraged to retain their independence, enjoy alcohol or cigarettes safely, and where residents no longer required or requested restrictive interventions such as bed rails, these measures had been removed. Each resident had a plan around how best to support them to stay safe, informed and reassured if they were to test positive for COVID-19 and need to isolate or socially distance. Inspectors found examples of advanced care directives which plainly outlined the residents' wishes regarding transfer or resuscitation, as well as personal preferences such as religious, cultural and familial arrangements.

Residents continued to have access to their general practitioner, who attended the centre twice weekly, and a physiotherapist was based in the centre. Residents could avail of healthcare services including psychiatry of old age, gerontology, tissue viability nursing, dietician and speech and language therapy remotely. Inspectors found evidence of where residents were referred to healthcare services and how their plans of care and support had been updated following review by these clinicians. Where plans included instruction such as monitoring food or fluid intake due to nutritional risks, inspectors found evidence that staff were completing these charts consistently to inform clinical review.

### Regulation 10: Communication difficulties

Inspectors found clear and detailed support planning and instruction to staff on how to most effectively and respectfully communicate with residents who required additional supports or equipment for their vision, hearing, or cognitive understanding.

Judgment: Compliant

### Regulation 11: Visits

While in-house visiting had been restricted in line with national instruction due to the COVID-19 pandemic, the provider discussed plans to re-introduce window visits with appropriate measures in place to reduce transmission risk and keep people safe. Exceptions to the restrictions were permitted on specified grounds based on the needs of the individual residents. Families and loved ones were kept up to date on these precautions through regular communications from the service provider. The provider had laptop/tablet computers available for residents to use for video

calls, and some residents had phone extensions in their bedrooms where suitable based on capacity and preference.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place which detailed the responses the provider was required to undertake to reduce incidents of risk in the centre. This was done through process of risk assessment which evaluated risks and identified measures to mitigate and manage clinical and operational risks.

There was good oversight in place with the risk register updated and reviewed on a regular basis. There was an emergency plan in place to respond to major incidents and emergencies including COVID-19.

In addition, there was a comprehensive COVID-19 preparedness assessment and the COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures had been completed. It covered a range of areas, and assessed the provider's arrangements in place, for example staffing arrangements, management cover, zoning of units and equipment, and infection control precautions.

Judgment: Compliant

### Regulation 27: Infection control

During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider, person in charge and heads of department liaised closely with Public Health and frequent outbreak control meetings were seen in communication documentation between them. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

Public Health visited the centre the week prior to this inspection. Additional measures that had been identified by Public Health had been put in place, such as additional hand sanitizers, increasing the strength of cleaning solutions and isolation and cohorting arrangements for residents with dedicated staff to care for those residents who were suspected or had been detected as having COVID-19. Separate entrances and exits in the isolation areas were also in use.

There was systems in place for on-going monitoring of residents and staff to identify

signs or symptoms of COVID-19. However the system in place to monitor staff required review to give the provider assurances that all staff were being monitored.

Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill. Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use.

Isolation areas were well signposted and there were infection prevention and control signs on display on bedroom doors, to ensure that in the event of a resident being isolated because of COVID-19, staff were aware of the infection prevention and control precautions needed when caring for these residents.

Physical distancing measures were observed by staff when they were on break and residents were dining in their room following public health advice. While there was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift, staff were seen to wear a watch, and nail varnish and stoned rings which did not align with national hand hygiene guidelines or the centres own policy. This had been identified in a recent hand hygiene audit in the centre. There were hand sanitizer units available throughout the centre and a hand hygiene unit was hung at a lower height, available to children or wheelchair users at the entrance door to the centre.

There were good systems in place to ensure appropriate PPE was available in the centre. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Good hand hygiene practice and the correct use of PPE was observed on the day of inspection.

There were safe laundry and waste management arrangements in place. Clean and dirty laundry were separated and staff were knowledgeable about infection prevention and control measures required.

Records showed that the bedpan washers were overdue for servicing since March of 2020. The provider said that they had not been serviced due to the COVID-19 pandemic. There was no legionella management system in place in the centre. The provider sent confirmation to the inspectors the day following inspection that servicing of bedpan washers were scheduled on 4 November and a legionella risk assessment would be carried out on 19 November.

While there were cleaning processes in place which were documented in cleaning sign off sheets for rooms and frequently touched surfaces, spray bottles containing a disinfectant concentrate and tap water mixture used for general surface cleaning had not been emptied, washed out and allowed to air-dry at the end of each cleaning session. There were terminal cleaning checklists being used to guide staff and give assurances to the provider that rooms had been cleaned when a resident had left the room and would not return.

A seasonal influenza flu vaccination programme was in progress and was available

to both residents and staff. This was also advertised in the centre.

Testing arrangements for detection for COVID-19 infection was being done in alignment with public health advice. Twelve staff were trained to take swab samples and were supported by the National Ambulance Service during serial testing in the centre.

There was ongoing surveillance of all infections in the centre and data collected was reviewed by senior management on a regular basis.

Other findings on the day of inspection identified the following areas for improvement:

- A number of bins were not hands free or in good working order. Evidence was seen that additional bins were ordered on the inspection day.
- A review of cloth covered chairs to allow for effective cleaning.
- Open bags of continence wear was stored on top of the laundry trollies, this practice could lead to cross infection in the centre.
- Sharps boxes did not have the temporary closure mechanism engaged when they were not in use. The pill crushers seen were not clean.

The person in charge discussed with inspectors the use of a more detailed infection control audit to monitor infection prevention and control practices in the centre which would identify gaps in findings during this inspection. Further audits were scheduled for 24 and 26 of November.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors found care and support plans which were clear, specific to each person, and informed through assessment of the residents' assessment of health, social and personal support needs. These plans were updated regularly or as required, and inspectors found evidence of how resident consent and preference, and input from the residents' general practitioner and healthcare professionals, was incorporated into care plan review. In consultation with activities staff, residents had plans for how they could continue to avail of meaningful social and recreational opportunities they enjoyed while they were required to isolate or socially distance.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found evidence that residents retained access to their general practitioners and allied healthcare professionals such as physiotherapists, psychiatrists, dietitians and tissue viability nurses, with reviews by these services being conducted remotely where necessary. Inspectors found evidence of how residents had been referred to healthcare services where their condition and support needs required it, and how instruction from these clinicians was translated into daily support directives.

Each resident had a plan for how to most effectively continue to meet their support needs, if following testing COVID-19 was detected or they needed to be isolated. Inspectors found evidence of dignified person-centred notes on advanced care directives which outlined the residents' wishes regarding transfer, resuscitation and personal preference when receiving end-of-life care.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0030931

Date of inspection: 29/10/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Parke House Nursing Home monitors, develops, and strives to continually improve the quality and safety of care provided to residents on an on-going basis to assure that the service is safe, appropriate, and consistent.</p> <ul style="list-style-type: none"> <li>• A reviewed Infection Control Audit Tool is currently now utilised in line with Parke House Nursing Home's policies and procedures, evidenced based best practice, regulatory requirements, and national guidance – Completed November 2020</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Parke House Nursing Home endeavours to provide care in a manner, and in an environment, that reduces the opportunity for the transmission of infection. Parke House Nursing Home ensures that infection prevention and control is held central throughout the governance processes of Parke House Nursing Home and that appropriate resources are made available to ensure effective processes to ensure resident and staff safety.</p> <ul style="list-style-type: none"> <li>• A specific allocated nurse on duty is tasked daily with the completion of temperature checks of all staff members. A staff list is provided daily to the allocated nurse who cross references to ensure all staff members are monitored appropriately. This copy is submitted to the Director of Care at the end of each day – Completed and Ongoing 30/11/2010</li> </ul>	

- Hand hygiene audits to continue to be completed on a regular basis. Quality Improvements identified to be communicated with staff daily via handover and through internal communication channels for example team meetings – Commenced & Ongoing
- All bins have been replaced where required and are now hands free – Completed 30/11/2020
- Education provided to the nursing team with regard management of sharps in line with Parke House Nursing Home Policy and Procedure – Completed 30/11/2020
- Tablet crushers in each clinical area of the nursing home have now been included on the equipment cleaning schedule. Spot checks to be completed weekly by the Senior Nurse – Completed 30/11/2020
- Servicing of Bedpan washer completed – Completed 04/11/2020
- Management team to complete a review with regard the appropriate storage of continence wear and ensure this process is communicated to all healthcare staff and reviewed on a regular basis by the Senior Nurse and Assistant Director of Care – To be completed December 2020
- Management Team in conjunction with the Housekeeping team to complete a review with regard cloth covered furniture to ensure effective cleaning and scheduling of cleaning – To be completed December 2020
- A full survey with regard Legionella has been completed. All actions identified within the report once returned will be addressed by the Parke House Nursing Home team where required – To be completed 17/12/2020

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2020