



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

Issued by the Chief Inspector

Name of designated centre:	Elmhurst Nursing Home
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0034054

About the designated centre

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

Elmhurst Nursing Home is located in Glasnevin, Dublin 9. The centre can accommodate 48 residents, both male and female over the age of 18. The centre provides long-term care to older persons, some of whom have a cognitive impairment.

Elmhurst Nursing Home is a single-storey building comprising of two units. There are 40 single bedrooms and four twin bedrooms, all of which have en-suite facilities. There are a range of communal areas available to residents, including an activities room, two dining rooms and an oratory. Elmhurst Nursing Home provides long-term care to older persons, and is committed to providing the highest standard of care and support to all residents. Elmhurst Nursing Home cares for residents in an environment appropriate to their needs, where the priority is to preserve their dignity and promote their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 25 August 2021	08:30hrs to 18:30hrs	Niamh Moore	Lead
Wednesday 25 August 2021	08:30hrs to 18:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

From what residents said and from what the inspectors observed, many residents reported to be happy and were highly complimentary of the staff within Elmhurst. The general feedback was that residents had a good quality of life within a homely environment. While residents spoken with were happy with the care they received in the centre, inspectors found gaps in oversight arrangements relating to the documentation of temporary discharges, the premises, infection control and food and nutrition.

Inspectors arrived unannounced in the morning and met the person in charge of the centre. Following an introductory meeting, inspectors were guided on a tour of the premises. During this tour, inspectors met and spoke with a number of residents in their bedrooms and in communal areas. The building was single-storey with the premises divided into two areas referred to as Elmhurst and Desmond. Residents' accommodation was mostly single rooms with four twin bedrooms. All bedrooms within the centre had en-suite facilities. The person in charge informed inspectors that the centre was working towards changing the twin bedrooms into single occupancy.

In bedrooms seen, inspectors observed all to have televisions. Residents had personalised their rooms, with many containing personal items such as pictures of relatives and friends. There was sufficient space to display and store personal items. There was adequate privacy screening curtains in shared bedrooms. Residents who spoke with inspectors said that they were very happy with their bedrooms, with many commenting that they enjoyed the view of the trees and surrounding gardens.

Overall, the centre was homely and well decorated. However, areas including woodwork were worn and required attention including repainting and maintenance works. There was also inappropriate storage found. The person in charge informed inspectors that the provider was aware of the limited storage capacity within the designated centre. While in some areas there was a good standard of cleaning observed, other areas and equipment were dirty. Improvements were also required in the oversight arrangements of infection control measures necessary on entering the premises.

Notice boards contained up-to-date information on activities and key events within the centre. These were seen to be appropriate to residents' communication needs. Information on independent advocacy support was available throughout the centre. Some residents confirmed to inspectors that they attended resident meetings where key issues relevant to them, such as meals and activities, were discussed. Resident meeting minutes confirmed that resident meetings were well attended by residents and that issues were raised and discussed in a manner supportive of residents' needs.

There was a relaxed and social atmosphere within the centre. Residents were well

dressed and were seen mobilising freely through the corridors to the communal areas and around the centre throughout the day. Residents in both units had access to an enclosed garden space, with colourful seasonal and well-maintained flower beds, trees and planters. Inspectors were told that a garden project had taken place where many of the residents assisted with painting the furniture and planting flowers.

On the day of the inspection, the activities coordinator was not on duty. Inspectors were told that the previous day was this staff member's last day and a party had occurred to celebrate this. Inspectors observed the decorations for this around communal areas, including glasses used which remained dirty from the day previous. Many residents commented how much they missed this staff member and were keen to know what the alternative arrangements were, with one resident saying "the activities are good but the staff member left yesterday and I have not heard how long we have to wait for someone new". Management confirmed that the activities coordinator post had been recruited for and that in the interim a healthcare assistant was assigned to facilitate activities. An activities room was available to host activities. Inspectors observed residents attending mass and the physiotherapist in the centre hosted an exercise class on the day of inspection.

Inspectors observed staff and residents interactions and overall found them to be positive. It was clear that staff knew the residents well. Staff promptly responded to call-bells or requests for assistance and were observed to knock and wait for permission before entering a resident's bedroom. Residents spoken with said that they felt listened to by staff and management, and were also able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

A mealtime service was observed within both units in the centre. Residents were offered a choice of meals and meal options mostly appeared appetising and nutritious. However, inspectors observed that for one resident, their modified diet was not attractively presented and this resident was not supported in line with their care plan. Inspectors raised this with management. This will be further discussed within this report.

The next two sections of the report present the findings of the inspection and give examples of how overall the provider has been supporting residents to live a good quality of life in the centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

While there were effective management systems in this centre, ensuring good quality care was delivered to the residents, improvements were required to ensure regulatory compliance with all regulations. These improvements are highlighted under the regulations relating to premises, food and nutrition, infection control and

temporary discharge of residents.

J&M Eustace T/A Highfield Healthcare Partnership is the registered provider for Elmhurst Nursing Home. The centre has an established and clearly defined governance and management structure in place. The person in charge worked full-time in the centre and was supported in their management role by a number of managers, including two clinical nurse managers. There were sufficient resources available and a clearly defined management structure with lines of responsibility identified.

COVID-19 records showed that there were arrangements in place to manage an outbreak within the centre. The designated centre had two outbreaks of COVID-19 from 21 August 2020 to 19 November 2020 and 21 December 2020 until 01 March 2021 when public health declared the outbreaks over. A total of 25 residents and 10 staff were affected during the outbreak and four residents had died.

The management team had systems in place for the oversight of the quality and safety of care in the centre. A review of meeting minutes such as Senior Management meetings and Clinical Governance reports outlined that the management team met regularly to discuss and review key performance indicators including COVID-19, staff training, results of audits, incidents and accidents, infection control, quality and compliance. However, the oversight of premises and infection control within the centre required further review. For example, while environmental audits scored 97% compliance, this did not reflect the findings on the inspection day.

Staffing levels were sufficient to provide care and meet the needs of the residents and reflected the layout of the building. The centre had been divided into two units and separate staff groups were rostered to work in each unit.

Inspectors viewed an up-to-date record of staff training which was maintained by the person in charge. Three staff members were trained to take swabs for the detection of COVID-19, and staff were attending an ongoing training programme related to the care of residents with dementia, in order to improve their knowledge and skills while caring for residents with cognitive impairment. Inspectors saw evidence of a planned training course on record keeping due to take place in September 2021. This course was organised following learning from a complaint, received from a family.

Staff and residents were familiar with current management arrangements and were complimentary of the management team, telling the inspectors that managers and staff were approachable and supportive.

On the day of the inspection, volunteers had not resumed their attendance at the designated centre following COVID-19 restrictions. They were due to start visiting residents in the coming weeks. Inspectors met the volunteer coordinator who explained the supervision and support arrangements in place to assist volunteers in their role. These included a three to six month induction period, a volunteer handbook, training, a confidentiality agreement and regular meetings with the

coordinator.

The complaints procedure was displayed in the designated centre and residents were aware of how to complain. Inspectors viewed records of residents' complaints which included issues about food texture and temperature, which were addressed by the registered provider. The person in charge described how complaints contributed to learning within the designated centre, including areas such as better communication with families and end-of-life care.

Regulation 15: Staffing

On the day of inspection, inspectors found sufficient staff on duty to meet the care needs of the residents. There was a minimum of two registered nurses on duty at any time.

The staff roster was checked and found to be maintained with all staff that worked in the centre identified. Rosters indicated that where staff vacancies occurred, they were filled by replacement staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training including fire safety, safeguarding, manual handling and infection prevention and control. Staff received ongoing supervision and inspectors reviewed three staff files which showed evidence of an induction programme being completed by staff and up-to-date appraisals.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a well-defined governance and management structure in place that identified clear lines of authority and accountability.

The provider had completed an annual review of quality and safety of the service for January 2020 to May 2021 which incorporated feedback from residents. This review involved the provider measuring themselves against the National Standards for Residential Care Settings for Older People in Ireland 2016. There were quality improvement plans for 2021 identified in areas such as training in end-of-life care

and auditing of care plans.

Judgment: Compliant

Regulation 30: Volunteers

Clear systems were in place to supervise and support volunteers. Inspectors viewed records for three volunteers. All files contained records of Garda Síochána (police) vetting, references and a signed volunteer agreement.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which outlined the process for responding to local and formal complaints. Inspectors viewed records of five local complaints which were investigated and concluded in a timely manner. Each recorded the satisfaction of the complainant. Two formal complaints were ongoing at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care and enjoyed a good quality of life in the centre. However, improvements were required to ensure that all residents within Elmhurst had access to a comfortable and safe environment. The premises required repair which impacted on adequate infection control measures. Improvements were also required in how meals were served within the centre.

Procedures were in place to guide practice and clinical assessment in relation to risk of malnutrition, this included monitoring, recording of weights and nutritional intake.

A number of residents' care plans were reviewed and these records indicated that there was a pre-assessment in place before a person was a resident in the centre. Further comprehensive assessments and care plans were developed within 48 hours of admission to meet residents' assessed needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, skin integrity and the supports they needed regarding their personal care and mobility needs. Inspectors reviewed a sample of care plans and found that they reflected the information

obtained in the clinical assessments and provided sufficient information for staff to guide care delivery. Care plan records reviewed showed that residents, and where appropriate their families, were involved in the care planning process with care plans detailing residents' preferences as to how they wanted to be cared for.

The centre had a restraint policy and register in place. The inspectors were told that there were no bedrails currently in use in the centre and there was evidence that low entry beds were used.

Inspectors observed residents making choices about how they lived their lives in the designated centre. Residents' bedrooms were personalised with paintings, books and photographs of their choosing. A number of bedrooms had been recently redecorated with residents' choice of decor. A variety of activities were available to residents including religious services, a reminiscent and international travel group and arts and crafts projects. Advocacy services were available to residents, with details of the advocacy service displayed prominently within the designated centre. A hairdressing service was available to residents every week.

Residents' laundry was well organised through an external laundry service. Residents and family members who spoke to inspectors said that they received a very good service.

Visiting was seen to be taking place on the day of inspection. Inspectors were informed that visiting took place in the centre's visiting room or in resident bedrooms. There was a process in place to minimise the introduction of infection including completion of a risk assessment and screening for symptoms. The centre also facilitated visiting for compassionate reasons and window visits. A number of residents commented that they were satisfied and happy with the arrangements, while one resident informed inspectors that they hoped for a time when their visitors could arrive unannounced. Inspectors saw that residents had an individual documented visiting plan in place.

Residents had comprehensive end-of-life care plans with information regarding their wishes and preferences. There was evidence that residents and, where appropriate, their families were involved.

Menus within the centre were analysed by a nutritionist. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was a choice of menu available for residents. Throughout the day, inspectors observed plentiful offerings of hot and cold drinks and snacks. While residents that the inspector spoke with complimented the food that they were served and there were adequate numbers of staff available to assist residents with nutritional intake, improvements were required regarding the provision of meals within the centre. For example, the lunchtime meal service was not well co-ordinated and as a result residents were seen to be given incorrect meals and some residents were waiting for drinks to be served. Three residents were served their meal between 40-50 minutes later than the serving time of 1pm. Inspectors raised this with management and were told this was because their mealtimes had been adjusted slightly to ensure that those residents who enjoyed a later breakfast had

sufficient space between each meal. However, this was not documented in any records seen.

Some residents' bedrooms had been recently redecorated and a programme of ongoing decoration was in place. Inspectors observed that a number of items were inappropriately stored in the sluice room and smaller store rooms. Repairs to paintwork and shelving was required in a number of areas. For example, in one store room the shelves were worn and scratched and could not be properly cleaned. Inspectors were told a bedpan washer was currently out of order and had been for the previous three months.

A policy was in place to guide staff on the information required when residents were leaving the designated centre on a temporary basis and returning. Inspectors requested access to the documentation of a recent temporary discharge and were informed a copy had not been retained within the centre.

While there were posters and notices displayed to remind staff, visitors and residents to comply with infection control practices and social distancing. On the day of inspection, inspectors were not prompted to complete the infection control measures necessary on entering the designated centre and gaps were seen in records for five staff members.

An infection prevention and control policy was in place and a cleaning audit took place in June 2021. However, not all areas identified for improvement had been actioned. For example, the smoking room had not been cleaned. The cleaner's trolley and equipment was well organised and cleaning schedules were completed and signed by the supervisor. Corridors, toilets, residents' rooms and dining areas were well presented and clean, however a number of storage rooms were not properly cleaned because of items stored on the floor. On the day of the inspection, the laundry store room was re-organised and thoroughly cleaned by household staff.

Regulation 11: Visits

Indoor visiting was in place in line with the Health Protection Surveillance Centre (HPSC) current guidelines. Visitors booked in advance and the centre was considering how to manage unscheduled visits while also maintaining infection prevention and control processes.

Judgment: Compliant

Regulation 13: End of life

The designated centre used end-of-life guidance and symbols from the Irish Hospice Foundation. Training in end-of-life care for residents was planned to enhance staff

understanding of the needs of residents and their families at this time.

Comprehensive arrangements were in place for ascertaining residents' end-of-life preferences. Residents had an end-of-life care plan in place and contained person-centred information in relation to their specific wishes.

Judgment: Compliant

Regulation 17: Premises

Despite maintenance work occurring on the day of inspection, the registered provider needs to further improve the décor of the centre to promote a safe and comfortable living environment for all residents. Inappropriate storage was observed including oxygen stored in a room off the laundry. A number of items required repair or replacement, for example chairs with burn marks in the smoking room and a rusted radiator pipe in one resident's room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Despite sufficient staff seen to be available to assist with food and nutrition within the centre, the registered provider needs to further improve the mealtime experience to ensure residents are not waiting for meals and drinks to be served and to ensure that all residents are supported in line with their assessed needs and preferences. For example, residents were seen to be given incorrect meals and waiting lengthy periods of time for their meals and drinks, and the presentation of the food on the plate for one resident was not appetising as staff had mixed all ingredients together into a paste.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Improvements were required to ensure that when a resident is temporarily discharged from the designated centre, that a record of the relevant information provided to the receiving designated centre, hospital or place is available for review.

Judgment: Substantially compliant

Regulation 27: Infection control

There were issues related to good infection prevention and control practices which required improvement. For example:

- Monitoring logs for residents and visitors to the building required improved oversight.
- Inappropriate storage had the potential to lead to cross-contamination, such as a laundry trolley was open without a lid, the sluice room contained soiled bins which were left open and incontinence wear was stored out of its packaging in two store rooms.
- Some equipment was worn and defective and as a result could not be effectively cleaned and decontaminated.
- A number of items were seen to be unclean. For example, glasses from an activity the previous day which required cleaning were left in the activities room for the duration of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From an examination of a sample of residents' care plans and discussions with residents and staff, inspectors found that the nursing and medical care needs of residents were assessed with appropriate interventions being implemented accordingly.

An assessment of prospective residents was completed prior to admission and there was a comprehensive assessment of the person's health, personal and social care needs completed within 48 hours of their admission. The outcomes of a range of validated assessments informed the care plans sampled. Residents were involved in their assessments and the development or review of their care plans. Residents' records outlined that residents were closely monitored for any deterioration in their health and wellbeing or any indication of infection.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the healthcare needs of residents were well met. There was evidence of good access to medical staff in line with residents' assessed needs. Records showed that there was regular medical reviews in residents' records

and care notes. There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietitian, physiotherapy, occupational therapy and chiropody, where necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint was under regular review and a restraint-free environment in line with the national policy was promoted in practices found. The centre's policy reflected the national guidance document and was available to guide restraint usage as a last resort.

Suitable assessments and care plans were in place to promote positive supports for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with a variety of recreational opportunities and TV, radio and newspapers were also available for their use. Inspectors viewed minutes of residents meetings which were chaired by the volunteer coordinator. Residents were actively encouraged to provide their feedback on a variety of issues related to the organisation of the designated centre, including housekeeping, maintenance and catering.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmhurst Nursing Home OSV-0000134

Inspection ID: MON-0034054

Date of inspection: 25/08/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1) A new audit in place to ensure items are stored correctly in storerooms and sluice rooms. CNM's are doing a walkthrough every Friday as part of this process. The Person in Charge (PIC) completes a walkthrough every Monday to ensure correct practices are being followed. Proposed timeframe: completed.</p> <p>2) An additional storage area will also be identified by the PIC. Floor plans will be reviewed by the Chief Operating Officer with current practices and existing space with the aim to assign designated storages. Proposed timeframe: 31st December 2021</p> <p>2) The PIC is reviewing the purchase of additional trolleys to enable cleaners to clean all parts of floor as well as to create more storage space for items. Proposed timeframe: 31st December 2021</p> <p>4) Paintwork and shelving in store - rooms is being updated by the Maintenance Manager. Proposed timeframe: 31st October 2021</p> <p>5) The repair of rusted radiator pipes is in the process of being completed by our Maintenance Manager. Proposed timeframe: 31st October 2021.</p> <p>6) Chairs with burn marks in the smoking room have been replaced. Proposed timeframe: completed.</p> <p>7) The bedpan washer has been discontinued from service and removed. Proposed timeframe: completed</p> <p>8) Oxygen cylinders and oxygen concentrator are now correctly stored in a designated room with their protective case which is locked and attached to the wall. Excess</p>	

<p>concentrators will be removed. Proposed timeframe: 31st October 2021</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>1) A new system is in place where the Catering staff now serve the food at meal- times to ensure efficient delivery of food to all residents. Proposed timeframe: Completed</p> <p>2) A plan is in place to enlarge the current servery in Elmhurst, which will improve the mealtime experience and ensure food is served in timely manner. Proposed timeframe: 31st December 2021</p> <p>3) A nutritional care plan audit will be completed by the Clinical Nurse Managers (CNMs) to ensure that all residents needs are reflected in their nutritional care plan. Education is ongoing by PIC and CNMs to ensure all residents are supported in line with their assessed needs and preferences. Proposed timeframe: 31st December 2021</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>1) A record of relevant information provided to the receiving facility is now in place. Education is ongoing by PIC and CNMs to all Staff Nurses reminding them to save a copy of the transfer letter on the patient information system. The PIC is performing regular checks on recent transfers to ensure correct practice is followed. Proposed timeframe: completed</p>	
Regulation 27: Infection control	Substantially Compliant

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

The PIC has reviewed the cleaning schedule with the cleaning company to ensure all rooms within the designated centre are cleaned on a regular basis. This includes ancillary rooms such as storage rooms and the smoking room.

Proposed timeframe: completed.

2) New laundry trolley with cover has been purchased.

Proposed timeframe: Completed.

3) Education is ongoing by CNMs with all staff members to ensure that all sangenic bins are closed after use. The PIC is reviewing alternative options to sangenic bins.

Proposed timeframe: 31st December 2021

4) The PIC is reminding staff on an ongoing basis to ensure all visitors and staff check in on entry to the building for ongoing compliance with current infection control and Covid-19 procedures. A memo has been issued to all families reminding them to check in on arrival. Close monitoring of policy and procedures is taking place by the PIC to ensure compliance and appropriate record keeping is in place.

Proposed timeframe: 31st October 2021

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/12/2021
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary	Substantially Compliant	Yellow	31/12/2021

	needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/10/2021
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	31/10/2021

