



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

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0035212

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 35 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents.

The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day to day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 15 December 2021	08:30hrs to 17:45hrs	Niamh Moore	Lead
Wednesday 15 December 2021	08:30hrs to 17:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, most residents were happy with the care and services that they received within Shrewsbury House Nursing Home. Residents were observed to be content in the company of staff with positive feedback given to inspectors. A visitor spoken with was also complimentary about the staff and the care provided. However, this inspection identified a number of areas that required action. These findings will be discussed under their relevant regulations.

This was an unannounced inspection and prior to entering the centre, inspectors went through infection, prevention and control measures which included a temperature check and a declaration that inspectors were free of symptoms associated with COVID-19.

Following an opening meeting with the person in charge, inspectors were guided around the premises. The building comprised of two storeys with resident bedrooms set out across each floor. Access to the first floor was via the stairs or a chair lift. Residents' accommodation was within single, twin or 3-bedded rooms. Residents had access to an en-suite or to shared bathrooms.

There was a relaxed atmosphere within the centre. Inspectors observed that resident activities were mostly individual and self directed. Some residents were watching television and others were reading. Numerous residents told inspectors that they were looking forward to an external musician attending that afternoon for a karaoke session, however inspectors were told that this person was no longer available to attend which management had been notified of on the day previous to the inspection. There was no planned alternative activity arranged however, a fellow resident sang and played music for others during this time.

While walking around the centre, inspectors observed that new flooring had been installed in the front section, upper floor and the stairs of the centre. Alcohol hand gel dispensers were readily available along corridors for staff use. Inspectors saw that some residents had personalised their bed space and had their photographs and personal items displayed. The general feedback from residents was that they were content with their bedrooms. Inspectors observed that the private space available to residents in some of the multi-occupancy bedrooms was limited.

Residents had access to communal space within multiple day rooms and residents were seen to spend time within these spaces throughout the day. Inspectors were told that some of these rooms were used for visiting and also for activity provisions. There was one designated dining room which was based on the ground floor. Inspectors observed that the majority of residents chose to eat their lunchtime meal within the dining room. Menus were displayed within this room and choices were available for the main meal, dessert and at tea time.

There was an outdoor space available to residents. There was an external cabin built which was due to facilitate visiting, however inspectors were told that this had not commenced. Numerous residents told inspectors that visiting was facilitated outdoors and they would prefer to have indoor visiting. Inspectors were told that the outdoor cabin would facilitate an alternative space for visiting for those unvaccinated, these had previously been outdoors during times of good weather. Inspectors observed indoor visiting to take place on the day of the inspection.

Inspectors spent time observing staff and resident interactions and found that it was clear that staff knew the residents well with conversations relating to their likes and dislikes and friendly chat about family members and visitors. Three residents told inspectors that staff were "very nice". Residents told inspectors that they felt safe within the designated centre and if they have any concerns or complaints, they felt comfortable to highlight these issues to management.

While the centre provided a homely environment for residents, further actions were required in respect of premises and infection prevention and control, which are interdependent. For example, some of the surfaces and finishes including wall paintwork and flooring were worn and as such did not facilitate effective cleaning. Bed spacing within one multi-occupancy room had the potential to impact on infection prevention and control measures. There was a limited number of clinical hand wash sinks in the centre and many sinks were dual purpose, used by both residents and staff. Storage space was limited and there was inappropriate storage of equipment, clean and sterile supplies throughout the centre. Findings in this regard are further discussed under Regulations 17 and 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

While there were established management structures in this centre, inspectors found that action was required in the management systems for the effective oversight of staffing levels, training and auditing systems.

Shrewsbury House Nursing Home Limited is the registered provider for Shrewsbury House Nursing Home. The management team was made up of the registered provider, the person in charge, a general manager and a clinical nurse manager. Other staff resources included staff nurses, healthcare assistants, housekeeping, maintenance and catering staff.

This inspection was carried out to assess compliance with the Health Act 2007 and to follow up on an application received to vary two conditions of registration. The registered provider was seeking to reduce the occupancy and to vary the purpose of rooms within the designated centre to allow for changes coming into affect to

ensure each resident had a minimum of 7.4 square metres of floor space, as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 S.I. 293 which was due to take effect on 1 January 2022.

The centre had experienced a COVID-19 outbreak in December 2020. This outbreak was identified early and successfully contained to limit the spread of infection. A formal review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks.

The clinical staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the residents. From the worked rosters, it was seen that there was at least one registered nurse on duty at all times. Staff reported that they felt supported in their work. However, inspectors were not assured that there was effective staffing in place for activities and cleaning. For example, there was one cleaner working in the centre on the day of inspection. Inspectors found that this did not ensure the nursing home was appropriately cleaned as evidenced under Regulation 27: Infection Control.

Inspectors were informed that face to face infection prevention and control training had not been provided since the onset of the pandemic. Online infection prevention and control training had been completed by all staff. However, the observations of inspectors due to gaps in staff personal protective equipment (PPE) usage indicated that the online training alone was insufficient. Details of issues identified are set out under Regulation 27.

The Person in Charge was the infection prevention and control lead. The centre had an infection prevention and control policy which covered aspects of standard precautions, transmission-based precautions, outbreak management and aseptic non-touch technique. However, some infection prevention and control guidelines in the centre required review. For example the legionella guidelines did not outline the requirement for routine water sampling and culture for Legionella to be undertaken to monitor the effectiveness of the controls that were in place. Guidelines for the development of new and existing buildings did not outline the requirement for infection prevention and control input at the design and planning stages. Where national policies are subsequently developed, they should be incorporated into local policies.

A review of management meeting minutes outlined that the management team were meeting regularly and were discussing key performance indicators and topics relevant to service delivery. These topics included residents, incidents, complaints, staffing, training, COVID-19, audits, equipment, fire drills and maintenance works. In addition, there was specialised meetings in relation to areas such as Clinical Governance and Health and Safety.

Inspectors found a review was required of management systems to ensure that the information collected was sufficiently analysed to drive quality improvements. For example, annual environmental hygiene audits were undertaken and beds were checked monthly. However, disparities between the high compliance achieved in

hygiene audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure that the environment was being effectively cleaned. In addition, the majority of audits seen did not have a percentage total to action and measure improvements.

An annual review report for 2020 was available to inspectors, and included consultation with residents and their families.

Regulation 15: Staffing

On the day of inspection, inspectors found that there was an insufficient number and skill mix of staff to meet the assessed needs of the 34 residents. For example, the part-time hours allocated to organise activities did not meet the needs of the residents on the day of the inspection. Residents told inspectors that activities were not provided each day. Managers confirmed with inspectors that there was insufficient number of staff to allow for effective cleaning of the designated centre. Feedback from management on the day of inspection was that they were attempting to recruit additional household staff but had been unsuccessful. These are repeat findings from the inspection held in January 2021.

Judgment: Not compliant

Regulation 16: Training and staff development

Further on site training and supervision was required in the areas of infection, prevention and control and cleaning practices. Staff had not received appropriate training in the fitting and safe use of FFP2 respirator masks.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not give assurances that the service was safe, consistent and effectively monitored. For example:

- Inspectors did not see evidence that the analysis of all information at management meetings was leading to quality improvements. For example, in a management meeting in September 2021 there was a discussion relating to inappropriate glove use by staff. This remained a finding on the day of the inspection.
- A review of auditing systems was required. A number of audits seen did not

have percentage findings or clear action plans with a person identified to respond to improvements required. For example, eight audits completed between April and August 2021 were seen to be incomplete as they did not have a total percentage recorded. In addition, current auditing systems were not identifying all areas that required action on this inspection, for example relating to storage of medicines and oversight of fire safety.

- The findings identified relating to environmental hygiene during the inspection were symptomatic of the lack of a robust environmental auditing programme.

Judgment: Not compliant

Quality and safety

Overall, the provider was delivering good quality clinical care and support to residents. Residents had good access to healthcare and were consulted with in the organisation of the designated centre. However, action was required in the areas of resident care documentation, residents' rights, premises, infection control, fire precautions and medicines management.

Inspectors reviewed a number of residents' records including assessments and care plans and found that they were person-centred. There was a pre-assessment in place before a person was a resident in the centre, to ensure that the centre was a suitable place for the resident to live. Assessments were completed which included identifying each resident's risk of malnutrition, mobility and included support with activities of daily living. Assessments were used to develop relevant care plans within 48 hours of admission. Overall, inspectors found that care plans were reviewed every four months or as required. Care records were paper based and had a lot of historical information which could hinder the safe and effective handover of care to staff who did not know the residents. Actions was required as there were gaps seen in some monitoring records which is further discussed under Regulation 5: Individual Assessment and Care Plan.

Records of attendance and referrals to general practitioners (GP) and specialist health professionals were seen within residents' notes. Residents also had access to local community services such as opticians, dentistry and chiropody. Inspectors were told that eligible residents were facilitated to access the services of the national screening programme.

Inspectors found good examples where residents' were consulted with and participated in the organisation of the designated centre. For example, within a residents' satisfaction survey held in September 2021 and from quarterly resident meetings. Minutes from meetings showed that residents' were kept informed on topics such as COVID-19, infection control measures such as handwashing, social distancing and visiting.

Inspectors spent time within communal areas observing resident and staff interactions and found them to be kind and respectful. There was a good sense of community between residents who were seen to be involved in plenty of friendly chat. However, residents' privacy was not always upheld due to the environment.

Inspectors observed that within some of the multi-occupancy bedrooms, the layout and design of these bedrooms, did not afford all residents sufficient private space. Some residents were seen to share drawers to hold their belongings where each resident was given access to set drawers. In addition, some privacy curtains on the day of the inspection were surrounding the residents' bed only, and did not include their bedside locker, chair or wardrobe. Therefore if a resident wished to access their personal belongings in their drawers or wardrobe, they were required to exit their private space.

Inspectors were concerned that the provider would not meet the requirements as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 Statutory Instrument (S.I.) 293 which was due to take effect on 1 January 2022 and brought this to the attention of the provider at the time of the inspection.

Inspectors were not assured that the organisation and provision of activities best met the needs of the residents. For example, there was no activities roster in place to identify the planned activities provided on any given day. In addition, the karaoke activity due to take place on the day of the inspection by an external facilitator was cancelled the day prior to the inspection and residents were not informed of this cancellation until the activity was due to start.

The provider had arrangements in place to support residents to receive their visitors. Inspectors were told that visiting was occurring in line with the Health Protection Surveillance Centre (HPSC) guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). A visitor spoken with on the day of inspection confirmed that access to visiting was not restricted.

Inspectors viewed the new bedroom that had been installed as part of the application to vary the conditions of registration. Inspectors found that the new single room was of a sufficient size with high quality fixtures and fittings including a call bell. Inspectors also reviewed the change in room functions of a nurse's station and storage area.

Action was required in regard to the oversight of the premises. For example, repairs to paintwork, flooring and equipment was required in a number of areas and moss was seen growing on an external fire escape. Management told inspectors that they were aware that storage issues existed within the centre. Inspectors found examples of inappropriate storage seen across the designated centre which impacted on residents' rights and infection control.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of

COVID-19 and knew how and when to report any concerns regarding a resident. All of the residents and staff had opted to be vaccinated and the majority had received their booster vaccinations. Serial polymerase chain reaction (PCR) testing was scheduled to be undertaken. The associated benefits of full vaccine uptake among residents had led to changes in some public health measures, including visiting. However, inspectors found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the use of personal protective equipment by staff during the course of the inspection. Both bedpan washers were out of order on the day of inspection. A replacement had been ordered however assurances were not provided at the time of the inspection that the decontamination of urinals and bedpans was being managed in line with best practice. Issues with environmental and equipment hygiene were also observed.

Staff spoken with were knowledgeable on actions to be followed in the event of the fire alarm sounding. The provider had recently contracted a competent person to complete a fire risk assessment and the provider was awaiting the report at the time of the inspection. Inspectors found that in order to comply with Regulation 28: Fire Precautions, further assurances relating to fire were required.

Medicines were stored within the locked medicine trolley with the nurse retaining the key at all times. While this trolley was not in use it was fixed to a wall in the corridor. However, during the on-site inspection, inspectors observed that the storage of medicines required improvement.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance.

Judgment: Compliant

Regulation 17: Premises

The 'dirty' utility rooms were small in size, poorly ventilated and did not facilitate effective infection prevention and control measures. For example;

- There was one sink in both, the upstairs and downstairs 'dirty' utility rooms which was designated a hand wash sink. A separate sink for washing resident

equipment was not available so it was difficult to determine if the hand wash sink had a dual function. Using sinks for both hand-washing and the cleaning of equipment should be discouraged as this will significantly increase the risk of hand and environmental contamination.

- There was no sluice hopper for disposal of body fluids in the 'dirty' utility room on the first floor.

There was lack of storage space in the centre with inappropriate storage of equipment and supplies. For example, hoists and commodes were stored within resident's rooms. The laundry was cluttered with stocks of residents personal hygiene products stored under the sink. There was no clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys.

Spacing between resident beds within one multi-occupancy room did not meet the minimum distance of one meter recommended to manage the risk of all droplet transmitted infections including COVID-19.

Inspectors found that the private space for residents in some multi-occupancy bedrooms required review. For example, one private space seen for a resident within a three-bedded room had their bed within the privacy curtain. Their bedside locker, wardrobe and access to a chair was outside this area. In a two-bedded room, the residents were seen to share a chest of drawers where there was a total of four drawers with two allocated to each resident. In another two-bedded room, the residents were seen to share a wardrobe, chest of drawers and these items were outside their privacy curtain. Some residents did not have access to a chair each and therefore the chair within the room was outside their privacy curtain.

Some areas of premises required maintenance works. For example, there were cracks in paintwork and on some items of furniture in communal areas and bedrooms.

Judgment: Not compliant

Regulation 27: Infection control

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

Personal protective equipment (PPE) such as gloves and masks were used inappropriately during the course of the inspection. For example, on two occasions a staff member was observed wearing gloves when there was no indication to do so and several staff were observed to be wearing the white surgical masks the wrong way around.

Both bedpan washers were out of order. Commode basins and urinals were manually decontaminated by staff. Manual bedpan cleaning and disinfection must be

avoided due to the high risk of contamination.

Supplies for dealing with a blood spillage were available. However, the chlorine granules and tablets in these kits had expired.

Environmental and equipment cleaning practices and processes required review.

- Unacceptable levels of dust were present on the undercarriages of some beds, curtain rails, on top of wardrobes and on lights over resident beds.
- Inspectors were informed that the same loop mop was used for up to 14 rooms. Loop mops were not routinely laundered or replaced each day. Inspectors were informed the water was changed frequently however the mop water viewed was unclean.
- Items of equipment including several baskets in residents rooms used to store personal hygiene products, two commodes, four bed-tables, a water dispenser drip tray and a raised toilet were unclean.

Barriers to effective hand hygiene practice were identified. For example:

- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. Outlets of a number of sinks appeared unclean.
- Used wash-water was emptied down residents sinks and basins were rinsed in the residents' sinks which posed a risk of cross contamination.
- Disposable alcohol hand gel pouches were topped up and refilled. The underside and inside of a number of wall mounted soap and alcohol hand gel dispensers were unclean.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required to ensure that all staff were aware of the procedure to be followed in the case of a fire. For example:

- The quick reference sheet which detailed residents' personal emergency evacuation plan (PEEP) did not record the assistance required for each resident. This introduced the risk that in the event of a fire, this reference sheet would not provide sufficient detail on how to safely evacuate each resident.
- Inspectors reviewed records of fire evacuation drills and found that they did not prepare for a scenario of the evacuation of a full fire compartment, particularly with the residents' highest dependency levels and night time staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that action was required to ensure that medicines were stored in a safe manner, such as:

- Inspectors viewed the records of the fridge used to store medicines. Gaps were seen with the recording of daily temperatures. Inspectors saw examples of numerous entries of temperatures which showed that medicines had been stored outside of the recommended temperature range. In addition, staff were not aware of the appropriate temperature range medicines should be stored at.
- Refresher training with regard to single use items such as wound dressings was required as staff spoken with were unable to identify the single use symbol. In addition, inspectors observed some single use only dressings were opened and not disposed of.
- Inspectors observed four out of date medicines stored in the medicine fridge on the day of the inspection, two of which were opened in August 2021, one which had not been opened but was supplied in June 2020.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Incomplete and imprecise care records relating to monitoring of nutrition and hydration was observed in a number of cases, for example:

- Gaps were seen in weight monitoring records for a resident who required monitoring every two weeks. Most records seen were monthly with three recorded weights in November 2021.
- Staff maintained fluid intake and output for a resident identified at risk, however these records were not consistently completed in full.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by GPs and referrals made to specialist health and

social care professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to undertake personal activities in private was restricted. For example, the glass within a shared bathroom, while frosted was not adequately frosted and did not provide sufficient privacy. Inspectors also found that in some of the multi-occupancy bedrooms, residents were seen to share personal storage such as a chest of drawers.

Inspectors were not assured that all residents' had opportunities to participate in activities in accordance with their interests and capacities. For example,

- There was no activities calendar in place to detail the range of activities provided on any given day. This meant that residents were not aware of what activity was occurring on the day. It also did not allow residents' to pre plan their day or week regarding activities in which they wished to participate.
- While residents told inspectors the activities were good, they said they are not on daily, instead offered "every couple of days". There was no record of access to activities seen.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0035212

Date of inspection: 15/12/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Activities allocated time will increased from part time to full time. Clear designation of daily activity responsibility will also added to the staffing roster.</p> <p>The center has recruited an additional housekeeping staff member & the housekeeping roster has been reconfigured to ensure additional housekeeping can be carried out. A deep clean of the premises took place since the inspection and provision will be made for this to occur periodically going forward.</p> <p>date to be complete: 28/02/2022</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>FFP2 mask fitting and safe use training for staff scheduled for early March 2022. Additional onsite training in infection prevention and control will be arranged following an environment hygiene audit. This will be provided by an external IPC professional and is due to be completed on 26/02/2022.</p> <p>A senior manager will now oversee housekeeping & cleaning practices to ensure standards are being maintained.</p> <p>A new infection control link nurse is allocated to assist the PIC to oversee IPC practices in the home. Regular IPC huddles for staff education will continue with the link nurse. These huddles will include education on the appropriate use of PPE</p> <p>date to be complete: 30/04/2022</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Issues highlighted at management meetings will be addressed with staff at appropriate times such as daily handovers & formal group meetings.</p> <p>The clinical auditing system is currently under review. Once complete, audits will show percentage findings and will have clear action plans with the responsible person identified.</p> <p>Audit results will be discussed at management & staff meetings with feedback provided to staff.</p> <p>date to be complete: 30/04/2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ground floor and first floor sluicing rooms will be reconfigured and will include a separate handwashing sink and a sink for washing resident equipment. A sluice hopper will be fitted in the sluice room on the first floor</p> <p>Residents' personal hygiene products are no longer stored under the sink in the laundry. There were renovation works underway during the inspection in December. An office on the ground floor will be reconfigured to include a treatment area where dressings & medications can be prepared.</p> <p>The spacing of residents' beds in a multi occupancy room was addressed by reconfiguring the bedroom furniture and now a 1-meter distance between beds is assured.</p> <p>Residents who share bedrooms have their own personal storage space. Privacy curtains in shared bedrooms will be reconfigured to ensure residents can access their personal storage adequately.</p> <p>The center is currently undergoing refurbishment work. Upgrade of furniture and painting & decorating of communal areas and bedrooms is currently underway.</p> <p>date to be complete: 31/05/2022</p>	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new infection control link nurse is allocated to assist the PIC to oversee IPC practices in the home. Regular IPC huddles for staff education will continue with the link nurse. These huddles will include education on the appropriate use of PPE including glove use and use of facemasks.</p> <p>One bedpan washer on the ground floor has been serviced and is in good working order and a new replacement bedpan washer has been purchased for the first floor.</p> <p>Chlorine granules from the blood spillage kits have had the expiry date checked and have been renewed.</p> <p>A deep clean of the premises took place since the inspection and provision will be made for this to occur periodically going forward.</p> <p>Cleaning regime includes the under carriage of beds, tops of wardrobes, overbed lights & curtain rails, bed tables, commodes and raised toilet seats and will be overseen by a senior manager</p> <p>Loop mops are no longer in use. The nursing home housekeeping department now uses a flat mop system with these mops changed at appropriate intervals.</p> <p>A full environmental hygiene audit to be carried out in late February by a professional IPC company. On completion of this, it is hoped that professional guidance could be sought to help ensure that new handwashing sinks are placed in the appropriate locations in the home. The center aims to address all the issues highlighted on the upcoming audit to help ensure practices and policy are in line with best practice guidelines.</p> <p>date to be complete: 30/04/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>There is a detailed PEEP on all residents in the PEEP file. The quick reference sheet at the front of the file has been updated to reflect the assistance required for the residents' nighttime evacuation specifically.</p> <p>A evacuation drill has been completed on the highest dependency compartment with nighttime staffing levels</p> <p>date to be complete: 28/02/2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Two new, smaller fridges are now in place for samples & medications. The temperature for both fridges are set to between 3 and 8 degrees Celsius. There is a sensor alarm in place if the temperature goes outside these parameters.

More training will be completed by nursing staff on medication management. This will be carried out by a trained pharmacist.

All non-blistered medication will now come from the pharmacy with a date open label and instructions on when to discard the item.

date to be complete: 31/05/2022

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Residents who require close weight monitoring will have the repeat weight checks documented correctly in their records

Residents requiring fluid balance monitoring, that is, those at risk of dehydration or those with an in-dwelling catheter, will have their daily intake and output calculated every 24 hours

date to be complete: 28/02/2022

Regulation 9: Residents' rights

Substantially Compliant

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

A bathroom door with frosted glass has been replaced by a new door with no glass to help ensure greater privacy.

Each resident in a multi occupancy bedroom will have their own personal storage areas. They will no longer share storage.

A weekly activity calendar has been introduced that provides details on activities planned for the day. This is displayed in the shared communal areas where residents are, and they can then make plans around which activities to attend.

The activities carried out and who took part are then documented in an activity diary.

date to be complete: 28/02/2022



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	28/02/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2022
Regulation 23(c)	The registered	Not Compliant	Orange	30/04/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	Orange	30/04/2022
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Substantially Compliant	Yellow	31/05/2022

	supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/05/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	28/02/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	28/02/2022

	may undertake personal activities in private.			
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