



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

## Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 August 2020
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0030278

## About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

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

Number of residents on the date of inspection:	49
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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
Tuesday 25 August 2020	10:30hrs to 17:00hrs	John Greaney	Lead
Wednesday 26 August 2020	09:30hrs to 16:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The inspector observed interactions of staff and residents and saw that residents were treated with kindness and respect. It was evident that they were familiar and comfortable in each others' presence. Observations demonstrated that staff knew residents' preferences and routines and these were facilitated in a caring manner. Residents were well dressed and appeared comfortable and relaxed in their setting.

Feedback from residents was generally positive. Residents spoke about how isolating the impact of cocooning during the pandemic had been. They told the inspector that staff supported them throughout and they felt lucky not to have experienced the virus first hand. Residents said that they were delighted that visiting restrictions had been relaxed recently. Visitors were seen adhering to infection control measures put in place to safeguard people in the centre.

The inspector spoke with several residents during the inspection and people were very complimentary regarding the service, staffing and care received. Residents were familiar with the necessity for visiting restrictions due to the COVID-19 pandemic. One resident informed the inspector that even though she was aware that visiting had recommenced, she wished to continue to meet with her family through the window.

One resident told the inspector that he couldn't wish to be in a better place and was very happy with the care. Another resident said that she loves her room and has it decorated the way she likes. She said that if her family offered to take her home she would say to them that she would like to remain here.

Activities were facilitated by staff throughout the two days of the inspection and residents were seen to be kept entertained. Residents confirmed that they felt safe in the centre and would have no difficulty in speaking to staff should they have a complaint.

## Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident-led. Care was delivered in accordance with the statement of purpose. While there was a clearly defined management structure with identified lines of accountability and responsibility for the service, recent changes to the governance structure had not yet embedded in practice.

The inspector acknowledges that residents and staff living and working in the centre

have been through a challenging time and they have been successful to date in keeping the centre COVID 19 free.

The registered provider representative visited the centre regularly and had an effective governance structure to maintain oversight of the centre. There were some recent recent changes to the management structure and further changes were planned. An operations manager had been recruited to enhance oversight of the non-clinical aspects of the day to day operation of the centre. Clinical oversight was maintained by the person in charge and it was evident that she had a good knowledge of the health and social care needs of residents. Residents spoken with were familiar with the various members of the management team. At the time of the inspection the person in charge had submitted her resignation and the provider was in the process of recruiting a new person in charge.

Some improvements were required in recruitment practices. A Garda vetting disclosure was not available in the centre for one recently recruited staff member. Improvements were also required in relation to obtaining verified references and complete employment histories.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Training records were maintained to enable ease of access and retrieval, and training for staff was up-to-date. Additional COVID-19 training completed by all staff including hand hygiene, signs and symptoms associated with the virus, and donning and doffing personal protective equipment (PPE).

While policies were updated regularly, some policies required review to incorporate guidance in relation to COVID-19, such as the admissions, policy. Daily temperature checks were introduced for staff. Staff hand-over meetings at change of shift provided a forum for staff to discuss Health Protection and Surveillance Centre (HPSC) guidance updates along with discussion on residents' care needs.

## Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations.

The person in charge had submitted her resignation and was due to leave the centre in the weeks following this inspection. The provider was reminded of the obligation to submit the required notification in advance of the departure of the person in charge.

Judgment: Compliant

### Regulation 15: Staffing

There was adequate staff to meet the needs of the residents and for the size and layout of the centre. Contingency plans were in place for additional staff should there be an outbreak of COVID 19. The contingency plan included the recruitment of additional staff and this process was underway on the days of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The programme of training was interrupted due to the COVID 19 pandemic but had recommenced. Training records given to the inspector indicated that all staff had attended mandatory training in the areas of safeguarding, manual and people handling and responsive behaviour. Most staff had attending training in fire safety but a small number were overdue attendance at this training.

COVID-19 precautionary training completed included infection control, hand hygiene and donning and doffing personal protective equipment (PPE).

Judgment: Compliant

### Regulation 21: Records

Records were generally well maintained, stored securely and easily retrievable. Improvements, however, were required in relation to recruitment practices and personnel records. For example, from a sample of four personnel files reviewed, a Garda vetting disclosure was not available for one recently recruited member of staff. The inspector was assured that an application was underway for this member and it was confirmed that a valid vetting disclosure was in place in the days following this inspection. References for all staff were not verified and there was also an incomplete employment history for one member of staff.

Judgment: Not compliant

### Regulation 23: Governance and management

Adequate governance arrangements were in place to support the day to day operation of the centre. The provider owns and operates one other designated centre. There is a chief executive officer (CEO) that provides oversight and offers support to the person in charge of both centres. The person in charge is supported in the centre by an assistant director of nursing and by a clinical nurse manager. Recent changes to the management structure involved the recruitment of an operations manager. Due to this change some reporting relationships were altered. While roles, responsibilities and reporting relationships were clearly outlined to the inspector, the new arrangements required embedding into practice. This is supported by the finding in relation to recruitment of a staff member in advance of the receipt of a Garda vetting disclosure.

There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. The audits included the mealtime experience, food and nutrition, end of life care, care plans, the use of bedrails and infection prevention and control. There were also observational audits of staff interactions with residents. Where issues for improvement were identified, they were addressed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each contracted included details of the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose was reviewed and updated on a regular basis. Some minor amendments were required to ensure it met all the requirements of Schedule 1 of the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents



A review of the incident log indicated that notifications required to be submitted to the Chief Inspector were submitted in accordance with recommended time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were empowered to do so. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements.

The inspector reviewed the complaints log in which there were a small number of complaints recorded. Records indicated that complaints were investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The written policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the services were available. They were comprehensive and had all been reviewed in the past three years in line with regulatory requirements. Some policies had been updated to include guidelines around the management of COVID-19, however, not all policies had been updated to reflect changed practice. For example, the admissions policy did not reflect recent guidance in relation to the management of admissions.

Judgment: Substantially compliant

### Quality and safety

Residents were supported to experience a good quality of life which was respectful of their wishes and choices. Some improvements were required in relation to supporting residents to maintain physical distancing and also to ensure facilities were available to isolate residents that shared a bedroom and may become symptomatic of COVID-19.

Residents needs were met by good access to healthcare, opportunities for social engagement and in homely accommodation. Care plans were individualised, updated regularly and there was evidence that residents were consulted when these were being developed.

The premises was bright, clean and pleasantly decorated. Corridor walls were painted in bright colours. Bedrooms were personalised to varying degrees, depending on each resident's preference. Efforts had been made to make communal rooms homely. Tea and coffee making facilities were available in all of the communal rooms and residents were offered tea and coffee randomly throughout the day. Healthcare assistants were responsible for cleaning and maintaining the communal rooms and were frequently assisted by residents in preparing the dining tables for mealtimes, tidying up after meals and sweeping the floor.

Activities were predominantly facilitated by healthcare assistants. There was no set programme of activities and the activities for each day were scheduled by the senior healthcare assistant in each house. The inspector was informed that activities were determined by the needs and wishes of the residents.

There were records indicating advance planning for end of life preferences and updated with COVID-19 related decisions and wishes. The daily narrative notes indicated that staff responded to the care needs of residents, including responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure and skin integrity.

Residents notes showed that people had timely access to allied health professionals, such as speech and language therapy, dietetics and occupational therapy. Medication management practices were in compliance with relevant guidance.

Systems were in place to minimise the risk of the introduction of the COVID-19 virus. Three staff had completed training for COVID-19 swabbing. Information such as contact names and details were easily accessible for organisations such as the HSE Clinical Support team and Public Health. There was a robust strategy to communicate with families. A COVID-19 preparedness self-assessment was comprehensively completed. A section of the premises had been identified as an isolation wing, should there be a need to isolate residents. However, as the centre was at 100% occupancy and there were ten residents accommodated in twin bedrooms, a scenario in which one of the residents in a twin bedroom presented with symptoms would make it difficult to isolate that resident without significantly disturbing other residents. An urgent action plan was issued in relation to this to which the provider made a satisfactory response. While there were measures in place for residents to maintain physical distance in accordance with HPSC guidance, these were not always followed, particularly at mealtimes when residents were observed sitting side by side at the dining table.

## Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic visiting was now controlled. In line with HPSC guidance, visiting had recommenced and was done on an appointment basis. The provider had put in place a clear perspex screen at the main entrance to enable safe visiting. It is recognised that this was put in place to support family to visit residents at the height of the visiting restrictions. Recent guidance, however, recommended a relaxation of visiting restriction while at the same time minimising the risk of the introduction of the virus to the centre. Visiting takes place at the main entrance in a very public area and relatives do not have the opportunity to meet with residents in private. Additionally, visiting was restricted to about 20 minutes per visit, which is not in line with latest guidance.

Visiting arrangements were more relaxed and flexible for those residents that were unwell or at end of life. These resident could receive visitors in their bedrooms.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions, including lockable storage space.

Adequate arrangements were in place for laundering residents clothes and for returning to residents following laundering.

Judgment: Compliant

## Regulation 13: End of life

Each resident was recently consulted with and given opportunity to express their wishes and preferences regarding their end of life care. Where residents were unable to discuss this information, staff spoke with their relatives to obtain information on residents' preferences and wishes that they shared with their families. information was documented in residents' care plans regarding their preferences and wishes about their physical, psychological and spiritual care and where they received this care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team.

Judgment: Compliant

### Regulation 17: Premises

The centre was bright, clean and decorated to a good standard. Considerable effort had been made to make the centre homely, particularly the communal rooms. There was a kettle, microwave and toaster in each of the communal rooms to allow residents have hot drinks and snacks throughout the day. Corridor walls were painted in bright contrasting colours and there were sensory items and rummage bags located at intervals along the corridor, particularly in Deelish. The doors to bedrooms in Deelish had a laminate covering to make them resemble front doors of houses.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' dietary needs were reviewed on admission to the centre, and where a specific diet was required the information was passed to the kitchen and staff. Staff who spoke with inspectors were familiar with resident's specific dietary needs and this information was included in their handover sheets to ensure residents' safety.

Each resident was monitored for the risk of malnutrition during their stay and, where issues were identified, food intake was closely monitored and appropriate referrals were made, for example to a dietitian or speech and language therapist.

Residents reported that they enjoyed the food in the centre and that it was provided in sufficient quantities. They mentioned that if they did not like the choices available they were provided with suitable alternatives. The atmosphere in the dining room was calm and relaxed.

Judgment: Compliant

### Regulation 26: Risk management

The Safety Statement and Risk Management policy were updated to reflect the COVID-19 pandemic. The risk register in place had COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors.

Judgment: Compliant

### Regulation 27: Infection control

There were effective systems in place to minimise the risk of the introduction of COVID 19 to the centre that involved the monitoring of residents and staff for signs and symptoms of COVID 19, controlled visiting and minimising the movement of staff between the various sections of the centre. No residents or staff in the centre had tested positive for the COVID 19 virus up to the date of this inspection. Everyone entering the centre had their temperature checked and were asked to declare that they were symptom free prior to entering the centre. All staff had their temperature checked twice daily.

There was a suite of infection prevention and control policies, incorporating recommended guidance in relation to COVID 19, in place. There are enhanced arrangements in place in relation to infection prevention and control. Discussions with nursing management indicated a good awareness of key statutory guidance specific to COVID 19.

An enhanced programme of cleaning was put in place. The provider has a system in place to ensure that there are adequate supplies of masks, PPE, disinfectant, hand hygiene products and tissues. There were regular audits in areas such as hand hygiene, adherence to staff uniform policy, and environmental hygiene.

Some improvements, however, were required. For example, adequate measures were not in place for the physical distancing of residents, particularly during mealtimes. The inspector observed that residents were seated close to each other at the dining table. There are five twin bedrooms in the centre, and while the bedrooms were adequate in size for residents to store personal belongings and possessions, the beds were not two metres apart, hence appropriate physical distancing was not maintained.

There was a plan in place for cohorting residents that may present with symptoms of, or test positive for, COVID 19. The plan, however, did not adequately address the potential need for isolating one of the two residents in a shared bedroom. The inspector was informed that one of the sitting rooms could be used for this purpose but the room did not have sanitary facilities and would negatively impact on the availability of communal space for other residents. An urgent action plan was issued to the provider following the inspection in relation to these issues to which a satisfactory response was received.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of emergency. Staff had completed their annual fire safety training and had participated in regular fire evacuation drills, which included simulations with night time staffing levels.

Fire safety equipment, including the fire alarm and emergency lighting had preventive maintenance completed at appropriate intervals. There were daily and weekly checks to ensure emergency exits were unobstructed and the fire alarm was functioning appropriately.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management was supported by audit and good pharmacy involvement. Staff training was updated and staff followed the guidelines laid down by their regulatory body. Medications were returned to pharmacy when no longer in use. Controlled drugs were carefully and correctly managed and administered.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and these were regularly reviewed throughout the residents' stay in the centre. A review of a sample of care plans indicated they were person-centred and provided good guidance on the care to be delivered to residents on an individual basis.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care and residents' general practitioners (GP) visited the centre on a regular basis. Out-of-hours medical cover was also available. Residents reported that they were satisfied with the care they received in the centre and could access the doctor if they needed. Records showed that residents were appropriately referred, seen by GP when required and prescribed appropriate treatment.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were familiar with residents and knowledgeable of their individual preferences. In instances where residents had the potential to present with responsive behaviour, staff were knowledgeable of triggers and of how to meet each residents needs to minimise the risks of any behavioural issues escalating.

There was minimal use of restraint and the only form of restraint in place were bedrails and lap belts for positioning purposes. All residents with restraint in place had been reviewed by an occupational therapist.

Judgment: Compliant

### Regulation 8: Protection

There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. All staff had received or had an immediate scheduled date for training in how to identify and report a concern in relation to abuse. Staff spoken with were very clear of the types of abuse residents may be at risk of and also the steps to take if they suspected, witnessed or had abuse reported to them. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The centre was not pension agent for any residents. There were adequate records maintained in relation to charges to residents and receipts were available for all transactions.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors saw that staff were respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. Residents were observed to have freedom to use telephones and other activities at times that suited them. Staff were observed to undertake moving and handling manoeuvres in a gentle and competent manner that ensured residents' comfort and they explained the varied procedures they were undertaking at each step.

Routines and practices were based on residents' needs and wishes. There was a varied programme of activities that was facilitated by nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents.

The person in charge and staff team kept residents informed and they were consulted with and given opportunities to express their views including in relation to COVID-19 infection prevention and control arrangements and recommencing visiting in the centre.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met by knocking on their bedroom before entering. Staff were respectful and discreet when attending to the personal needs of residents ensuring their bedroom and toilet doors were closed when assisting residents with their personal care.

Residents were facilitated to exercise their religious rights with the help of staff who ensured they were able to access video links to religious services and to prayer services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0030278

Date of inspection: 26/08/2020

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            Garda Vetting is in place for the newly recruited staff member. References have been verified with previous employers. The CV in question has been updated to include full employment history.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            All staff report to the PIC, she is supported in her role by the operations manager who has been newly appointed. The new arrangements are working well and give the PIC more time to focus on clinical governance.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            The Statement of Purpose has been amended to meet the requirements of Schedule 1.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All appropriate polices have been updated to reflect the changes in our practice in relation to procedures relating to COIVD-19.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Prior to the inspection residents and family were asked on various occasions if they wished to continue the current visiting arrangement in the conservatory and they stated they were happy with the current arrangement. Any family that wish to visit a resident in their bedroom is always facilitated. Visits are usually 30 mins but are extended at relatives or resident's requests.</p> <p>Following our inspection, we are offering all families the option of coming into the nursing home in PPE and following HPSC guidelines to visit.</p> <p>We will make the lower windows in the conservatory more private as most families wish to continue with this arrangement.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Additional smaller tables have been introduced to the dining room so that smaller numbers of residents are sitting together for meals. The residents are grouped in pods within their houses.</p> <p>To facilitate physical distancing within the share bedrooms, the rooms have been reconfigured by moving furniture so that there is now 2metres between resident's beds</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	05/10/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief	Not Compliant	Orange	28/08/2020

	Inspector.			
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	28/08/2020
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	28/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/09/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3	Substantially Compliant	Yellow	22/09/2020

	years and, where necessary, review and update them in accordance with best practice.			
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