



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

Issued by the Chief Inspector

Name of designated centre:	Glengara Park Nursing Home
Name of provider:	Glengara Park Nursing Home Ltd
Address of centre:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	07 January 2021
Centre ID:	OSV-0000044
Fieldwork ID:	MON-0031586

About the designated centre

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

Glengara Park Nursing Home can accommodate 66 residents. Residents are male and female residents over the age of 18 years with varying conditions, including dementia, cognitive impairment, physical, neurological and sensory impairments. Residents with end of life and mental health needs are also accommodated. Twenty four hour nursing care is provided.

Glengara Park Nursing Home is a purpose built nursing home composed of 62 single and two double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en-suite facilities. There is one large sitting room and one large family room situated on the ground floor. Other sitting areas around the house include a coffee dock, an activities room. The day space available per Resident is 4.2m².

Outdoor facilities include two large patio areas, one of which is secure. A sensory garden is accessible at the front of the Nursing Home.

The different floors are accessible by spacious stairwells and two lifts, which are located in the centre of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Thursday 7 January 2021	09:05hrs to 16:00hrs	Deirdre O'Hara	Lead
Thursday 7 January 2021	09:05hrs to 16:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

On the day of inspection, the general feedback from residents was one of satisfaction with the care and service provided. Inspectors spoke with individual residents and also spent time in the communal rooms observing resident and staff engagement.

Residents who spoke with inspectors said that the changes in routine because of the pandemic and why they were necessary were explained to them. They said they missed family visits and were looking forward to them happening again. Resident wishes in relation to their health and care had been established, essential visiting was facilitated and necessary steps were taken to maintain contact with friends and family. They said they were looking forward to getting the vaccine so that life could get back to normal.

The centre had purchased tablets which were available for residents to make video calls using social media platforms. Residents also had the opportunity to have a phone in their own bedrooms to take and make telephone calls. Residents told the inspectors that they were happy living in the centre and were comfortable in their rooms. Inspectors observed that many of the residents had personalised their bedrooms with their family photographs and ornaments.

Inspectors observed that the communal sitting rooms were occupied by residents on the day of inspection with a member of staff in attendance at all times. Seating for dining and communal areas in the centre was arranged in a safe and physically distanced way, where residents were seen to enjoy activities such as flower arranging, aromatherapy, watching television and one to one activities. Soothing background music played in communal areas. Local and national newspapers were made available for residents.

Inspectors observed residents being assisted with meals in a respectful and dignified manner. Residents' likes and dislikes in relation to food were known to staff and residents spoken with stated they were happy with the food served.

All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Residents confirmed to the inspectors that they felt very safe in the centre and that staff were kind and caring towards them. Staff reported that they felt well supported by management and were provided with regular training updates.

Residents said if they had any complaints or concerns they would speak to the person in charge or the staff and that complaints were responded to quickly.

Capacity and capability

This was a short notice announced inspection with the provider informed the day prior to the inspection visit. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to give the provider an opportunity to have documents and records ready and available for the inspector to review.

The centre had experienced a COVID-19 outbreak in late March 2020, where 27 residents and 26 staff had contracted the infection and sadly seven residents died. This outbreak finished on 2 June 2020. The provider completed a review of the outbreak which included lessons learnt and a plan to make improvements in outcomes for health and social care for residents. The recommendations included management of staffing, seating arrangements in communal areas, activities for residents and updated cleaning schedules.

Should another outbreak occur, records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an outbreak control team and the person in charge was identified as the lead person.

The registered provider had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. The provider was seen to have taken the necessary steps in relation to restricting visiting as part of COVID-19 infection preventative measures. Visiting had been restricted in line with public health guidance. Families were facilitated to visit on compassionate grounds, such as at end of life.

Residents said that they were provided with updates about the pandemic by staff. Contact with families and loved ones was also facilitated through social media and telephones.

Inspectors observed good levels of staff morale and staff were seen to be cheerful and worked to ensure that the residents' new routines were aligned with the current infection and prevention control guidance and that residents were reassured and supported during this time.

There were sufficient resources available to provide a good standard of care, where the person in charge was seen to be well known to staff and residents. However a review of staffing levels for cleaning at the weekend required review. Staff were provided with the required training to care for resident's needs.

Regular meetings were held by senior management to enhance the quality and monitoring of care given. Compliance plans that identified any areas for improvement during the audit process were seen to be actioned.

Complaints were seen to be managed in line with the centres own complaints

procedures. The complaints policy was displayed prominently in the centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day management, and administration of the service. In records viewed she was seen to have regular meetings with the provider or senior management. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

While the skill mix of staff was appropriate with regard to the residents assessed needs and the size and layout of the centre, a review of the cleaning staff levels required review to ensure that there was sufficient cleaning staff available in the centre at weekends. This was addressed on the day of inspection.

There are at least two registered nurses available in the centre at all times. Staff were supervised in their work by the assistant director of nursing and two clinical nurse managers.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. Records showed that all staff had received training in safeguarding vulnerable adults and fire safety. In records forwarded to the inspector following the inspection, showed that updated training records confirmed that all staff had infection prevention and control training. Records also demonstrated that while three new staff not received formal training in moving and handling, they had received introduction to moving and handling by the centres physiotherapist and were scheduled for formal training shortly after the inspection.

Examples of other training offered to staff were dementia care, continence promotion, basic life support and six staff were trained to take swabs for the

detection of COVID-19 in the centre.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed. Records were well maintained on site and available for inspectors to view. They contained the required prescribed information set out in schedule 2 of the regulations. For example Garda vetting disclosures, references from previous employers and staff qualifications. Systems were in place for the management and update of staff records. Management were aware of the importance of keeping staff records up to date.

Judgment: Compliant

Regulation 22: Insurance

There was evidence seen of adequate insurance cover against injury to residents and loss or damage to resident property.

Judgment: Compliant

Regulation 23: Governance and management

Glengara Park Nursing Home is owned and managed by Glengara Park Nursing Home Limited. Prior to the COVID-19 pandemic, the centre had a good level of compliance identified during inspection in 2018. Following the last inspection, the provider submitted plans to the Chief Inspector setting out how they would address the issues identified. During this inspection, some areas with regard to infection prevention and control required improvement. This is discussed further under regulation 27: infection control.

There was a clear management structure in place. The registered provider representative, person in charge, assistant director of nursing, and two nurse managers actively participated in the operation of the centre. The person in charge was supported by senior management in the nursing home group to ensure that care provided was appropriate and was consistently monitored.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19 which was reviewed and updated

regularly and when national guidance changed.

The annual review for 2020 was in progress, where consultation with residents was completed using surveys. Resident feedback showed that residents were generally happy with the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in the centre with information displayed in reception on how to make a complaint. A recording system was in place which showed how complaints were managed and the satisfaction levels of the complainant. Records showed that complaints were responded to promptly.

Residents who spoke with inspectors said that they would speak to staff if they had any concerns or complaints and they were dealt with quickly.

Staff were aware of how to respond to complaints and all said that they would bring any issues to the attention of senior staff if they were not able to resolve them themselves.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Glengara Park Nursing Home was of a good standard. The centre was maintained to a good level and was visibly clean throughout. Efforts were made to create a homely and personalised environment for residents living in the centre. Residents' bedrooms were spacious which provided adequate storage space for personal belongings and were comfortable and facilitated privacy and dignity.

Residents' health care needs were met through appropriate nursing interventions which were recorded in care plans and daily notes. There was good access to General Practitioners (GP), three of whom attended the centre on a weekly basis. Services of medical specialists and other health and social care professionals were also available as required and recommendations were documented in care plans to guide staff when providing care to residents.

Discussions with staff indicated that they knew individual residents well and were able to describe to inspectors the specific care needs and daily routines of individual residents. Inspectors could see these likes and preferences were also recorded

within care planning.

There was evidence of good care plans to manage behaviour that was challenging within the centre. Restraints that included bed rails were in use to protect residents' safety, staff spoke to inspectors relating to the process of reviewing restraints and examples were provided where alternatives were trialled.

Records showed that actions identified to protect and safeguard residents had been incorporated into care plans. All staff had received training in the protection of vulnerable people.

Activities took place over seven days each week in smaller groups, where the activity coordinator could facilitate physical distancing. While care plans were detailed and person centred, care plans for residents at end-of-life required review to reflect their wishes and preferences.

Residents who spoke with inspectors were complimentary of staff, stating that they were very approachable and kind. Inspectors observed that staff knew the residents well and engaged with residents in a person-centred way.

A review of the risk management policy and the risk register found that the provider had plans in place to mitigate against identified risks which had been recorded in the register.

While there were infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. These are discussed in detail under regulation 27: Infection Control.

Regulation 13: End of life

Inspectors reviewed a sample of care plans for end-of-life. One record showed that there was appropriate care and comfort to address the residents' physical and medical health needs. However the resident's preferences and wishes for example with regard to social, spiritual and emotional needs were not documented.

Other care plans reviewed showed that wishes and preferences, including where relevant, a multi-disciplinary approach were in place.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy and procedure in place which met the criteria of the Health Act 2007 (Care and Welfare of Residents in Designated Centres

for Older People) Regulations 2013.

The centre also had a safety statement that had been updated in November 2020 which included relevant risks associated with COVID-19.

Judgment: Compliant

Regulation 27: Infection control

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 was available in the centre. The centre had an infection control policy which was updated regularly to reflect national guidelines.

Should a COVID-19 outbreak occur, records showed that there were formalised arrangements in place to manage a COVID-19 outbreak in the centre.

There were systems in place for on-going monitoring of residents and staff to identify signs or symptoms of COVID-19. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a work shift.

There were a variety of staff rest areas to allow for physical distancing when staff went on their breaks. Social distancing measures were observed by staff when they were on break. Residents either dined in their own rooms or in the dining areas where seating was arranged in a safe manner.

There was appropriate infection prevention and control signs on display around the centre. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct manner.

Alcohol based hand rub was available in the building, however they were not always available at the point of care in bedrooms and bathrooms. Hand hygiene practice was good on the day of inspection, however, staff were seen to wear watches, rings or nail varnish on the inspection day.

Waste management arrangements aligned with national guidance. Bedpan washers were serviced regularly and there was a legionella management system in place.

There were a range of systems in place to monitor infection control in the centre such as environmental cleaning audits, which were discussed at management meetings and action plans put in place to manage any gaps found.

Cleaning was overseen by a senior cleaning staff member. There were good cleaning processes in place which was documented in cleaning sign-off sheets. Staff who spoke with inspectors were knowledgeable of their roles and responsibilities regarding cleaning and decontamination of environmental and patient equipment.

Following advice from a private company employed to provide training and carry out infection control audits, the provider was developing plans to address findings such as the layout of the laundry room and damaged flooring in bathing rooms. A date for these improvements were to be confirmed.

A seasonal influenza flu vaccination programme was in place and available in the centre. Records showed that there was a high uptake of the vaccine by residents. The COVID-19 vaccination program was scheduled to commence in the weeks following inspection.

Occupational health support was made available to staff through the HSE and a private company that was also retained by the provider.

Other findings on the day of inspection identified the following areas that required review and strengthening, these include the following:

- The provision of splash backs and intact seals behind sinks where walls were seen to be damaged and could not be effectively cleaned.
- The provision of hands-free waste bins, many had been replaced in the previous months.
- Gaps were seen in the temperature monitoring documents for two of the medication fridges.
- Insulin pens were not labelled, this was corrected on the inspection day.
- Refresher training on the correct use of single use dressings and making up of cleaning solutions.
- The provision of functional cleaner's rooms as cleaning solutions were being made up in sluice rooms where this practice could lead to cross infection.
- The review of storage on store room floors to allow for effective cleaning, and appropriate storage of resident wash bowls, continence wear and a commode in a shower room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found they were of a good standard and person-centred ensuring that daily routines and interests of residents were

recorded to inform care practice.

Inspectors found that care plans were prepared no later than 48 hours after the residents' admission to the designated centre and were formally reviewed at intervals not exceeding four months.

Care plans reviewed related to COVID-19, falls, weight loss and wound management. Inspectors found that these care plans were based on a range of assessments that identified residents' health and social care needs. Where a medical need was identified, appropriate referrals to services such as physiotherapy and tissue viability nursing took place.

Nursing notes reviewed showed that input from multi-disciplinary teams was recorded within care plans and their recommendations had been adopted by staff.

Judgment: Compliant

Regulation 6: Health care

The centre had good access to General Practitioners, with three attending the centre on a weekly basis.

Care plans reviewed under Regulation 5 incorporated relevant referrals and detailed good access to medical and health care professionals.

Medical and health services available to residents included physiotherapy, dietitian, tissue viability nursing, speech and language therapy, psychiatry of older age and community palliative care services.

Residents were also supported to access the National Screening Programme.

Services such as chiropody and optical were also available on site. The centre was in the process of sourcing a dental service, however residents who required this service in the interim were supported to attend dental care in the community.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents presented with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Inspectors reviewed a sample of care plans specific to responsive behaviours to

ensure they followed guidance on how to best support the residents. Care plans were found to be person-centred and guided care.

The centre had an up to date restraint register which was reviewed appropriately. Where there was restrictive practice in place, records showed that an appropriate risk assessment of clinical need had been completed by a multidisciplinary team.

Consent forms for restrictive practices had been utilised and were signed off by a multidisciplinary team.

Staff described the process for reviewing restraints such as bed rails. In practice the centre was reviewing restraints and trialling alternatives, however inspectors recommended that the centre review documentation to ensure it clearly recorded the timeframe for the review.

Where behaviours that challenge were present, records showed that staff utilised distraction methods first and the use of p.r.n medication (a medicine only taken as the need arises) was used as a last resort.

Referrals were made to specialist services, for example to the team for old age psychiatry and records conveyed that the advice given was implemented and had ensured a positive outcome for residents.

Judgment: Compliant

Regulation 8: Protection

The centre had an up-to-date safeguarding policy which identified the person in charge as the person responsible for safeguarding.

Staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Staff interactions with residents were observed by inspectors to be patient, respectful and kind.

Inspectors reviewed safeguarding records and relevant care plans which incorporated measures to protect residents from abuse.

Residents had access to advocacy services and contact details were on display in the designated centre. The centre does not act as a pension agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The atmosphere in the centre was relaxed and warm. Inspectors spent time observing residents and staff engagement and found that residents' interactions with staff were seen to be individualised and person-centred.

Residents' meetings were held at the centre each quarter and minutes were available to residents and for inspectors to review. Residents' meetings were previously chaired by a volunteer but since the COVID-19 pandemic had started and to limit individuals entering the service, these meetings were chaired by the person in charge.

A recent resident satisfaction survey was completed. Residents were encouraged to comment and feedback on the service on a range of topics such as comfort within the centre, bedrooms, laundry facilities, food, arrangements for visitors, rights and activities. This survey was complete and results were being analysed at the time of the inspection.

Inspectors were assured from discussions with residents, the person in charge and a review of records that residents and their families were kept informed of the situation in the centre during the recent COVID-19 outbreak. Communication included up to date information on visiting arrangements, social activities happening within the centre and COVID-19 testing.

Residents' privacy was respected by staff at all times and staff were seen to knock on residents' bedroom doors before entering. Residents' bedrooms were seen to have personalised pictures and resident's commented that they were happy with the storage space in their individual rooms. Residents' spoken with stated they were happy with the food choices on offer within the centre.

There was a weekly activity calendar on display within the centre with activities planned from Monday to Sunday. Activities happening on the day of inspection included exercises via zoom and aromatherapy. Activities were seen to be well attended but also incorporated social distancing. There was appropriate signage relating to maximum numbers to attend social programmes, these were seen to take place within two communal spaces with a staff member present in each room.

Residents who spoke with inspectors stated that staff were approachable and if they had concerns, they would feel comfortable discussing them with staff, including the person in charge.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glengara Park Nursing Home OSV-000044

Inspection ID: MON-0031586

Date of inspection: 07/01/2021

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 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: Action: New admission and/ or their family are provided "My personal care plan" booklet which contains section of future care wishes on admission.</p> <p>2. Communication: Staff nurses are assigned with their care plans which they commence on admission. The end of life care plans are to be completed within a month from the date of admission. If the resident and/ or family are not ready to make a decision or need more time before this conversation takes place, the staff nurse is to follow up with the residents/ family and document the wishes of the resident and or family for more time should they wish to defer this discussion around end of life care further, all this communication are to be clearly documented in the care plan as well as noting any phone call/meetings regardless whether final decisions are made or not.</p> <p>The above arrangement will be communicated with nurses at handover meetings from and on 16/02/2021.</p> <p>3. Monitoring: On the 1st week of each month, the ADON will review and audit the care plan of admissions from previous month, including end of life care plans. This review involves a quality check of the care plan. Any gaps identified will be communicated to the staff nurse responsible and then followed up by ADON.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

1. Hand sanitizers were not always available at the point of care in bedrooms and bathrooms.

Action : Hand gels have been provided in bedrooms and bathrooms after risk assessment, they are checked and replenished staff nurse on the floor.—completed in Jan 2021, ongoing monitoring.

2. Staff were seen to wear watches, rings or nail varnish on the inspection day.

Action: PIC spoke with staff about policy of no Jewelry wearing at work and PIC also addressed the issue with individual staff.—completed in Jan 2021.

Monitoring: PIC monitors this at staff handover, this is also monitored by CNMs when conducting hand hygiene audit.

3 The layout of the laundry room and damaged flooring in bathing rooms. A date for these improvements were to be confirmed.

Action:The work flow in the laundry is managed in dirty and clean areas, color coded laundry baskets are used(brown for dirty and white for clean), improved signage is to be erected. Irsih Laundry was contacted on 22/2/2021 to conduct an review of the equipments and laundry layout, an visit is expected to happen in a week following this phone call. The damaged flooring in bathroom have been replaced as part of refurbishment plan.— Completed Jan 2021.

4. The provision of splash backs and intact seals behind sinks where walls were seen to be damaged and could not be effectively cleaned.

Action: The areas identified on day of inspection have been addressed. The splash back was installed in the cleaning room, all gaps between sink and walls were sealed after inspection.— Completed in Jan 2021.

5. The provision of hands-free waste bins, many had been replaced in the previous months.

Action: The swing bin identified in bathroom opposite to room 108 was replaced by a hand free bin immediately after inspection.— Completed Jan 2021.

6. Gaps were seen in the temperature monitoring documents for two of the medication fridges.

Action: Meeting was held with nurses and this issue was addressed on 8/1/2021, ongoing monitoring by DON/ ADON has been satisfactory.

7. Insulin pens were not labelled, this was corrected on the inspection day.

Ongoing monitoring satisfactory.

8. Refresher training on the correct use of single use dressings.

Action: Meeting held with nurses in January regarding management of sterile dressings, the current practice was reviewed and Nurses are to prepare dressing to the correct size needed and anything leftover must not be placed back in the stock room or dressing trolleies; dressing are ordered in a variety of sizes to avoid the need to cut out a size from a bigger piece. PIC will organize training with dressing reps.— To be completed March 2021.

9. The provision of functional cleaner's rooms as cleaning solutions were being made up in sluice rooms where this practice could lead to cross infection.

Action: 2 areas are identified and to be reviewed re. suitability to convert into cleaning room on the top floor and ground floor. Flooring contractor has been contacted and carried out an assessment in both areas on 18th of February 2021, awaiting quotation and report.

10. The review of storage on store room floors to allow for effective cleaning, and appropriate storage of resident wash bowls, continence wear and a commode in a shower room.

Action: DON and ADON are to review the areas identified as above- To be completed Feb/March 2021.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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 provided.	Substantially Compliant	Yellow	31/03/2021
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated	Substantially Compliant	Yellow	31/03/2021

	in so far as is reasonably practicable.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2021