



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

Issued by the Chief Inspector

Name of designated centre:	Pilgrims Rest Nursing Home
Name of provider:	Pilgrims Rest Nursing Home Limited
Address of centre:	Barley Hill, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	12 August 2020
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0029910

About the designated centre

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

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered to accommodate 35 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long term care and residents who require respite care, convalescence care or who have palliative care needs.

Accommodation for residents is provided in 17 single bedrooms, 16 of which have ensuite toilet and wash hand-basin facilities and nine double bedrooms, four of which have ensuite toilet and wash hand-basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are four showers/bathrooms that include toilets and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 12 August 2020	09:00hrs to 17:00hrs	Geraldine Jolley	Lead
Wednesday 12 August 2020	09:00hrs to 17:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Residents told the inspectors that while the last few months had been unusual and difficult they were very grateful for the care and dedication of staff during this time. Several residents described the many problems caused by COVID-19 and highlighted the isolation from family and from each other as the factors that were most difficult. All residents spoken with said that life was much better now and returning to normal. Three residents said they had missed their regular visitors and news from the local community. They said they were very pleased to see people again when visits had resumed. They had started thinking about being able to go out with their visitors as they used to do but felt this was some way off. The possibility of life not being normal for a long time and having to live with changed circumstances was a common theme from conversations with residents. Everyone was pleased that their daily routines and activities had resumed their normal pattern. Residents said they missed being together and said that while nurses and carers spent a lot of time with them when they were confined to their rooms they said it was lovely to see other people again and to have the freedom to walk around and to go out in the fresh air. Many said they just wanted life to stay normal now and said that seeing other residents, talking together and meeting with their families were the aspects of life that mattered most to them.

Residents described how they had been advised about the infection control procedures that were in place such as mask wearing for staff and appointments for visits. They said they knew the precautions everyone was taking such as washing hands and using hand gels helped to keep everyone safe. Residents said they were concerned about the virus still being prevalent in the community and said they hoped that they would not have to go through it again. They were familiar with the procedure for testing for the virus and said they had been told about their results.

Residents who had been ill with the virus felt that they had good care and were now returning to better health. They said that staff had ensured they had lots of attention when they were ill and gave examples of staff visiting them regularly in their rooms, encouraging them to eat and drink and keeping their spirits up by popping in for chats and to exchange news. Many residents said they were grateful that the staff team were so hardworking and dedicated. Several residents said that having a television and radio in their bedroom had ensured they had some entertainment to help them pass the time. Now that activities had resumed and they could meet together, life was more enjoyable. The inspectors observed a range of activities taking place during the day in the sitting rooms with social distancing in place. The activity coordinator showed the inspectors the activity schedule which included activities organised over weekends. Residents were observed to have an enjoyable time choosing what television programmes to watch in the evenings and different programmes were put on in the varied sitting areas so residents had a choice of what to watch in the evening. Residents were observed to go in and out of the garden throughout the day and to enjoy sitting in the sunshine.

The inspectors observed that some residents were being cared for in their rooms due to the need for isolation and while many were observed to have regular attention from staff some residents experienced a delay when they called for help and had to call a number of times before staff attended to them.

Capacity and capability

Pilgrim's Rest Nursing Home is operated by Pilgrim's Rest Nursing Home Limited. There are two directors one of which is the registered provider representative. He has an active day to day role in the operation of the centre.

The outbreak of COVID-19 started in the centre on 23 March and was declared over on 20 May after a 28 day period without any new cases. A total of 23 residents had one or more symptoms of COVID-19 and were treated as positive for the virus and at risk. Seventeen residents recovered and one death was attributed to COVID-19 during the period of the outbreak.

In addition to the residents impacted by the virus sixteen staff members also tested positive and had to take time off work. Other staff also had to isolate for reasons associated with COVID-19. The depleted staff situation challenged the capacity and resources of the service. During the outbreak, the routines and general activity of the centre had been disrupted by the restrictions that had to be put in place that included residents' having to spend long periods of time in their bedrooms and being unable to have visitors.

Managers and staff received support and guidance on infection control measures from the public health team and from the Health Service Executive (HSE) community services. Staff from the HSE provided on site training on aspects of infection control during the COVID-19 outbreak.

The provider had reviewed how the COVID-19 outbreak was managed in the centre. The report described the extent of the outbreak, the training provided to staff, the support provided by the HSE, how supplies of PPE were procured and the actions being taken now to prevent an outbreak and to ensure that a contingency plan to manage an outbreak was in place. Staff who were not ill or isolating were recognised for their commitment and hard work during this time as all staff available for work regularly took on extra shifts and duties. They were supported by the provider and his wife both of whom are directors of the company and registered nurses. They worked regular shifts and undertook care and administrative duties throughout the outbreak. The daily teleconference calls from public health and the training sessions on infection control provided by HSE staff were very helpful according to staff.

The provider and person in charge felt that they now had better arrangements in

place for managing suspected or future cases of COVID-19. Two nursing staff had been trained to take the COVID-19 tests which ensured that any suspected cases of COVID-19 that might occur in the future could be identified promptly and managed effectively. Staff had attended additional training sessions on infection control and were kept up to date on the guidance for managing outbreaks and visits to the centre published by the Health Protection Surveillance Centre(HPSC).

The provider, person in charge and staff team were well informed about resident matters that included their care needs and social care programmes. There was an emphasis on providing person centred care and respecting residents' personal routines. The inspectors saw that residents were given choices about where and how they spent their day and if they wished to take part in activity sessions. Staff had worked hard to ensure residents recovered from COVID-19 and described the varied ways they had ensured diet and liquids were provided frequently to residents who had lost weight and how they had ensured that residents remained in touch with family and friends through phone calls, Whats App calls and window visits. Residents told the inspectors that staff were readily available, were helpful and kind to them at all times.

There was an adequate allocation of staff deployed during the day and night to meet the needs of residents with the exception of cleaning staff. There was an ongoing recruitment drive to ensure that adequate resources were available to operate the service and cover unexpected absences such as illness or staff having to isolate.

The infection control procedures were not in line with National Standards for infection prevention and control in community services published by the Health Information and Quality Authority and the Health Protection Surveillance Centre. The inspectors found that additional staff resources were required to ensure the centre was cleaned to an appropriate standard as furniture, equipment and surfaces viewed in several locations were not adequately clean. The centre had a designated area for residents suspected to have the virus and for residents returning from acute hospitals who required 14 days isolation. The inspectors found that while supplies of PPE were stored in bathrooms there was no designated area for staff to put on and take off PPE. An immediate action plan to ensure compliance with regulation 27- Infection control was issued following the inspection and the response indicated that a range of actions were planned to bring the centre into compliance.

The provider had made a good attempt to ensure staff training was up to date. Staff had completed refresher training on adult protection and moving and handling training was scheduled to take place on site. The inspectors concluded from the findings of the inspection that further practical training sessions on infection control and fire safety was required to ensure staff are competent and skilled to manage critical situations.

There was a procedure to guide anyone who wished to make a complaint and residents told inspectors that they were confident that if they had a complaint, it would be addressed. They knew the person in charge was responsible for managing

complaints but most said they would talk to any member of staff about a concern. There had been two concerns relayed to the Chief Inspector in the last six months. The issues of concern included staff shortages, a lack of PPE and hairdressing visits. These were examined during the inspection and were partially substantiated. They are discussed under regulation 34- Complaints.

The arrangements for the review and provision of healthcare services required review as several residents did not have a documented review of their health status and care needs since the COVID-19 outbreak and a recently admitted residents had not had a review since admission.

The inspectors acknowledged that residents and staff living and working in centre had been through a very difficult time during which a high number of residents and staff had contacted COVID 19. The inspectors acknowledged that residents and staff living and working in centre had been through a very difficult time during which a high number of residents and staff had contacted COVID 19. While residents had recovered fully and residents who had lost weight had returned to their baseline, the inspectors saw that staff were working hard to ensure residents maintained their health and wellbeing and resumed their usual social activities.

The required notifications related to infectious illness were provided to the Chief Inspector as required. Regular updates on how the provider was managing the situation were also provided.

Registration Regulation 4: Application for registration or renewal of registration

The information required for the application to renew registration of the centre was supplied by the provider representative.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been in role since October 2019. She has the appropriate experience caring for older people and the post graduate management qualification required for this role. She knew residents well and was familiar with their care needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing allocations and skill mix were appropriate to ensure the health and social care needs of residents were met. A recruitment drive was underway to ensure that there was adequate staff available should shortfalls in staff occur due to COVID-19 isolation precautions or positive test results. Two healthcare assistants had started their induction programme and two more were due to start the week following the inspection. An additional nurse had also been recruited. There was a need to ensure that staff contingency arrangements were in place to limit staff movement between the areas of the centre used to isolate residents suspected to have the virus and other residents.

There was a minimum of two registered nurses on duty during the day and one nurse at night as confirmed by the person in charge and the staff roster. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

There were no volunteers working in the designated centre. A sample of staff files were examined and were found to contain the information required by Schedule 2 of the regulations, including proof of professional registration and An Garda Síochana vetting.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training on the mandatory topics- safeguarding vulnerable adults, fire safety and moving and handling. The person in charge had ensured that all staff had attended training in infection prevention and control, including hand hygiene and the correct way to put on and take off PPE. Moving and handling training was scheduled to take place on site to ensure the new staff recruited were trained and familiar with equipment in the centre. There was evidence of ongoing refresher training on topics relevant to care. The registered provider had systems in place for staff development and supervision, which included an induction programme and probation period for new staff. Staff had been provided with the details of where to access professional psychological support during and following the outbreak.

In discussions, staff conveyed that they had been kept up to date with the guidance documents published by the Health Protection Surveillance Centre (HPSC) and the Health Service executive (HSE). The inspectors observed that staff practiced good hand hygiene and hand washing techniques during the inspection.

The inspectors found that supervision of staff required improvement as cleaning standards were not adequate to limit the spread of infection. The use of PPE in the isolation area also required improvement. This is discussed more fully under regulation 27- Infection prevention and control.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of resident was up to date and contained the required information.

Judgment: Compliant

Regulation 21: Records

The inspectors found that the required records were maintained and were readily accessible. However the storage arrangements for some records required review as there was a significant quantity of records in the nurse's office that needed to be archived in a secure area.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that overall residents received appropriate care and interventions that meet their needs during the times they were ill and care interventions had ensured that residents recovered well and were restored to good health. The centre's major COVID-19 outbreak seriously challenged the governance and management structure of the centre as the senior management team had to take time off at varied times in the early stages. The inspectors found from discussions with the provider and staff team during the inspection that the period of the COVID-19 outbreak had been a difficult and distressing time. While the provider had a good governance and management structure in place, this was seriously interrupted by the significant staff absences at the beginning of the outbreak which tested the ability of the provider and the remaining staff to cope with the outbreak. There was a plan in place for responding to COVID -19 and this had been updated in accordance with the revised national guidance as it was published. Throughout the inspection, inspectors observed that staff adhered to infection prevention and control measures such as social distancing as described in public health guidelines, including during break times.

The management ethos emphasised a person-centred care approach in line with the centre's statement of purpose aims and objectives. The inspectors found that staff knew residents well and were aware of their choices and preferences. Residents were offered showers daily for example and could exercise choice in

relation to when they got up and went to bed and if they wished to take part in activities.

The registered provider worked in the centre full- time and was well known to residents and he was fully knowledgeable about their care needs and the operation of the service.

The audit and review system for oversight of the service required improvement to ensure that a safe good quality service was consistently provided for residents. The system did not ensure that critical areas such as infection control, fire safety and maintenance were managed in a way that that met regulatory requirements and residents' needs. Infection control measures for example required immediate improvement and an action plan requiring compliance in this area was issued following the inspection. Aspects of the premises required improvement. The resources for the maintenance and upkeep of the building were not adequate as some of the fixtures and fittings required replacement in particular bed-linen and dining room furniture. The location of bathing and shower facilities did not ensure that the privacy and dignity of residents could be appropriately protected. The inspectors also found that while staff were well supported by the provider and person in charge, there were no regular staff meetings. The inspectors were told that information was communicated to staff during the daily handovers and through electronic messaging.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents were issued with contracts that outlined the services to be provided. The fees to be charged were described however, the room to be occupied was not always evident in the contracts reviewed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the required information however information on the staff complement needed to be revised to reflect the current staff allocations for each staff group.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that required notifications for infectious illness and the quarterly notifications had been provided however when residents were suspected to have COVID-19 and were isolated notification of this had not been provided. This information was supplied immediately following the inspection.

Judgment: Compliant

Regulation 32: Notification of absence

The notification required to advise the Chief Inspector of when the person in charge was absent from the centre for a period over 28 days was provided. The required information on the arrangements for the management of the centre during her absence was supplied.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that residents were familiar with. Residents told inspectors that they had no problems raising issues and said that when they did they were dealt with promptly. There were two concerns relayed to the office of the Chief Inspector in recent months. One related to the resumption of the hairdressing service and the other to difficulties encountered during the pandemic. The inspectors reviewed these issues and found that they had been dealt with by the provider representative in line with the centre's complaints policy. Hairdressing services had resumed earlier than the date announced by HPSC as some staff working in the centre had relevant training and undertook hairdressing activities that residents needed.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspector was advised of the absence of the person in charge and the arrangements for the management of the centre in her absence.

Judgment: Compliant

Quality and safety

The findings of this inspection were that the provider, Pilgrim's Rest Nursing Home Limited had failed to ensure that all aspects of the service provided was safe, effectively monitored and met the needs of residents in a person centred way. The provider had ensured that residents received appropriate care during and after the outbreak of COVID-19. However, the system in place for oversight of areas that included the environment, infection control measures and fire safety was not effective. This failure negatively impacted on the safety and quality of the service and on the premises infrastructure.

The health and social care of the residents was compromised by poor supervision of staff activity. Care was not person-centred. The inspectors were told that there were set routines for personal care such as showers and baths which were scheduled weekly. Inspectors reviewed medical and nursing records. Inspectors found that residents were not reviewed at the required intervals and there was no information about when COVID -19 tests had been undertaken or when results had been conveyed to residents.

Residents' day to day lives and routines had been totally altered by the COVID-19 restrictions and some of these in relation to visits were still in place at the time of the inspection. Staff conveyed good awareness of how the pandemic had impacted residents social lives and family connections. They had implemented a social care programme to meet the individual needs of residents as soon as it was possible to do so, to reduce the impact of isolation and loneliness taking into account the restrictions imposed for social distancing and group activities. Residents confirmed that they were consulted on a range of matters for example the daily routines and activities.

Residents had care plans that were based on a ongoing comprehensive assessment of their needs. However, the inspectors found that assessments and care plans did not always reflect the care interventions in place. The monitoring of unintentional weight loss was of a good standard. The inspectors saw that where residents had lost weight during their illness that staff had measures in place to support their recovery and restore their well-being. Staff who communicated with the inspectors described the nursing care interventions that were critical to helping residents recover and these included the critical management of hydration and nutrition. Residents described staff sitting with them for long periods encouraging them to eat and drink when they were unwell. The provider had ensured that residents were reviewed by relevant allied health professionals that included speech and language therapists and their recommendations had been adopted by staff. While some residents had been medically reviewed the inspectors noted that several residents had not been reviewed since their COVID-19 illness. Residents' general practitioners were recommencing on-site visits to the centre. Staff told inspectors that the out of

hours medical services had been very helpful during the outbreak. Residents had access to a physiotherapist once a week and as needed.

The use of some restraint measures to protect residents' safety required review. Restraints that included bedrails were in use however, it was not always clear from the assessments completed that this measure promoted residents' safety and was the safest option to use.

Staff were aware of the signs and symptoms of COVID-19 and described how they would report any concern regarding a resident. They had received training in standard infection control precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Admissions to the centre had resumed and nurses communicated with the community and acute services regarding appropriate admission and discharge arrangements. The inspectors found that the arrangements in place to cohort residents required review as staff did not have an area in close proximity to the isolation rooms to store or to put on and take off PPE.

Residents received end of life and palliative care based on their assessed needs and there was evidence that palliative care specialists provided input to support the staff team and ensure comfort and dignity at end of life. Staff were aware of residents' spiritual and emotional needs and that of their close relatives and said they did their utmost to ensure that residents had a family member with them at end of life.

The centre's rural location and homelike environment were two factors that residents said they liked about living in the centre. Resident's bedroom accommodation was provided in single and double bedrooms. Those residents who spoke with the inspectors said that they were satisfied with their living arrangements. They told the inspectors that their bedroom space was really important to them when they had to spend long periods in their rooms. Residents also said that staff took care of their personal possessions and treated them with respect. However the inspectors found that aspects of the premises required improvement and this is discussed in more detail under regulation 17- Premises. Examples of improvements needed included:

- the layout of the laundry area as it was not possible to ensure effective separation of soiled and clean laundry,
- some double rooms do not enable the two metre social distancing guidance
- there is no designated staff changing area
- dining room furniture was damaged and required replacement
- bathrooms were not readily accessible to all residents most notably room 1 which was located past the main communal areas.

Residents were encouraged by staff to maintain their personal relationships with family and friends. Visitors were welcomed and encouraged to participate in residents' lives while abiding by the public health guidance regarding visits. Staff had enabled residents to keep in touch with family and friends during the lockdown by using telephones and Whats App calls.

Inspectors found that the risk management policy was not fully implemented. There was inadequate risk assessment of infection control measures, the risk presented by damaged furniture that could not be cleaned effectively or equipment that was damaged.

Regulation 11: Visits

The inspectors found that the provider and person in charge had organised visits for residents throughout the pandemic taking into account the prevailing restrictions. The centre normally operates an open visiting policy but due to the restrictions the visiting arrangements changed and were operating in accordance with HPSC guidelines. There was a schedule for visits over the seven day week and residents and family members were advised about how visits were organised and the associated infection control procedures. Window visits had been facilitated during the lockdown and relatives had been able to spend time chatting to residents through the windows.

Visits were arranged on compassionate grounds and when residents were at end of life. Staff confirmed that relatives had spent time with their loved ones at end of life and said these visits had been very emotional due to the circumstances. The change from the normal end of life care procedures and the restriction on the number of people who could visit had been difficult to reconcile for both staff and family members.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements for the laundering of personal clothing however the labelling system required review as there were indistinct labels on some items viewed.

Judgment: Substantially compliant

Regulation 13: End of life

Staff confirmed that end of life care plans had been reviewed and that decisions about resuscitation status had been recorded. The inspectors found that some of these records had been signed by one professional only and there was no information to indicate that the decisions had been discussed with residents or significant others on their behalf if the resident lacked capacity to make such

decisions. The inspectors formed the view that as residents were now recovering from the outbreak of COVID-19, end of life care plans should be revised and informed by residents wishes, as decisions made during the crisis may no longer apply.

Judgment: Substantially compliant

Regulation 17: Premises

The centre is a bungalow style building located in a rural setting a short drive from the town of Westport. It is purpose built and residents' accommodation is comprised of single and double rooms. There is dining space and residents have a choice of sitting area where they can spend time during the day. Inspectors saw that communal areas were well used and residents said they were delighted to be able to be up and about and able to leave their rooms. The reception area was popular with some residents who liked to sit there and chat with other residents and staff as they passed by. There is an enclosed garden area that has raised flower beds to provide interest for residents. It was noted to be well used on the inspection day as the weather was fine and sunny. There was some signage to guide residents around the building and toilet/bathroom doors were painted yellow to help residents recognise these facilities easily.

The centre is furnished in a homelike way however, it requires refurbishment. Factors that contribute to this judgment include a prevalence of dark woodwork, damage to furniture and inadequate lighting provision.

The inspectors found a range of premises issues that required attention to ensure residents had a safe and a suitable good quality environment to live in and that staff had appropriate facilities to support their work. The following matters required attention:

- The dining chairs required replacement as they do not provide effective support for residents as they did not have arm supports and the surface of some chairs and tables was damaged.
- The clinical room had no hand-wash sink, limited space to prepare medicines and carpet on the floor compromised effective cleaning in this area.
- The space available in some shared rooms do not facilitate the two metre social distance guidance to be maintained between the beds.
- Some radiators had chipped paintwork, making them difficult to clean
- The floor surface/tiling in the cleaner's room was damaged
- The woodwork on some beds was damaged and needed repair and overhead bed-lights were missing
- The use of one bedroom as resident's accommodation required review due to it's location and distance to the nearest shower
- Some bed-linen was worn and required replacement
- There was insufficient storage for equipment, supplies and records. The

inspectors noted that records no longer in use needed to be archived to relieve space in the nursing/administration office.

There are four bath/shower facilities to meet the needs of residents however, the location of two facilities in the centre of the building is not optimal as it necessitates some residents having to pass the communal and reception areas which severely compromises how staff can protect the privacy and dignity of residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents told the inspectors that the food was very good and varied. They confirmed they had choices at meal times and that they could have their meals in their rooms or in the dining room whichever they preferred.

Judgment: Compliant

Regulation 26: Risk management

The inspectors found that hazard identification and the assessment of risk required improvement as there were risks identified during the inspection that had not been identified and addressed. These included risks related to fire safety, cleanliness and infection control for example.

The centre had a COVID- 19 contingency plan that identified who was responsible for contingency planning and actions such as, updating the risk register, the organisation of testing for COVID-19 and the arrangements for the management of suspected and confirmed cases of COVID-19. 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.

A review of the COVID 19 outbreak had been completed by the provider and this report contained useful statistical information on the outbreak, support provided by the HSE, how the supply of PPE was procured and delivered and the procedures now in place to prevent and manage a recurrence. The learning derived from the outbreak needed to be clarified and used to adapt the centre's policies in order to guide and inform staff in their day to day work.

Incidents and falls were recorded. The inspectors noted that factual and substantiated information was included in incident records. A review of incidents was undertaken however, contributory factors such as infections or how many falls result in injury was not included in the review, to provide staff with information on

how to prevent further falls.

The following risk areas were noted to need attention to prevent accidents:

- The slope is steep at one entrance to courtyard
- Some fire door surfaces were damaged and the regular fire safety checks do not reflect that this was noted for remedial action.

Judgment: Substantially compliant

Regulation 27: Infection control

All staff had access to personal protective equipment and there was up to date guidance on the use of this available. Staff were observed to be wearing surgical face masks in accordance with the current health protection surveillance (HPSC) guidance. Hand hygiene notices were displayed prominently in the centre. Staff had been provided with information and training on infection control measures that included good hand hygiene technique and how to put on and take off PPE. The staff on duty said they had adequate supplies of PPE and knew where the supply was located. There were measures in place to ensure the safety of staff and residents. Temperature checks were completed for staff daily and staff had also been advised of the COVID-19 symptoms to be alert to including the more unusual symptoms that sometimes presented in older people. The inspectors saw that household staff were well informed about the cleaning routines and used a colour coded mop system for different areas to avoid infection transfer however, supervision of cleaning and hygiene standards required improvement.

The inspectors were told the centre had been deep cleaned following the outbreak, however, the inspectors had a number of concerns in relation to cleanliness and infection control management. An urgent compliance plan was issued to the provider requiring that cleanliness and infection control standards were improved. Inspectors identified the following areas that required attention:

- The area used to isolate residents suspected to have an infectious illness did not enable effective isolation procedures and did not have an area for staff to put on and take off personal protective equipment (PPE) in the vicinity
- Several armchairs, dining chairs and mattresses had damaged fabric or surfaces that meant they could not be adequately cleaned
- Commodes, toilets and the fan in use in the kitchen were not visibly clean
- There were limited hand washing sinks in the building and no sink was available in the clinical room
- Disposal of waste was not in line with best practice as one of the bins was unlocked
- There was inadequate space in the laundry for the effective segregation of soiled and clean laundry, to avoid cross infection
- There was surface damage on doors and some floors that rendered them

difficult to clean

- The supervision and standard of environmental hygiene required improvement as appropriate standards of cleanliness were not maintained and consequently infection control standards were compromised.

Judgment: Not compliant

Regulation 28: Fire precautions

An action plan in the last report required that more frequent evacuation exercises were completed to ensure staff were competent to move residents from one compartment to another. This continued to need attention and is a repeat action in this report. Fire training and fire drill records reviewed did not confirm that complete compartments are evacuated during training exercises to ensure staff can evacuate residents from one area to another in a timely way.

Other matters that required attention included fire doors that did not close effectively and some that had surface damage. The inspectors concluded that the advice of a fire safety specialist was required to advise on the effectiveness of the fire doors in place and on the fire safety measures in general. The provider confirmed that the attic spaces were divided into sections and were fire proofed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All residents had a care plan and a pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. While detailed assessments were completed it was not always evident that these informed care plans or how care was delivered for example where residents' hydration needs had changed due to kidney problems the care plans had not been updated.

Several residents had lost weight during their illness and the inspectors found that they had been closely monitored and appropriate interventions put in place to ensure their nutrition and hydration needs were met. All residents had now returned to their baseline weights and had recovered. Residents had been reviewed by dietetic and speech and language services and prescribed interventions were implemented by staff.

New admissions were accommodated in an isolation area for 14 days and staff were aware of the infection prevention and control precautions to be followed when caring for residents in this area.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to medical and allied health care support however, the limited service provided during the outbreak to prevent the spread of infection was still evident in some services available. Telephone consultations and virtual clinics were in place to facilitate GP and specialist reviews. However, the inspectors noted that some residents had not been reviewed since their COVID-19 illness or since their admission a week prior to the inspection. There was no information about when COVID -19 tests had been undertaken or when results had been conveyed to residents.

Visiting by health care professionals was gradually resuming at the time of inspection. There was a physiotherapist who visited the centre once a week and more frequently if needed and services that included speech and language therapy and dietetics were also accessible when required.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were some residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and the inspectors saw that staff were familiar with their care needs and had interventions in place that helped reduced these behaviours. Some residents were cared for in specialist chairs and others had bedrails in place when in bed to promote their safety.

The person in charge had systems in place to monitor environmental restrictive practices to ensure that they were appropriate however, the need for the use of specialist chairs needed to be more clearly documented. As this is a restrictive measure records should convey that such chairs were only used following robust risk assessments and the trial of alternatives prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had training in adult protection and this had been kept up to date despite the

COVID-19 restrictions.

There were two complaints that described peer to peer incidents between residents that from the information recorded had been managed well with measures put in place to ensure residents were not at risk from further incidents. On review the inspectors concluded that these would have been more appropriately dealt with as protection issues.

The provider and person in charge confirmed that the provider did not have agent responsibility for any residents' finances.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents told inspectors that they had good relationships with staff and valued their company. All residents who spoke with the inspectors said that they felt safe, respected and valued. Inspectors spent time observing residents and staff interactions. They saw that there was a high level of interaction throughout the day. Staff greeted residents when they met and had a conversation with them. Residents said that they had a more enjoyable life, now that the measures imposed by the current 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 had been relaxed. One resident said she could not believe the freedom she had when she could leave the confinement of her bedroom.

Recreational activities took place in the main sitting room and residents were observed throughout the day enjoying small group activities that included exercises, games and discussions. There was an engaging and varied social care programme available over the seven day week. Activities were varied and were organised in hour long slots from 11 am to 18.30 each day. In addition, for residents with greater dependency needs there were one-to-one activities scheduled in the programme to take place in residents' bedrooms. Residents were consulted about the daily activity schedule and planned activities were changed if residents preferred to do another activity. Daily and local newspapers were available and residents told inspectors that they liked reading about what was going on around the country in their own time as information on television was relayed so quickly.

Residents spoken with said they had been well informed during the outbreak about restrictions and about their health. They felt that staff had done well during the outbreak to help them recover and get back their health. Residents had access to communication devices and video messaging to help them stay in contact with their families and keep up to date. The person in charge was completing a survey to establish residents' views on the service so that changes they consider would make life better while the current restrictions continue can be made.

The inspectors found that there were some areas where residents could not exercise personal choices and where care practice did not reflect a person centred approach. For example there was a list for showers/baths which did not reflect that residents could choose to bath or shower when they wished. Screening was only in place around one bed in shared rooms which hindered how full privacy could be maintained for both residents. While many residents were observed to have regular attention from staff, some residents had to call for help a number of times before staff attended to them.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant

Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0029910

Date of inspection: 12/08/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels were reviewed in line with our Statement of Purpose and Dependency levels.</p> <p>Cleaning hours have been increased since April 2020, by 7 hours weekly, and as needed for deep/additional cleaning.</p> <p>From 29/09/2020 cleaning hours are increased by a further 14 hours weekly to provide for the extra demands of environmental sanitizing and deep cleaning.</p> <p>We have a rolling advertisement with a national recruitment agency to cover Nursing, health care and housekeeping positions at short notice. Both the directors of the company are registered nurses having held the roles of PIC previously within the home and can assume the role of Nurse/ PIC, as part of contingency planning.</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>Level 6 Management Essentials training course has been sourced for the Senior Nurse, which will allow her to deputise for the PIC. This training commences on the 19th of October.</p> <p>Existing quality checks across all levels of staffing have been reviewed and enhanced, with named staff responsibilities, to ensure better delivery of care.</p> <p>Our environmental audits, including cleaning schedules, have been reviewed and enhanced, including named person responsibility and accountability to ensure compliance</p>	

with cleaning/ infection control schedules and best practice.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Additional locked storage space has been obtained for the storage of archived records. Records will be moved from the current location to secure storage	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit and review system that is in place has been reviewed, with new systems implemented including infection control, fire safety and maintenance. The Infection Control bi annual audit cycle was reviewed, with audits being carried out three monthly, from September 2020. Fire Safety We have a current fire certificate in place, issues by Mayo County Council. Currently in place daily checks which include, fire escapes and fire equipment, Weekly checks fire alarm and working order of fire doors Quarterly checks external complete fire alarm system by provider of system Annual Check fire extinguishers and fire blankets Fire drills are taking place by staff only. Residents, though invited, have been reluctant to take part in these in drills. From October 21st fire drills will take place with resident's involvement where possible, or alternatively staff modeling residents. These will take the form of a partial evacuation, where residents will be removed to a place of safety within the home, at least 2 fire doors away from the simulated fire. Information continues to be communicated to staff via handovers and electronic messaging system via CMS. Staff meetings have been scheduled for the month of October, with the first one being held on the 14th of the month.	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The room number and room type is recorded in the CMS. Room changes only occur with resident's permission. All contracts of care were reviewed and the correct information in relation to room occupancy was recorded. Going forward the PIC will ensure that on signing the Contract of Care this information is captured.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been reviewed in relation to the organisational structure. Changes have been communicated to HIQA Registration for the purpose of renewal of registration.</p> <p>The staffing complement was reviewed and updated on the State of Purpose to reflect the current staff allocations for each staff group.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A new marking system for laundry was purchased on 28/09/2020 and implemented by Laundry staff under the supervision of Operations Manager. The Laundry staff and Management team will monitor this new system for effectiveness. Our Head Laundry assistant will audit effectiveness and report back to the management team.</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p>	

End of life care plans are being reviewed with residents and their families to reflect the wishes of the resident. The Senior Nurse and PIC will review the care plans 3 monthly. Review started 28th of September, with audit checks monthly.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: During 1st period of restrictions from March to May 2020 we had no maintenance cover. (non essential) As a result the maintenance / upgrading programme in place within the home was suspended. A recruitment process was started and that role has been filled since June 2020. A number of areas of concern identified, including the clinical room, furniture and painting had been part of this programme. This work has been commenced by both the maintenance person and other specialists, including painter, electrician and plumber.

The following areas are being addressed

Furniture

A review of all furniture within the home took place resulting in the removal of items with damaged fabric or surfaces.

A programme of re-upholstery and repair has recommenced since September 2020.

The furnished environment will be up to compliance standard by 30/11/2020.

Residents have seating assessments on admission to ensure that the furniture in use meets their needs. Those who need assistive seating are catered for.

Clinical room

The refurbishment of the clinical room is nearing completion; including the removal of existing storage cupboards, shelving, flooring and their replacement with improved storage flooring and sink unit.

Completion date 16/10/2020

Hand washing sinks

3 additional handwashing sinks are on order since 30 August for clinical room, isolation area and link corridor. Due to delays in delivery from Europe their fitting should be completed by 30/11/2020.

Additional storage

Extra storage space has been acquired and shelved out this has provided more room in the building for daily used equipment.

Additional bathroom

5th bathroom as per plans and work schedule previously submitted is due for completion on 30/11/2020.

General upkeep

Painting of the wall and timber surfaces of the home is underway since 01/10/2020

Upgrading of lighting also in hand

due for completion 30/10/2020

Shared spaces in the bedrooms were reviewed to ensure that the 2 metre rule is facilitated by the movement of furniture to allow minimum of 2 meters between bed areas. While every effort is made to encourage social distancing and to provide information regarding its importance, residents wishes to communicate closely with each other during the day is respected by staff. Residents are supported/ encouraged to sit in pods during meal times and when taking part in activities.

Residents living with cognitive impairment, who have difficulty understanding or complying with guidelines around infection control measures, are supported with hygiene and sanitizing.

Following the Inspection a thorough deep clean has taken place in the linen store. We have reviewed the laundry schedule with the Laundry staff. The processing of clean and dirty laundry are carried out with strict separate time zones set for each task. Laundry, once clean and dry, is stored outside the area while dirty laundry is processed.

A procedure for the processing of laundry as above is adhered to by the laundry personnel.

A plan is in place to swap the positions of the washer/ dryer to improve the flow from dirty to clean. As this requires some internal construction; plumbing, electrical/gas works we are waiting for available trades to give us an estimated time to commence.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

While there is a process in place to review incidents within the home additional checks have been implemented to provide more robust information gathering to better inform staff. Additional checks have been added to the incident forms to ensure that physical health issues are considered in the event of falls. This includes a full physical check of the resident, including vital signs, head injury observations where indicated and urinalysis. This information will be captured in the post fall audit tool. This will ensure that all possible contributory factors are considered when analysing incidents

Risk Assessment were reviewed and updated to include areas indentified during the inspection. This included damaged furniture.

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Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Following the inspection a consultation took place with the IPC specialist. Specific attention was given to the isolation suite, access to hand washing sinks and laundry processes.

Our environmental audits, including cleaning schedules, have been reviewed and enhanced, including named person responsibility and accountability to ensure compliance with infection control best practice.

A deep clean of the environment was carried out the week commencing 17th August. This included bathrooms and equipment and supervised by the PIC.

New systems were implemented in relation to the isolation suite and laundry.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Safety

We have a current fire certificate in place, issued by Mayo County Council.
Currently in place daily checks which include, fire escapes and fire equipment,
Weekly checks fire alarm and working order of fire doors
Quarterly checks external complete fire alarm system by provider of system
Annual Check fire extinguishers and fire blankets

Monthly Fire drills are taking place by staff only. Residents, though invited, have been reluctant to take part in these in drills. From October 21st fire drills will take place with resident's involvement where possible, or alternatively staff modeling residents. These will take the form of a partial evacuation, where residents will be removed to a place of safety within the home, at least 2 fire doors away from the simulated fire.

Training

Fire training for staff by a suitably qualified fire prevention officer has been arranged for all staff commencing 19th of October, pending on the pandemic restrictions.

Maintenance work has been carried out on the fire doors to ensure complete closing.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A quarterly review of Care plans is held with the resident, family members and staff. A training programme is being provided to nursing staff by the PIC to enhance their knowledge and efficacy in the area of assessing, planning and evaluation of care. This will commence on 19th of October 2020. This will be supervised by the PIC.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>As visiting restrictions have eased the number of Allied Health Professionals coming into the home has increased, including Chiropody, SALT and MH Teams. All residents, whose GP reviews fell during the restrictions on visiting and GP visits have now all been reviewed. We are currently running our GP flu vaccination clinics and our Opticians are due in 26th of October.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A review of restrictive practices, including the use of specialist chairs, was undertaken. The risk assessment framework was reviewed and adapted to include specialist chairs and mobility alarms. 30/09/2020</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: We have a policy and procedures to Manage Behaviours that Challenge. When a resident displays responsive behaviours this policy is followed. This includes the safeguarding of other residents as well as a review of relevant care plans. All staff have training in Managing Behavior that challenges. In the event where a protection issue is suspected this is referred to the Adult Safeguarding Lead.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Additional curtain rails and floor to ceiling curtains has been ordered to provide adequate screening for residents in all shared bedrooms, which will be fitted by Maintenance. Date of completion 30/11/2020</p> <p>Residents are offered choice in when to have a shower, bath or hair wash and this information is recorded in the electronic recording system. While there were shower lists kept in the cupboard in the bathroom, these have now been removed.</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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/09/2020
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are	Substantially Compliant	Yellow	31/10/2020

	provided.			
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.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/12/2020
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	30/12/2020
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/11/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2020

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.	Not Compliant	Orange	31/10/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/09/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/10/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	31/10/2020

	policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.			
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	Red	21/10/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Not Compliant	Orange	30/11/2020

	procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Orange	31/10/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/10/2020
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	30/09/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	31/10/2020

	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.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/10/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/10/2020
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	30/09/2020

	measures to protect residents from abuse.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/09/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2020