



**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:	St Vincent's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Coosan Road, Athlone, Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0030741

About the designated centre

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

St Vincent's Care Centre is registered to accommodate a maximum of 36 residents, both males and females, over the age of 18 years who require long-term and respite care, ranging in care needs from low to maximum dependency, and including the care of residents with dementia, parkinson's disease and multiple sclerosis. The centre is based over two floors, with a separate day care facility and palliative care residential unit attached to the building. Accommodation consists of a mixture of single, double and three bedded bedrooms. Communal facilities include dining rooms, day rooms, family room, hairdressing room and an enclosed garden courtyard. The philosophy of the centre is to provide resident-centred care by a knowledgeable, skilled, vigilant and proactive team who are positively motivated by caring for older people. Care is aimed at preventing untoward events and negative experiences for the resident and ensure that each resident receives optimum quality holistic care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Wednesday 9 December 2020	09:30hrs to 18:00hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

The inspection took place over one day, and the inspector communicated with approximately one third of the residents living in the centre. The inspector also spent time in communal areas to observe staff and resident interactions and activities, while maintaining appropriate social distancing precautions. Feedback from residents was positive, and many reported that they greatly enjoyed living in the centre.

Residents told the inspector about how COVID-19 had affected their lives. One resident spoke about how they greatly missed their family and had not seen one family member in almost a year. Another resident reported feeling lonely and "shut off" from the world, and they greatly missed going on day trips and excursions. One resident spoke of the celebration that was made of a birthday in the centre, and showed the inspector the collection of cards and presents they had received. All residents spoke of the efforts staff made to help them keep in touch with family, and to keep them informed of the changes in COVID-19 restrictions.

There was a festive atmosphere in the centre. Christmas decorations were hung throughout the building, including in communal areas and resident bedrooms. The centre was bright and warm, but some door, wall and floor surfaces were evidently damaged and were not presented in a good state of repair as discussed under Regulation 17.

There was an enclosed garden for resident use and the PIC confirmed this was not shared with other services in the building. It was well kept with plants, a pergola, garden furniture and Christmas decorations in place. A resident reported that she loved to sit in the ground floor day room and look out on to the garden.

Residents were observed watching television, reading newspapers and chatting with each other from an appropriate social distance in a number of the communal rooms. Residents were assisted to participate in 1:1 activities and small group activities with the activity coordinator and care staff, and appeared to be very comfortable and engaged during these sessions. One resident told the inspector that he greatly enjoyed the variety of the activity schedule and that staff helped to make it a very enjoyable experience.

Staff were observed knocking on resident bedroom doors prior to entering, addressing residents by their name and chatting easily as they passed on the corridors. Despite the COVID-19 restrictions in place, staff were observed communicating effectively with residents and in a respectful and caring manner.

Residents' feedback regarding the choice, quality and quantity of food was mostly satisfactory. One resident reported he did not get a cup of tea as often as he would like, but that he enjoyed the meals that were provided. Staff were observed

assisting residents in the dining room in a discreet and attentive manner.

Residents reported feeling comfortable raising any issues or concerns they might have with staff.

Capacity and capability

This was a short-term announced risk inspection in order to assess the designated centre's preparedness for a COVID-19 outbreak. Information gathered on this inspection will also be used to assist in making a recommendation on the centre's application to renew registration.

The inspector followed up on previous non-compliances in the centre and found that a non-compliance from the previous two inspections remained unchanged. This was in relation to the potential negative impact on the privacy and dignity of residents associated with the limited sanitary facilities available in the centre. The centre had a restrictive condition placed on its current registration for a proposed new purpose-built facility to be completed by 31 December 2021. The person in charge (PIC) reported that planning permission had been granted for this facility and that the project was being put out to tender in January 2021, and this was confirmed via phonecall to the registered provider representative (RPR) on the day following inspection. Findings on this inspection highlighted other areas that required improvement in order to bring the centre into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This includes premises, infection prevention and control (IPC), risk management, staff training and governance and management and are discussed further under the relevant regulations.

Management had systems in place to protect residents and staff from COVID-19. The PIC had been identified as the COVID-19 lead in the centre, and was supported in her role by the RPR and a clinical nurse manager (CNM2). The PIC had established strong working links with the local public health team, and facilitated an external IPC audit and additional IPC training for all staff in the centre. Occupational health services were made available for staff as required.

There was a COVID-19 noticeboard and resource folder available for staff on each unit, and a safety pause each day to ensure staff were up to date with required information. Residents were informed of updates and changes through resident meetings, 1:1 conversations with staff and access to the media.

There was evidence of frequent management and staff meetings to discuss COVID-19, staffing, infection prevention and control (IPC), clinical issues and operational matters. There were sufficient supplies of oxygen and personal protective equipment (PPE) on-site and in reserve. Residents and staff in the centre had been cohorted into two separate units, and each unit had its own dining and communal facilities, staff rest areas and equipment. Access to the enclosed garden area for residents on

the first floor was impacted by the lift in the centre being out of service at the time of inspection. Management provided assurances that residents had temporary access to an alternative lift as discussed under Regulation 17, and that the out of service lift would be repaired by the close of the week.

The centre had stopped admissions for a period of time when two staff had tested COVID-19 positive, and measures were in place to reduce the risk of transmission of the virus in the centre.

Management had limited the maximum occupancy of the centre to 27 residents during the COVID-19 pandemic and respite services had been temporarily suspended, as outlined in the centre's COVID-19 safety statement. This was to ensure there was sufficient bedrooms available in the event that residents in multi-occupancy bedrooms were required to self-isolate. Multi-occupancy bedrooms had been reviewed and reconfigured to ensure that adequate space was available to maintain social distancing for residents. For example, one bedroom which is registered for an occupancy of three residents had been reduced to two.

There was a contingency plan in place for all staff roles, and relief staff had been worked into the roster to ensure availability in the event of staffing shortages. A sample of staff files was reviewed on inspection and these met regulatory requirements. Evidence of garda vetting for staff was available, and the PIC gave assurances that all staff were vetted prior to commencing work in the centre in line with the centre's recruitment policy.

Regulation 14: Persons in charge

The person in charge (PIC) is an experienced registered nurse and meets the regulatory requirements for the role. She is also the person in charge of the three-bedded palliative care unit attached to the designated centre and a day care facility. These services were not in operation at the time of inspection.

There were appropriate deputising arrangements in place to cover for the PIC in the event she became unwell or was required to self-isolate.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill mix of staff having regard to the needs of the residents and the size, layout and reduced occupancy of the centre. Staff from the day care facility were redeployed into the designated centre following a period of isolation in line with the centre's COVID-19 recruitment policy. Management had also employed agency staff on a temporary basis, including one staff nurse and

five multi-task attendants, to reduce the risk of staffing shortages in the event of a COVID-19 outbreak.

There was a minimum of two staff nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place in the centre to ensure that staff had access to mandatory and relevant training including manual handling, fire safety training, safeguarding, cardiopulmonary resuscitation and infection prevention and control. However, gaps were observed in staff training in the management of responsive behaviours and had not been addressed by management. Also, the staff training matrix record provided to inspectors had not been updated to reflect all staff that had completed fire evacuation drills in 2020. This made it difficult for management to be assured that all staff had completed fire evacuation drills at suitable intervals, including night-shift simulation drills with reduced staffing. Management confirmed on inspection that a fire safety officer was scheduled to attend the centre on the following week, and that all required staff were scheduled to complete fire evacuation training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. The registered provider representative provided support both on-site and via phone contact, and was available at weekly and biweekly management and COVID-19 meetings. There was evidence of regular governance meetings where all aspects of the quality and services provided were discussed and reviewed. The person in charge (PIC) facilitated the one-day inspection, and demonstrated a strong working knowledge of the regulations and standards. There were clear lines of authority and accountability in place.

The inspector communicated with a number of staff across different roles. Staff were observed to be knowledgeable of their roles and responsibilities and they reported feeling supported by management and comfortable in highlighting issues or concerns that they might have.

There were management systems in place to ensure that the services provided in the centre are appropriate and effectively monitored. Inspectors observed evidence of auditing of care practices and outcomes, including care planning, end of

life care, tissue viability and infection prevention and control. However, these auditing systems required improvement to ensure all issues are identified in a timely and effective manner as discussed under the appropriate regulations.

At the time of the inspection there was sufficient staffing in place to ensure residents needs were met in line with the centre's statement of purpose, and maintain effective cohorting of nursing, care and activity staff. This ensured that at least two staff nurses were rostered on duty at all times in the centre. The PIC had redeployed staff from the temporarily suspended day care service and linked with multiple agencies to ensure staff availability in the event of an outbreak and staff being required to self-isolate. There was ongoing recruitment of permanent staff and two further multi-task attendants were due to commence in the coming weeks. The recruitment policy in the centre ensured that all new and redeployed staff had not worked in another health care setting for at least 14 days, had tested COVID-19 not detected and received a comprehensive induction and training programme.

Fortnightly serial testing of staff for COVID-19 was completed, and four nursing staff had been trained to take swab samples in the centre.

The PIC had arranged for increased equipment resources during the COVID-19 pandemic including hand sanitiser, thermometers and personal protective equipment (PPE) to reduce the risk of transmission of the virus within the centre. The centre was also awaiting two further computers to ensure nursing and care staff had timely access to the new electronic resident records system. Further improvements in the availability of appropriate hand hygiene facilities was required and evidenced under Regulation 27.

There was an annual review of the quality and safety of care delivered to residents in the centre for 2019 available. However, this required improvement to ensure there was evidence of resident consultation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available for inspectors to review and contained the information set out in Schedule 1. Changes were required to ensure it accurately reflected the multi-occupancy bedrooms in the centre. The PIC addressed this on the day of inspection and a revised copy of the statement of purpose was sent to the inspectorate on 10 December 2020.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place and this had been updated in 2019.

The complaints procedures were displayed in prominent locations throughout the designated centre, and inspectors observed a suggestion box available on each unit. Posters promoting resident advocacy groups were displayed at various locations.

Records of complaints made in the centre were kept in line with regulatory requirements. The inspector observed that complaints were investigated by the PIC, who was the nominated complaints officer, and that an action plan was initiated for each complaint or concern made. There was evidence that the PIC had determined if the complainant was satisfied with the outcome.

There were no open complaints on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available for inspectors to review. These had all been updated within the previous two years, and relevant policies had been updated to reflect the COVID-19 pandemic.

The inspector observed that the centre's policies and procedures were available for staff to review in the nurses' station on each floor.

Judgment: Compliant

Quality and safety

Residents' daily lives had been significantly affected by the COVID-19 pandemic and the restrictions that were in place across the country. Despite this, residents who spoke with the inspector reported feeling safe in the centre and were grateful for the efforts staff had made to protect them from the COVID-19 virus.

The management team had put a number of procedures in place to manage the risk of COVID-19 in the centre, including cohorting of residents and staff, and facilitating fortnightly serial testing of staff. Procedures were in place to facilitate the isolation of residents when required, including those returning from hospital or newly admitted residents who required 14 days precautionary isolation. However,

improvements were required in infection prevention and control as discussed under Regulation 27.

Staff spoken with on inspection were knowledgeable on recognising the symptoms of COVID-19, and were clear on how to escalate to the appropriate persons if they suspected a resident was displaying symptoms. Staff were observed adhering to good hand hygiene practice, maintaining social distancing and wearing PPE appropriately. There was a COVID-19 folder available in the nurses's station which contained updated public health guidance, including 'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities', and the centre's COVID-19 protocols.

There were procedures in place to ensure the health and safety of residents, visitors and staff were promoted, and a safe environment was provided. However, further improvements were required in relation to risk management and premises, and are discussed under the appropriate regulations. An incident register was available for the inspector to review, and showed evidence of learning from incidents that had occurred in the centre. There was evidence of good falls risk management, and missing person drills had been undertaken three times during 2020.

Residents' needs were being met through good access to health care services, and specialist treatment and support where required. Residents had care plans in place and these were developed after a comprehensive assessment of individual needs and preferences. A suite of validated clinical risk assessments was completed for each resident in areas such as falls prevention, pressure and skin integrity, malnutrition risk, oral care and pain management. The sample of care plans examined on inspection were detailed and person-centred, and showed evidence of resident consultation.

Residents' clothing was laundered in the centre and the inspector observed good practices with same. Other laundry, including linen and bedding, was managed at an external location.

Overall there appeared to be a pleasant and friendly atmosphere between residents and staff in the centre. Staff were observed to be positive, respectful and kind in their interactions with residents. There were good opportunities for social engagement, and the activities programme was designed with respect to residents' feedback, preferences and abilities. The inspector saw that residents appeared content and well groomed, and those who spoke to the inspector reported a positive experience of living in the centre.

Regulation 11: Visits

Visiting was restricted in line with public health guidance, '*COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)*' on the day of inspection.

The inspector observed that visiting was facilitated for all residents on a scheduled basis, and a designated member of the housekeeping team ensured that infection prevention and control measures were maintained, and that the required cleaning and sanitisation was completed between each visit.

Visitors were received either in the resident's bedroom with precautions if they were the sole occupant, or in a designated visiting room available on both floors. The PIC reported that funding had been received to improve the layout and suitability of the first floor visitor room to ensure that it was a pleasant and safe space for residents to receive their visitors. The oratory on the second floor was being used for visits in the interim.

Window visiting was facilitated for all residents, with the use of the ground floor dining room available for residents residing on the upper floor. Compassionate visiting was facilitated on an individual basis as required.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that non-compliances found in relation to the availability of appropriate sanitary facilities sufficient for the number and needs of the residents on the previous two inspections had not been adequately addressed by the provider. A condition placed on the registration of the centre addressing this non-compliance had been extended to 31 December 2021. Management informed the inspector that planning permission had been granted for a new purpose-built facility in which residents would have access to sufficient ensuite and communal shower and bathroom facilities. However, at the time of the inspection there was no confirmed date for this building work to commence.

Additionally, the inspector found that the current premises was not maintained in a good state of repair. For example, parts of the first floor Auburn unit, including the corridor, sluice room and storage room were found to have evident leak damage on the ceiling and wall surfaces. Building repair works were ongoing at the time of inspection and a number of bedrooms in one section of the first floor unit were vacant as a result to avoid disruption to residents.

The resident lift at the entrance to the designated centre was out of order and was not available for resident or staff use on the day of inspection. The PIC reported that this had been identified immediately and escalated to the appropriate persons and that a repair was to be completed by the end of the week. The PIC also reported that a passenger lift in the palliative care facility attached to the centre was made available to residents as a temporary measure.

Additionally, the inspector observed:

- Damaged wall surfaces with cracked and scuffed paint in resident bedrooms,

- communal areas and corridors
- Cracked and damaged floor surfaces
 - Damaged sink surface in the family room

Judgment: Not compliant

Regulation 26: Risk management

There was an updated risk management policy available for review, which included identification and assessment of risks in the centre and the measures in place to control these risks. However, the inspectors observed that not all risks identified in the centre had been recorded in the risk register including:

- Inappropriate hand washing facility in medicine room and hairdressing room
- Insufficient accessible sanitary facilities available for residents
- Maintenance of wall and floor surfaces in the centre
- Accessibility and availability of alcohol based hand rub at key areas
- Passenger lift is not in working order
- A radiator in a communal bathroom had an evident leak

The PIC forwarded evidence to the inspectorate on 10 December 2020 of assessment of most of these hazards, with a timeframe for planned additional control measures.

Judgment: Substantially compliant

Regulation 27: Infection control

There was an infection prevention and control (IPC) policy in place and this had been updated with 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. This was made available for staff to review in each unit.

Management had facilitated an external IPC audit of the centre in August 2020, and had highlighted a number of areas that required review. For example, the clinical hand wash basin in the medication room was found to be non-compliant with IPC standards. The PIC reported that funding had been received to address this non-compliance but was yet to be completed.

The inspector observed a number of areas that required improvement including:

- Lack of signage at the entrance to isolation rooms to ensure staff were aware of the appropriate PPE required

- Soft furnishings observed in communal areas that did not facilitate effective sanitisation
- Reduced availability and accessibility of wall-mounted hand sanitiser in key areas, for example staff changing rooms and the chapel room which was also being used for staff training purposes
- Reduced availability of appropriate hand washing facility in hairdressing room
- Damaged furniture surfaces that did not facilitate effective IPC procedures
- Inappropriate storage of slings in communal bathroom areas // the inspector observed that the slings were removed from the bathrooms on the day of inspection
- Corrosion on sink surfaces
- PPE was not available in the first floor sluice facility

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The designated centre had moved to the use of an electronic record system for recording medical assessments, daily care notes and care plans. This transition had taken place over a number of months to ensure staff were familiar and comfortable with the new processes involved.

Each resident had received a comprehensive assessment by an appropriate health care professional of their health, personal and social care needs on admission to the designated centre. Evidence of the use of validated assessment tools was observed, for example to assess a resident's risk of having a fall, or developing a skin pressure area.

Care plans for residents were observed to be completed within 48 hours of admission to the centre, and reflected the completed assessments. Of a sample reviewed, the inspector found that care plans were person-centred, informed by the multidisciplinary team where required, showed evidence of resident consultation and were updated appropriately. For example, an end of life care plan reviewed clearly reflected the resident's detailed wishes and preferences and had been reviewed at appropriate intervals.

Each resident had a comprehensive COVID-19 care plan in place.

Judgment: Compliant

Regulation 6: Health care

There was good access to medical and health care services in the centre, including

chiropractic, respiratory, dietetics, occupational therapy, physiotherapy, respiratory and geriatrician services. Staff reported that there was minimal disruption to healthcare services during the COVID-19 pandemic, and that all services were available on-site. At times where on-site attendance was not available by a relevant service, a consultation via phone, videocall or email was arranged. Residents communicated with on inspection confirmed that they were satisfied with the services available.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Vincent's Care Centre OSV-0000483

Inspection ID: MON-0030741

Date of inspection: 09/12/2020

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 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>Training has been sourced to meet the identified gap in the management of responsive behaviours as follows:</p> <ul style="list-style-type: none"> • Seven dates are scheduled, commencing training from 03/02/2021 with completion on 14/04/2021 • Small groups of 10 staff members in line with current Level 5 and Infection Prevention and Control (IPC) measures. <p>The training matrix has been updated to reflect all training undertaken by staff including ongoing fire evacuation drills:</p> <ul style="list-style-type: none"> • Annual fire training is undertaken by all staff throughout each year. • The fire evacuation drill undertaken on 28/01/2021 with the fire officer and was in line with night shift staffing levels and is reflected in the training matrix. • Weekly ski sheet evacuation training has commenced from 02/02/2021 • Proposed local fire evacuation drills commencing 24/02/2021 with emphasis placed on night shift staffing levels. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Risk assessments and the risk register reviewed and risks specified by the Inspector were assessed immediately and with appropriate control measures put in place. Copies sent to</p>	

the Inspector on 10/12/2020

Control measures have included:

- Extra alcohol gel dispensers sited in the centre, with further units ordered and delivery awaited.
- Four clinical hand hygiene sinks are currently being fitted with the expected date of completion of 17/02/2021.

The frequency of audits will be reviewed to ensure they are completed in a timely manner to ensure effective corrective action plans are in place.

The annual review of the quality and safety of care delivered to the residents in 2020, encompasses the consultation and involvement of our residents through, for example :

- residents' meetings,
- satisfaction surveys
- resident involvement in the Nutrition committee
- resident involvement in the interview with the Covid 19 Nursing Homes Expert Panel held throughout the year and will be included in the annual review.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Plans for a new build as part of the Public-Private Partnership project are at an advanced stage, with planning permission granted. The new build will provide residents with the option of en-suite toilet and bathroom/shower facilities and greater communal and personal space, thus promoting each resident's privacy. Our latest information is that the new centre is expected to be operational by Q2 2022

A remedial plan has been developed to address the issues identified:

- Extra alcohol gel dispensers sited in the centre, with further units ordered and delivery awaited
- Paintworks to residents bedrooms completed on 22/12/2020. Works to corridor and ancillary rooms deferred while Level 5 restrictions are in place as per risk assessment in conjunction with ADON IPC
- Repair works to floor covering – contractor identified and work programme was deferred due to Level 5 restrictions being in place as per risk assessment in conjunction with ADON IPC
- Repair works to sluice room Auburn unit will be completed 17/02/2021
- Lift repairs carried out following inspection visit, as call logged prior to inspection – completed.
- Damaged furniture surfaces repaired with continual monitoring and on-going repairs as required
- An additional assisted shower room is being installed on the first floor of the centre (Auburn unit). Expected date of completion is 12/03/2021.

- An additional fire door is being installed between the two first floor compartments containing bedrooms 12-16 and the adjoining compartment containing bedroom 17 and the kitchenette. Expected date of completion 17/02/2021.
- Planning permission has been granted for the new build since May 2019 and it is currently in the tender process. The completion of the new building which will replace the current designated centre, as per Condition 8 of the centre's current registration, has a revised expected date of completion of Q2 2022.
- On completion of works as per this compliance plan, Estates will complete and draw up new floor plans, which will be forwarded to the Authority no later than 14/02/2021.

Regulation 26: Risk management

Substantially Compliant

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

Risk assessments and risk register reviewed and risks specified by the Inspector were assessed immediately and with appropriate control measures put in place. Copies sent to the Inspector on 10/12/20

A full review of the risk register was carried out and the risk register remains a live document. It is on the agenda for Health and Safety, Governance and staff meetings in the centre. As further risks are identified, they will be assessed and time bound control measures put in place.

The risk management policy as per Schedule 5, reviewed to ensure it includes the measures and actions are in place to control the risk identified

Regulation 27: Infection control

Not Compliant

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

An Infection Prevention and Control audit had taken place prior to the Inspection and areas highlighted had been actioned. Funding was received and work programme start dates were being agreed. Following the inspection the following measures have been put in place:

- Telecom with ADON IPC re availability of signage for restricted movements and the implications of siting PPE in first floor sluice room. There are PPE centres on the corridors near the sluice room and extra gloves will be kept in the sluice room as per ADON IPC's advice

- Extra alcohol gel dispensers sited in the centre, with further units ordered and delivery awaited
- Four Clinical hand hygiene sinks were ordered prior to the inspection and delivered 27/01/2021. This includes for replacing the current hand hygiene facilities in the medicine room and the hairdressing room on Sonas unit. Completion date for installation 17/02/2021
- Paintworks to residents bedrooms completed on 22/12/2020. Works to corridor and ancillary rooms deferred while Level 5 restrictions are in place as per risk assessment in conjunction with ADON IPC
- Repair works to sluice room Auburn unit will be completed 17/02/2021.
- Repair works to floor covering – contractor identified and work programme was deferred due to Level 5 restrictions being in place as per risk assessment in conjunction with ADON IPC
- Damaged furniture surfaces repaired with continual monitoring and on-going repairs as required
- Soft furnishings – one chair has been removed from circulation
- Slings not in use taken out of circulation and appropriate disposal of same discussed with Occupational Therapist and removed.

The Inspector noted on the day of the inspection that Management had systems in place to protect residents and staff from COVID 19 e.g.:

- Contingency plan – which is a live document
- Infection prevention and control audit

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/04/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021

Regulation 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.	Substantially Compliant	Yellow	12/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/02/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	12/02/2021
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	10/12/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	12/02/2021

	policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
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	Orange	17/02/2021