Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	23 November 2020
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0031163

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 107 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 55 single and 26 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78

How we inspect

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
Monday 23 November 2020	11:00hrs to 17:00hrs	Catherine Sweeney	Lead
Monday 14 December 2020	11:30hrs to 18:00hrs	Catherine Sweeney	Lead
Monday 23 November 2020	11:00hrs to 17:00hrs	Una Fitzgerald	Support
Monday 14 December 2020	11:30hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

On arrival to the centre on the first day of the inspection, inspectors observed that there were very few residents in the communal sitting rooms. The communal dining room was not in use. Inspectors were informed that all residents were in isolation in their bedrooms as a result of a COVID-19 outbreak in the centre.

The centre management had divided out the centre into a COVID-19 positive zone and a COVID-19 not detected zone. A small number of residents in the negative area were observed going for walks along corridors and also spending time reading in a quiet room. Inspectors observed that in these instances, social distancing was in place and all staff wore face masks. The inspectors spoke with a small number of residents during the first day of the inspection. The general feedback from residents was one of satisfaction with the care and service provided.

Inspectors met with some residents in their bedrooms. When asked about the restrictions, residents feedback was that they 'found the days are long' and that 'there is little to do'. Residents described feeling isolated. Residents reported that although they understood that staying in their rooms was for their protection they found the days in their bedrooms long and uneventful. Residents confirmed that staff called into their bedrooms and frequently checked them. One resident told inspectors that staff make sure she gets the daily national paper and this helps to pass the afternoon. Another resident told inspectors how she enjoys art and showed inspectors her drawing.

On the second day of inspection, inspectors found that, while the outbreak had yet to be declared over by public health, residents were observed to be more active within the centre. The dining room was in use with residents seated observing social distancing guidelines. Residents told inspectors that they were delighted to see things getting back to normal. Some residents enjoyed spending their day in the communal rooms, again observing social distancing guidelines.

A limited schedule of activities was in place which included arts and crafts, knitting and bingo was facilitated by a activity coordinator. Residents who remained in their bedrooms were facilitated and encouraged to participate in appropriate and engaging activity.

Throughout the two days of inspection, residents were observed to be familiar with the management team and referred to them by name. No resident spoken to had made a complaint. Residents had high praise for the staff delivering the direct care and felt that they knew them well. Residents told inspectors that call bells are always answered. Residents were satisfied with the food served and stated there was plenty of choice.

Capacity and capability

The provider of this centre is Drumderrig House Nursing Home Limited. The provider representative has a strong presence in the centre. The person in charge is supported by a director of nursing and four clinical nurse managers.

This was an unannounced risk inspection by inspectors of social services conducted over two days. Day one was completed during an outbreak of COVID-19 in the centre. The COVID-19 outbreak was notified to the Chief Inspector on the 21 October 2020. Day two of the inspection was completed three weeks later as a result of unsolicited information received by the Office of the Chief Inspector. Inspectors followed up on the information received and found the information was partially substantiated. The findings of the two-day inspection are detailed throughout the report.

This inspection was triggered by

- notification of an outbreak of COVID-19 with a large number of residents and staff testing positive
- the receipt of solicited information received from the management team of Drumderrig House
- the receipt of unsolicited information raising concerns about the care and welfare of residents in the centre.

On day one of the inspection, there were 75 residents accommodated in the centre, with a further three residents in hospital. On day two, there were 70 residents in the centre with a further three residents in hospital.

The centre was supported during the outbreak by the Health Service Executive (HSE) Outbreak Crisis Team. The provider worked with the HSE to maintain staffing at the required levels. This was achieved through the use of agency staff sourced by both the provider and the HSE. The HSE also provided support through a contract with a cleaning company, and an infection control nurse specialist.

On the first day of inspection, the centre had 19 residents who had tested positive for COVID-19, three of whom were in hospital. Sadly, three residents with COVID-19 had died. A total of 34 staff members had tested positive, however a total of 18 staff had recovered and returned to work. All other residents and staff were re-screened for COVID-19 on 20 November 2020 whereby COVID-19 was not detected. The centre remained closed for new admissions during the outbreak of COVID-19.

The centre comprised of four units, the Timothy, Derwin, Brennan and James. For infection control purposes, the centre was divided into two areas to facilitate the separation of residents with a COVID-19 positive diagnosis from those residents where COVID-19 was not detected. The 17-bedded James wing was used to accommodate residents with a positive COVID-19 diagnosis and the Derwin wing for residents with suspected COVID-19. All residents who had recovered or had not

been detected as having COVID-19 were accommodated in the Timothy and Brennan wings. Staff was allocated to specific wings in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Inspectors found that the provider has completed a COVID-19 contingency plan that had addressed staffing, infection prevention and control and health care arrangements for residents. The contingency plan had been shared with all staff during staff meetings prior to the outbreak.

During the early stage of the outbreak, the management team received support and guidance from the HSE in relation to infection control practice and staffing. Throughout the two days of inspection, Inspectors found that the overall governance and management of the centre by the management team required review and improvement. This was evidenced by

- poor nursing oversight
- inadequate complaints management
- unclear guidance for relatives and staff of the management of visitors to the centre

Inspectors reviewed the staffing rosters and found that although staffing levels had been affected by the outbreak of COVID-19, they had been supplemented by agency staff and by regular staff working extra hours so that safe and effective care could be maintained. Senior nurses were also redeployed from their management roles to assist in nursing care. The management team, with the support of public health, was actively tracking all staff in relation to their testing dates, their symptoms and their potential return to work dates.

The cleaning staff had been supplemented with contract cleaners which allowed for the cohorting of cleaning staff between the positive and the non-detected COVID-19 areas. However, Inspectors found that there was poor communication between the management team and the contracted workers, who received direction and supervision from an external supervisor. This resulted in confusion in relation to the contracted staff knowledge of the up-to-date COVID-19 status of some of the residents.

On day two of the inspection, while the outbreak had not yet been declared over, the staffing levels in the centre continued to be discussed weekly with the HSE Outbreak crisis team. The outbreak was due to be declared over on the 20 December 2020. Most of the staff affected by COVID-19 had recovered and had returned to work.

The provider had a system in place to ensure that all staff had received appropriate infection prevention and control training prior to and throughout the outbreak. Regular infection control specific audits, such as hand washing and personal protective equipment use, provided assurance to the provider that the training was appropriate and effective. These audits continued throughout the outbreak.

Regulation 15: Staffing

The staffing in the centre was affected by the outbreak of COVID-19. A review of the rosters on day one of the inspection found that although a high number of staff were unable to work due to having been diagnosed with COVID-19 or having been in close contact with a positive case, the provider had ensured that adequate staffing levels were maintained throughout the outbreak. The staffing roster facilitated the cohorting of residents and staff, for the purpose of infection prevention and control. Each wing had a staff nurse and a team of care assistants delivering care to residents. Staff did not move between wings. The staffing levels were supported through the use of agency nurses sourced by both the HSE Outbreak Crisis team and the provider. The provider had arranged for all laundry to be outsourced allowing staff from the laundry to be reallocated to the cleaning team. A shortage of available cleaning staff was managed by a team of contract cleaners. The catering department in the centre remained fully staffed. A maintenance person was available on an on-call basis throughout the outbreak.

On the second day of the inspection, inspectors found that the staff roster had reverted to the centre's baseline staffing levels with no requirement for agency staff. The staffing level on day two of the inspection was adequate to meet the needs of the residents and for the size and layout of the centre. Inspectors cross referenced the staffing numbers on the rota with the Statement of purpose and found that there were sufficient staffing available. In addition, the person in charge confirmed that when staff phone in at short notice as unavailable for duty a replacement can be provided from within the current staff.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records specific to infection prevention and control. Records indicated that all staff had received recent training regarding infection control practices, donning and doffing of personal protective equipment (PPE) and hand hygiene. Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place to ensure safe and effective care required improvement. This was evidenced by:

- Inspectors found that the system in place to communicate changes in visiting arrangements for residents, relatives and staff, required strengthening. Inspectors were concerned that the provider did not ensure that national guidelines for visiting in a long-term care facility were properly implemented. For example, visits to residents on compassionate grounds were not risk assessed which impacted negatively impacted on some residents.
- Poor communication with contracted staff
- Inadequate management of complaints
- Inadequate systems of nursing oversight to ensure best outcome for residents. For example, some gaps were noted in the nursing documentation to of a resident with complex care needs.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in place that had been updated in February 2020. The complaints procedure was displayed in the main entrance hall. The procedure was easily accessible to all residents. The procedure included the name of the person nominated to deal with complaints, an appeals procedure and details of the Office of the Ombudsman.

There was a system in place to facilitate the recording of complaints. However, Inspectors found evidence that the provider was not managing complaints in line with their own policy. For example;

- the complaint form and the detail of the complaint was not recorded in all cases. Therefore, it was not clear when the compliant had been received and what initial actions had been taken to address the complaint
- complaints had not been responded to with a letter of acknowledgement, as per the centre's policy.

Judgment: Substantially compliant

Quality and safety

Residents' told inspectors that their lives had been impacted by the COVID-19 restrictions. Inspectors found that the care and support residents received was of good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. All staff 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).

Inspectors found some gaps in the system of infection control in the centre. Poor communication with the contracted cleaning staff resulted in a lack of clear direction in relation to infection control protocols. For example, the contracted cleaners were not aware that a resident in the wing they were cleaning had recently tested positive. Full infection control precautions had been in place for this resident as they had been identified as a suspected case, however, this breakdown in communication posed an infection control risk to residents. A review of the communication systems used by the management team required review.

Inspectors reviewed a sample of ten resident's files. Care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. This system facilitated the recording and tracking of a residents COVID-19 status facilitating the management team to appropriately cohort and manage residents and staff during the outbreak.

Residents had a daily COVID-19 well-being symptom check completed. This allowed the nursing and clinical team to identify any early signs of the virus and take required action. For example, resident temperatures were checked four times a day. Overall, the care plans of current residents were up-to-date and contained the information required to guide care. Some improvement in the supervision of practice was required to ensure that care was given at all times in line with the residents assessed needs. Residents had access to medical and allied health care supports.

The design and layout of the building met the needs of current residents. All bedrooms had en-suite facilities. The COVID-19 outbreak isolation zone was clearly identified. The purpose of zones was to minimise the risk of the spread of an outbreak. The zone had a separate entrance and was staffed separately. By day two of the inspection, all residents with a diagnosis of COVID-19 were in the recovery stage and had been transferred out of the designated zoned area. The isolation wing was vacant and had been cleaned.

Regulation 13: End of life

Inspectors reviewed the care plans of residents that had recently died in the centre. The care plans were person-centered and guided care. End of life wishes and the resuscitation status of residents were clearly documented. The daily notes gave a comprehensive summary of the residents deteriorating condition. There was evidence of assessment of presenting symptoms, appropriate intervention management and reassessment of all interventions. For example, residents that had difficulty with breathing received appropriate medication to relieve the distress. The effectiveness of the medication given was recorded.

Records reviewed evidenced that family visits were facilitated on compassionate grounds. All visitors completed a COVID-19 risk assessment health check including symptom checks. There was good evidence that loved ones were kept updated on the resident's condition throughout the dying journey.

Judgment: Compliant

Regulation 27: Infection control

The provider had infection control systems in place, however, inspectors observed a number of poor practices during the inspection that could increase the risk of infection to residents.

Inspectors spent time observing staff practices regarding the use of PPE and found good practice. Training records reviewed indicated that all staff had completed infection prevention and control training. Inspectors spoke with and observed care and nursing staff using PPE appropriately and following the infection control guidelines outlined in the centre's policy.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded four times a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- Staff uniforms were not worn off-site.
- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- Staff awareness of the five moments of hand hygiene
- appropriate use of face masks by staff
- ample supplies of PPE in stock
- hand hygiene gel dispensers were strategically placed along corridors.
- wash hand basins throughout the centre were sufficiently stocked with

hygiene products and paper towels.

The arrangements in place on the first day of inspection for cleaning and decontamination of the centre were unsatisfactory. The management team informed inspectors that following guidance of the HSE, a new flat mop system had been introduced for the cleaning of resident bedroom floors including the en-suite. The system was that one cloth be used per room and a separate cloth be used for the bathroom. However, on day one of inspection, there were no clean supplies of the cloths and no replacement flat mops as the stock had been sent to the laundry. Staff had reverted to the mop heads for the cleaning of room floors which meant that mop heads were not changed between rooms. Inspectors acknowledge that the new flat mop head system had been implemented by day two.

The following infection and control risks were found that required attention;

- Poor communication with contracted staff in relation to a residents COVID-19 status
- The clinical room was not fit for purpose. Inspectors acknowledge that some remedial work had been completed but further improvements were required.
- The sluice room which was not visibly clean, required attention. Toilet seats and urinals were inappropriately stored.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed the nursing and clinical documentation of a sample of resident's who had been transferred to hospital with symptoms of COVID-19. All nursing documentation reviewed specific to COVID-19 was recorded to a high standard in line with Nursing and Midwifery Board of Ireland (NMBI) Clinical documentation Guidelines. Each resident reviewed had a comprehensive assessment completed. This assessment was used to develop the resident's care plan which was found to contain the detail required to guide care in a person-centred way. The resident's progress was documented by the nursing staff both day and night. These records evidenced close monitoring of the residents physical, psychological and social well-being. Residents were closely monitored for symptoms of COVID-19 and referred appropriately to their doctor and allied health care professionals.

The oversight of all nursing documentation required improvement as gaps were noted in the records of some residents with complex social and health care needs. This issue has been addressed under regulation 23 Governance and management.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice throughout the outbreak of COVID-19. A review of resident's records found that residents were supported by allied health care professionals such as a physiotherapist, dietitian, and a chiropodist. The centre also continued to be supported by psychiatry of late life and community palliative care services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0031163

Date of inspection: 23/11/2020

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Communicate changes in visiting arrangements for residents, relatives and staff:

Drumderrig House is now following the national guidelines for visiting in a long term facility appropriately and a risk register is in place for visits which includes compassionate grounds, which is updated as required. Additionally all residents are updated on visiting through residents committee meetings and all next of kin's are updated where any changes occur to visiting within the centre.

Followed the National guidelines appropriately from; 15/12/2020
Risk Register updated on visits: 18/12/2020

Poor communication with contracted staff

Drumderrig House Nursing Home no longer has contracted staff in the facility since the 18.12.2020 . Moving forward should the need arise to use contacted staff in the future a communication strategy will be developed prior and agreed with Drumderrig House management team and the external service provider. In the future an additional safeguard will be put in place to clearly identify the infectious disease status if required of a residents room / and or a specific area. This will be implemented in a discrete manner and in line with data protection.

Management of complaints

Drumderrig House management team has reviewed its complaints policy and procedure. Drumderrig House has a nominated person appointed to ensure that complaints are dealt with in line with the policies and procedure of the home.

Additionally staff have been re-educated on the complaints policy and procedure of Drumderrig House and the importance of recording all actions taken during the complaint close out on the complaint recording form.

An additional checklist form has been implemented to ensure all actions are taken prior to signing off complaints.

Additionally the close out of complaints will be audited prior to the monthly management team to ensure that the close out and documentation maintained support the sequence of events and close out.

Timeframe: Completed 18.01.21
Responsibility: Registered Provider.

Nursing oversight systems to ensure best outcome for residents:

Drumderrig Nursing home full suite of staff have returned to work following the covid-19 outbreak. Evidently allowing PIC, DOC and CNMs to resume their positions to supervise and oversee the care delivery in Drumderrig House Nursing Home.
Additionally a system of documented competency assessments had commenced during 2020 and will continue into 2021 continue to ensure that the delivery of care to residents is in line with best practice evidenced based care.

Nursing staff will receive re-fresher training on care and documentation of residents with complex care needs.
In correspondence with this, care plan audits will be carried out by the PIC and or the DOC to ensure that there are no gaps in the documentation.
Timeframe: 15.03.2021 with completion of all competency assessments 15.06.2021
Responsibility: Person In Charge.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Drumderrig House management team has reviewed its complaints policy and procedure. Drumderrig House has a nominated person appointed to ensure that complaints are dealt with in line with the policies and procedure of the home. Additionally staff have been re-educated on the complaints policy and procedure of Drumderrig House and the importance of recording all actions taken during the complaint close out on the complaint recording form such as responding verbally or via a written letter. An additional checklist form has been implemented to ensure all actions are taken prior to signing off complain.
Additionally the close out of complaints will be audited prior to the monthly management team to ensure that the close out and documentation maintained support the sequence of events and close out.

Timeframe: 18.01.21
Responsibility: Registered Provider.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Cleaning and decontamination:

Drumderrig House has purchased an additional stock supply of single use mop heads and single use cloths and which will be stock checked to prevent a shortfall in supply. Additionally Staff are not permitted to use mop heads they have been decommissioned and disposed of.

Completed: 4/01/21.

Communication with contracted staff in relation to a residents COVID-19 status:
Drumderrig House Nursing Home no longer uses contracted staff. Should the need arise to use contacted staff in the future a communication strategy will be developed and agreed. In the future an additional safeguard will be put in place to clearly identify the infectious status of residents prior to entering the resident's rooms and or area. This will be implemented in a discrete manner and in line with data protection.

Clinical room:
All work is now completed and non-clinical stock items such as PPE have been relocated. Nursing staff will ensure on a daily basis that the room is fir for purpose.

Completed: 15.01.21

Sluice room:

The excess toilet seats and urinals have been removed and the remaining stock is stored appropriately. The surface of the sluice sink has been repaired. Daily cleaning will continue to take place and a record will be kept.

Timeframe: 27th February, 2021
Responsibility: Registered Provider

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 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	15/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	27/02/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	18/01/2021

	complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	18/01/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	18/01/2021