



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

Issued by the Chief Inspector

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0031798

About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are three assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 January 2021	10:00hrs to 16:00hrs	Helena Grigova	Lead

What residents told us and what inspectors observed

Residents and staff provided a warm welcome to the inspector. On arrival, staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre.

The inspector found a strong culture of person-centred care at the heart of care. The atmosphere in the centre was very personal, homely and staff were actively engaging with residents. The inspector met most of the 30 residents present in the centre on the day of the inspection and spoke to eight residents in more depth. The inspector met and spoke with residents in the communal areas during the inspection. Residents spoke very positively about living in the centre, and said they felt safe, it's their family and they are very well cared for. None of the residents spoken with, had ever felt the need to make a complaint. Residents said that they never felt alone, the staff is very good and they have always time to listen.

Staff were also very creative and caring for all aspects of residents well-being. For example, staff were in the absence of a hairdresser attending the centre taking care of hairdressing needs of residents and ladies were delighted with their new hair sets and gentlemen were freshly groomed.

The inspector observed the residents lunchtime meal and saw that residents had a varied home made style menu. Staff discreetly reminded residents about hand hygiene prior the meal times. Residents said the meals were very 'good' and 'they had always enough food of whatever they wanted'. Residents meals looked appetising and were well presented. Residents were not rushed and the atmosphere was very relaxed and free from distractions.

Residents told the inspector that they were happy living in the centre and were comfortable in their rooms. The inspector observed that many of the residents had personalised their bedrooms with their family photographs and ornaments.

Staff described the stressful time they and residents had been through. They spoke very proudly and clear about their knowledge of COVID-19 and that they had worked hard to try to keep the virus out of the designated centre by adhering to the public health guidelines (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19.

Capacity and capability

Bluebell Care Limited is the registered provider of Dargle Valley Nursing Home. This was an unannounced inspection undertaken as part of an application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This inspection also assessed the preparedness of the centre in the event of an outbreak of COVID-19.

Overall, the inspector found that a good service was being provided to the residents living in Dargle Valley nursing home, and residents reported that they enjoyed living in the centre. The management team proactively monitored the service and improvements required from the previous inspection had been addressed and rectified.

The provider is not involved in running any other designated centres for older people. The provider representative is a registered nurse and in event of the person in charge absence the provider deputises as the assistant person in charge. The person in charge has responsibility for the day-to-day operations of the centre.

There was an established management structure in place with clear lines of authority and responsibility. The local management team comprised the person in charge, and a clinical nurse manager. The person in charge and her deputy were well known to residents and staff and were acquainted with the likes, dislikes and needs of the residents. The person in charge was also supported in her role by the operations manager who met with the person in charge on a daily basis and was accessible to her as required. There were comprehensive management systems in place to monitor the safety and quality of the care and services provided. The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

Staff were supported by the management team. Training records evidenced full compliance with mandatory training required by the regulations. Overall, staff induction process within roles had improved.

Good systems of information governance were in place and the records were maintained in line with regulatory requirements. Servicing and maintenance records were in place for equipment such as hoists and fire-fighting equipment.

An annual review had been completed, benchmarking the service against the standards required in designated centres.

Complaints were dealt with promptly and the views of the complainant were validated and respected.

The centre had a COVID-19 preparedness and response contingency plan. The registered provider continued to liaise closely with the public health team, local community health care organisations and the regulator.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had worked in the centre for a number of years as the assistant director of nursing prior to taking on the role of person in charge in November 2017. She has a full time role and has responsibility for the management of the designated centre. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She demonstrated knowledge of residents, their care needs and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

The staffing roster reflected the staff on-duty on the day of inspection and there were arrangements in place to provide cover for any planned or unplanned leave. There was a minimum of one nurse on duty during the day and night, supported by senior staff during the day and an on-call system at night if required.

The person in charge works in a supernumerary position. There was a regular pattern of rostered care staff, activity coordinators, household, catering and laundry staff on duty on a daily basis. Staffing levels during the inspection appeared adequate to meet the needs of the residents. There were appropriate numbers of skilled staff available to meet the assessed needs of residents and as described in the centre's statement of purpose.

Each member of staff were aware of their roles and responsibilities regarding providing person-centred care and timely assistance for residents. Residents confirmed there were no delays in staff attending to their personal care and assistance needs.

The centre has continued to employ additional staff throughout the national pandemic to ensure that staffing levels were maintained. The housekeeping staff was employed on the roster on a full time basis. Additional hours for deep cleaning were also allocated to reflect current COVID-19 guidelines.

All staff nurses named on the staff roster were registered with the Nursing and Midwifery Board of Ireland (NMBI). There was evidence that nurses engaged in continuous professional development, completed medication management courses and were informed of current best practice in relation to infection prevention and control as well as the management of residents with suspected or confirmed COVID-19.

The files of four most recently recruited staff were reviewed and held evidence that all new staff had Garda Vetting as well as the documents set out in schedule two of the Care and Welfare Regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training. The person in charge advised the inspector that all staff had completed up-to-date mandatory training and staff spoken with and records reviewed confirmed that they had received training. Staff were supervised according to their role and their performance was supported and monitored on an ongoing basis.

All staff had received mandatory training, for example, moving and handling, fire safety, safeguarding of vulnerable adults, manual handling, infection control and food hygiene. All staff working in the centre had completed the relevant training outlined in the "Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance". Some senior staff had completed training on how to collect a sample for testing for COVID-19.

The staff demonstrated that they were knowledgeable and skilled in the duties they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre. Staff were seen to be supportive of residents and responsive to their needs. Residents were complimentary of the staff team and management.

Judgment: Compliant

Regulation 22: Insurance

The inspector was provided with confirmation of up-to-date insurance cover. The

policy included cover for injury to residents and loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was clearly defined management structure with clear lines of authority and accountability. Management systems were in place to ensure that the centre delivered appropriate, safe and consistent care to residents. The person in charge was being supported by Operation Manager and a clinical nurse manager.

The governance system included a routine audit schedule of key clinical areas, and these audits had continued with actions identified and completed. A COVID-19 review was undertaken and a preparedness plan to prevent, contain and manage a COVID-19 outbreak in the centre. There was a comprehensive audit system in place with a schedule of audits to be completed on a monthly basis with the staff member responsible for completing the audit identified. The inspector saw that audits were completed on numerous aspects of the service. The management team were proactive in responding to any identified issues from these audits. The senior management team met on a monthly basis where all areas of management of the centre were discussed and any areas for improvement were agreed and the relevant staff informed about the changes that were required.

There were regular residents' meetings and a residents' survey was being carried out to elicit residents' views on the running of the centre and to inform service improvements. This information informed the annual review of the quality and safety of the service for 2019 and 2020. It included feedback from residents and included a quality improvement plan for 2020/2021. The quality improvement plan included renovations to install another communal shower room in the designated centre which had been due to commence in December 2021, and updating the fire safety and decor of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was being reviewed for 2021. The provider had prepared a statement of purpose which described the services and facilities provided by the designated centre. This document contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was complaints procedure in place which had been reviewed in January 2021 and which met the requirements of the regulations. The complaints procedure was prominently displayed in the reception area and contained all information as required by the regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman. The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included the complainants' level of satisfaction with the outcome. The inspector spoke with residents and staff who also confirmed they were aware of the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the centre's operating policies and procedures and noted that the centre had site-specific policies including policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Schedule 5 policies were updated since the last inspection and were in date and had current legislation, best practice and national policy referenced.

Judgment: Compliant

Quality and safety

The care and support received by residents was of a good quality and ensured that residents received nursing care and services in line with their needs. The inspectors found that staff had worked particularly well together in preventing a COVID-19 outbreak in the centre. Residents and staff had their temperature recorded twice daily at present to ensure that all precautions were in place to prevent a COVID-19 outbreak. Staff were aware of the non-typical signs and symptoms of COVID-19 in the older population.

It was evident that the residents life experiences of residential care were diminished due to the COVID-19 restrictions. However, staff implemented a social care

programme to meet the individual needs of residents. There were two different activity coordinators in the role of meeting residents' social care needs and there was one on duty daily. There was a comprehensive programme of activities available to residents.

Visits to residents are in line with HPSC guidance. Some relatives continued to call and sit outside windows to chat so they could see their relatives more often. The activity staff also provided residents with opportunities to communicate with their families via video links.

The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs.

The provider maintained a register of ongoing risks in the centre which identified the environmental and operational hazards and analysed the potential risk to service users, staff and the provision of a quality service.

The health needs of residents were reviewed and overall they had access to a range of health care services. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals including podiatry and occupational therapy in house.

The resident assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care.

The centre promoted a restraint-free environment and there was low use of restrictive practices in the centre. Staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by the activities coordinators and was varied.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to care for residents in an informed respectful way that ensured their dignity was respected.

Regulation 11: Visits

There was a safe and accessible visiting procedure in place which reflected the most recent public health guidelines. The visitors' room had a perspex screen and was a safe place for residents to meet with visitors. In addition, window visits were also offered. Flexible arrangements were observed on inspection for those residents that had more complex needs. Compassionate visits were facilitated should a resident become ill or need end of life care, to enable family members be with the resident.

Visits were pre-arranged by appointment to ensure residents' safety was

maintained.

Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. During the lockdown, staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Staff who spoke to the inspector were proud of how residents coped with the restrictions required to maintain safety during the pandemic, including the visiting restrictions in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage for clothing and personal possessions. The inspectors saw that clothing was laundered well and returned to residents in good condition. In general, residents had personalised their bedrooms in accordance with their preferences, with their own decorations, ornaments, furniture and photographs.

Residents' financial transaction records were signed and witnessed by two staff and subject to regular audits. Receipts were retained for all purchases made on behalf of residents. The provider was a pension agent for four residents' social welfare pensions and the procedures as described to inspectors reflected best practice and legislative requirements.

Judgment: Compliant

Regulation 13: End of life

End of life care plans were in place and residents' individual care wishes were recorded. Documentary evidence showed that consultation with residents and their families formed part of this care planning process. Care plans had been updated as part of the COVID-19 assessment to ensure residents could make informed decisions and that their wishes and preferences were set out in their care plans. Residents' care documentation held advanced care directives. Care plans were sensitively written and detailed the resident's wishes regarding their treatment plan and their religious and cultural preferences. Care plans were clear with regard to how residents comfort measures were to be addressed with input from medical personnel.

Palliative care services were available remotely to advise residents' GPs and staff in the centre when managing and supporting residents' end-of-life symptoms, including pain relief and comfort measures. Anticipatory prescribing was in place to ensure

residents were provided with timely effective pain relief and symptom management.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the designated centre generally met the needs of residents. The inspector noted that there was an improvement plan in place to install a new communal bathroom by December 2021. There had been ongoing improvements to the premises and the grounds of the centre. The majority of improvements were identified and scheduled for maintenance in the quality improvement plan for 2020- 2021. A new heating system was currently being installed.

There were area's where paint was chipped on walls and woodwork and the centre was in need of redecoration. This was partly due to improvements made in the heating systems and improvements made to fire safety equipment. The operations manager informed the inspector that the renovation work was stopped due to current government restrictions. The operations manager discussed planned improvements to the secure communal garden to make it more accessible for wheelchair users.

The shortage of communal space for the number of residents living in the centre identified on the last inspection was still under the review.

Inadequate storage space was an ongoing issue as mentioned under regulation 27: Infection Control.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk assessments, escalation of risks and the mitigation of risks. Records showed that there were appropriate controls in place to manage risks and that a responsible person was assigned to ensure that this was implemented.

The health and safety statement had been updated recently and the emergency plan was up to date.

A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources,

infection control and environmental hygiene, catering, visiting and communication arrangements. The provider and person in charge were working on controls to reduce risk in relation to COVID-19 and were recruiting extra staff and ensuring that essential supplies of PPE were available if needed.

There were arrangements in place for the identification and recording of serious incidents or adverse events involving residents. These were analysed and trended to ensure that useful actions and learning opportunities could be taken from these to manage future risk and improve the service quality.

There was an effective system in place to ensure that maintenance issues were reported and promptly addressed. Contracts were in place to maintain equipment and servicing records showed that all essential equipment was serviced.

Judgment: Compliant

Regulation 27: Infection control

There were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There was an outbreak control team in place. Regular communication was seen in documentation between the centre and public health. The centre premises was visibly clean and residents' accommodation areas were generally free of clutter.

All staff had received online infection prevention and control training which included hand hygiene, donning and doffing personal protective equipment (PPE), standard precautions and COVID-19 training. Staff knew how to recognise the signs and symptoms of COVID-19. Alcohol gel dispensers and a supply of personal protective equipment (PPE) were available and in use throughout the building.

Evidence of regular environmental hygiene audits were available. There were cleaning processes in place, which were documented in cleaning sign off sheets. There were daily cleaning schedules in place, with high touch point cleaning carried out frequently throughout the day and enhanced deep cleaning schedules. Cleaning standards and cleaning documentation were overseen by an operation manager.

In the communal areas residents' chairs had been placed at a distance from each other, while in the dining room, capacity at the tables had been reduced to ensure only two residents sat at each table. Hoist slings were not shared between residents and hoists and other equipment were serviced and cleaned regularly.

Temperature checks were in place for staff twice daily. All staff members had been swab-tested as part of the national serial testing programme for healthcare workers. Staff were seen to maintain and encourage appropriate social distancing in their day to day work.

The findings of this inspection identified that further improvements were required in

relation to the cleaning of equipment and equipment storage areas:

- The quality of material on soft furnishings such as armchairs did not support effective cleaning. The inspector was not assured that there was effective programme of deep cleaning in place.
- The inspector observed staff holding used laundry next to their uniform when moving it from place to another. This posed a potential risk of cross contamination.
- Waste bins were not labelled and not all bins were foot-operated.
- Management and storage of clean linen and PPE in the storage room required an immediate review.
- The cleaning store room was within the sluice facility. The inspector was not assured that the design and layout of this facility promoted effective cleaning of the areas so as to avoid cross-contamination. Sluice room doors were left open which did not allow for cleaning agents and equipment to be stored safely. The cleaning agents were stored on the floor or on the bedpan drying racks. There was no shelving for water drainage from bedpans. Cleaning mops were stored in the sluice rooms. This practice has the potential to cause cross contamination.
- Cleaners were making up cleaning solutions in the sluice room which could lead to cross contamination.
- Isolation, zoning and cohorting arrangements were not clearly signposted and it was not reflected on staff allocation.
- There was a cleaning systems in place for the segregation and flow of clean and soiled laundry in the laundry room in order to minimise the risk of cross contamination. When clean linen was being transported from the laundry it had to pass through an area with used linen and the sluice room where cleaning trolley is stored. This presented a risk of cross contamination, therefore work-flows in the laundry required review to ensure practice were in line with best practice national standards and HPSC guidance.
- Staff changing facilities were not adequate and did not promote safe infection prevention and control practices. For example staff lockers were not provided and staff placed their clothes on a chair. This presented a risk of cross contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

Procedures were in place for the preventive maintenance of fire safety equipment including fire extinguishers, the fire alarm and emergency lighting at appropriate intervals. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident about what to do in the event of emergency. Fire servicing records were available and these were up-to-date. Significant progress had been made to address

the non-compliance's from the last inspection, including:

- The completion of a risk assessment of the centre.
- New fire doors had been purchased, including magnets installation for all bedroom doors and a plan for installation was in place.
- Two fire evacuation ski pads were purchased.
- Fire extinguishers in the centre were risk assessed and new fire extinguishers were strategically positioned around the premises.
- An L1 fire alarm system had been installed.
- Each resident had a personal evacuation plan (PEEP) on file. The PEEPs were also in the resident's room and accessible to staff in an emergency.
- All staff completed their annual safety training and had participated in regular fire evacuation drills.

However, evacuation of a largest compartment with night staffing levels had not been completed. The drill was submitted to the chief inspector post the inspection and further drills are required to provide assurance of the safe and timely evacuation of residents in an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system. Processes were in place to ensure residents were appropriately assessed on admission using recognised validated tools. Care plans were developed based on these assessments and reviewed on a regular basis, at least every four months.

The inspector found that some care plans required some improvement to include details to ensure a consistent approach to care. For example:

- Care plans for residents at risk of dehydration did not state the recommended fluid intake over 24 hours.
- General mobility plans had been reviewed and updated to reflect changes in residents' needs, the details were omitted such as the need for a specialised wheelchair or the use of lap belt.
- Each resident had their risk of developing pressure related skin breakdown assessed regularly. However, not all residents at risk had a supportive wound care plan and assessment in place.

This was discussed with the person in charge who committed to ensure that the gaps identified on this inspection were immediately addressed.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of good standards of healthcare and good access to medical staff with regular medical reviews documented. During the lock down period, resident 's general practitioners (GP) continued to review residents in person in the centre at least twice a week. Out-of-hours medical cover was also available.

All residents had access to allied health professionals as required. Evidence of residents accessing services such as dietician, speech and language therapists and chiropody was present in residents' records. Residents received a physiotherapy service from physiotherapist twice a week. Occupational therapy were available via community services, and where residents experienced delays they could access these services privately. Residents also had regular access to community palliative care teams and psychiatry of later life services.

Judgment: Compliant

Regulation 9: Residents' rights

Person-centred care was observed to be promoted and supported in the centre. Resident's privacy was observed to be respected throughout the inspection. Staff were observed knocking on doors prior to entering a bedroom and seeking consent prior to assisting with activities of daily living. Staff were respectful of those residents who chose to spend time alone in their bedrooms. The inspector reviewed the activity schedule on offer to the residents. The inspector observed staff and resident interactions throughout the day to be positive and respectful. The dining room and sitting rooms had been set up to allow for social distancing to allow for facilitating activities. The inspector observed numerous recreational engagements with staff and residents such as short story reading, music, art and bingo. A monthly schedule of activity programmes was displayed on the notice boards and clearly outlined residents opportunities to provide suggestions for activities. Mass was available through video-link and rosary was organised by residents. Daily printed bible verses and a prayer of the week was also available for residents. Newspapers were read and the news was discussed with residents. Activity staff also confirmed that they consult residents in an informal manner. The person in charge and staff facilitated good communication with residents and relatives during the COVID-19 pandemic to ensure that everyone was fully informed.

Residents were supported to make choices regarding their care procedures, meals and if well enough, where they spent their day in the centre. However, residents' choice was impacted by not having a television in two multiple occupancy bedrooms and an access to individual discreet listening equipment was not available. Independent advocates were available and contact details were displayed.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	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 Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0031798

Date of inspection: 21/01/2021

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: Due to current government restrictions all renovation have ceased and will recommence with government guidance.</p> <p>There are plan improvements to secure the communal garden to make it more accessible.</p> <p>The shortage of communal space has been addressed with the installment of an additional building</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: ChemDry company will conduct cleaning on soft furnishings such as arm chairs as per new schedule.</p> <p>All staff have been spoken to regarding the importance of a potential risk of cross contamination and it is included in the future infection control training.</p> <p>All bins are now foot operated and labelled appropriately.</p> <p>The linen cupboard was immediately tidied and daily checklist in place.</p> <p>All PPE now stored correctly. Cleaning trolley and equipment is been stored in the storage room</p>	

All staff reminded to keep sluice room door closed at all times.

All cleaning agents are kept in a locked cupboard
 Transport of clean laundry has been reviewed and will no longer be transported through the sluice. Coded door used for transportation instead

Staff changing facilities have been rearrange to prevent cross contamination and to promote safe infection prevention and control practices.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 There is a plan in place for regular evacuation fire drills with a day and night time scenario.

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:
 All nutritional and mobility care plans are currently under review.

Wound care plans and assessments will be initiated immediately when required and updated by the key nurse

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The two multi occupancy bedrooms now have televisions in place.

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	30/06/2021
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.	Not Compliant	Yellow	24/02/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	27/01/2021

	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.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/02/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	10/02/2021