



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0036539

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and two twin rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
--	----

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 5 October 2022	09:15hrs to 18:10hrs	Arlene Ryan	Lead
Wednesday 5 October 2022	09:15hrs to 18:10hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

The overall feedback from residents living in Hazel Hall Nursing Home was positive. The residents felt that it was a good place to live and said that the staff were caring and supported them with their needs. The inspectors observed that residents were receiving a good standard of service and care and that the staff showed a caring and respectful attitude towards the residents in their care. Some refurbishment works were ongoing and further improvements were required in relation to some aspects of the environment and infection control practices which will be referred to throughout the report.

Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge and clinical nurse manager. The centre is a single-storey building located near the centre of Clane town. The centre is divided into three main units. The Abbey suite contains 15 single bedrooms and is a dedicated dementia care unit. The Liffey suite has 13 single bedrooms, and the Moate suite has a further 13 single bedrooms. The front of house corridors had one single and two twin bedrooms. During this inspection inspectors visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' room, store rooms, laundry and staff areas.

The centre was well ventilated and corridors and communal areas were spacious. Overall, the centre was seen to be bright and generally clean with a few exceptions. The surfaces of some furniture, walls and flooring were damaged or worn and therefore did not support effective cleaning to support infection prevention and control measures. In addition the oversight and management of storage in the centre required a review, as discussed further in the report. Nevertheless, improvement works in the centre were ongoing with flooring replacement and redecoration of rooms throughout. Many of these aspects had been recognised by the management team and an improvement action plan was in place to further refurbish areas of the nursing home.

The central dining room was brightly lit by windows which opened up into a well-maintained courtyard, which was easily accessible from this room. Access to the courtyard was unrestricted so residents could go out whenever they wanted. The main central garden had been painted in bright colours and there were many colourfully planted flower beds, raised planters and colourful shrubs lining the pathways. Seating was available in the garden for residents to use in warmer weather. One resident was seen taking exercise in the garden between rain showers. There was a second courtyard in the Abbey unit accessed through the day room. Again there was seating available and access out of the garden was through a key pad access lock ensuring the safety of the residents.

Ancillary facilities were available such as a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. The infrastructure of the

laundry supported the functional separation of the clean and dirty phases of the laundering process. The laundry was observed to be clean and tidy. However, the enamel janitorial sink in the cleaners' room was chipped and the wall behind the hand hygiene sink in the laundry, the cleaners room and a small number of other sinks were damaged and impacted on effective cleaning.

Alcohol hand gel dispensers were available along corridors and in communal rooms for resident, staff and visitor use. Staff were seen to support and encourage residents to use these gels. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were three hand wash sinks (in the two sitting rooms and clinical room) dedicated for staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. Findings in this regard are presented under regulation 27.

The only sluice room in the centre was located a long way from some bedrooms. Longer travel distances for staff from resident rooms to empty bedpans and urinals increased the risk of spillages and cross contamination. While this room was clean and tidy, it did not contain a hand hygiene sink or sluice sink as required by the national standards.

Inspectors observed that the residents' rooms were clean and tidy and many rooms had personal items such as pictures, photographs, books and other items on display providing a homely feel. The residents had adequate storage for their personal belongings and clothes in their rooms. Some rooms had been decorated recently and new floor coverings were in place. The residents were happy with these refurbishments, however many of the bedroom carpets and corridor flooring looked worn and were yet to be replaced.

Residents and visitors who spoke with inspectors were positive in their feedback and expressed satisfaction with the standard of cleanliness of their rooms and communal areas. Residents told the inspectors that their rooms were cleaned daily and that they were happy with this arrangement. However, two residents said that carpets did not look clean, but they were cleaned very often by the household staff.

When asked about the laundry services both residents and visitors said that the service was great and that nothing goes missing as the staff label the residents clothing when it arrives. In relation to complaints, the complaints procedure was clearly visible in the hallway. Both residents and visitors who spoke with the inspectors all said that they had never had to complain. If they had any concerns they knew who to speak to.

A booking system was in place for visitors to come to the centre. However the inspectors met with some visitors who said that they never had to book a visit and just came to the centre. The residents guide was being updated with recent changes to the organisation however still contained information on booking appointments for visitors.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as

requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The overall feedback from residents living in Hazel Hall Nursing Home was positive. The centre had a homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings. However, this inspection identified that further action and improvements were still required in relation to visiting, the directory of residents, staff training, premises, infection control and residents' rights.

This was an unannounced risk and infection prevention and control inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and National Standards for Infection prevention and control in community services (2018).

There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of inspection the person in charge was supported by a clinical nurse manager, and a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. The registered provider is Esker Property Holdings Limited. The provider representative was on site later in the afternoon and was available to provide additional information requested by the inspectors including a detailed environmental improvement action plan. The provider representative is routinely present in the centre on a daily basis and is involved in the day-to-day operation of the centre.

An outbreak of COVID-19 was declared in the centre in July 2022. This was the third outbreak experienced by the centre since the beginning of the pandemic. It affected a small number of residents and staff in the centre. Early identification of positive cases allowed the provider to put measures in place to prevent onward transmission of the COVID-19 virus.

There were monthly governance and management meetings taking place, aimed at ensuring comprehensive oversight of service. The management team had an audit programme in place to monitor areas for example; health and safety, falls, food and nutrition, privacy and dignity, pressure ulcers and medicine management. Action plans were in place to address deficits in audit findings and were followed up by the person in charge and provider representative. Results of many of these audits were included in the centre's annual quality and safety review. However, infection prevention and control governance, oversight and monitoring systems required strengthening. Barriers to effective hand hygiene practice and premises deficits were identified during the course of this inspection. The supervision and oversight of infection prevention and control audit findings also required improvement. Findings in this regard are further discussed under the Regulation 27: Infection Control.

Overall the inspector found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for Infection prevention and control in community services (2018). The findings of this inspection identified a need to access an infection control speciality for education and advice. The antibiotic use was monitored each month on an individual resident basis. However, the overall antimicrobial use for the centre was not monitored to progress the quality of antibiotic stewardship within the centre. For example, antibiotic use was not tracked to inform quality improvement initiatives. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour-coded cloths to reduce the chance of cross-infection. Housekeeping staff were knowledgeable in cleaning practices and processes.

Staffing levels were adequate for the number of residents residing in the centre on the day of inspection. There were no gaps in the scheduled work roster. A recent recruitment campaign had reduced the centre's number of staff vacancies. Ongoing recruitment processes were underway to recruit into any remaining vacancies. The training records showed that staff were up-to-date with their mandatory training requirements and staff told the inspectors that they had access to training. Some training was online and other sessions were undertaken in-house, such as fire training and cardio pulmonary resuscitation training.

A comprehensive action plan was received shortly after the inspection addressing the majority of findings following inspection, many of which had been completed on the day of inspection or immediately afterwards. In addition an updated refurbishment plan for 2022 was received detailing completed and projected works, demonstrating that the provider was taking a proactive approach to quality improvements.

Regulation 15: Staffing

The Staffing and skill-mix was appropriate to meet the needs of the residents on the day of inspection. There was a minimum of one qualified nurse on duty at all times.

All nurses on duty had a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the staff training matrix (a record of training undertaken by staff) and saw that all mandatory training was up to date. A training schedule was in place to provide updated training to staff when due and staff told the inspectors that

they had good access to training. However, there were gaps in knowledge among staff who spoke with inspectors with regard to the management of how to manage blood and body fluid spills to ensure that the environment was effectively decontaminated. While staff had attended mandatory and other training, they did not have sufficient knowledge of infection prevention and control and therefore did not implement the principles of their training. Increased supervision was required to facilitate their application of knowledge into practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. However, some details of the residents' next-of-kin and general practitioner (GP) information were not fully completed in the register.

Judgment: Substantially compliant

Regulation 21: Records

A sample of four staff files were reviewed. They were compliant with the regulations. An Garda Siochana vetting had been completed for staff prior to commencing work.

Residents' records were stored on site in a locked storage room. The records were tracked by administration staff and prepared for destruction in line with the regulations time frame.

Judgment: Compliant

Regulation 23: Governance and management

Additional resources were required to facilitate the refurbishment of the centre, however a comprehensive refurbishment plan was already in place and a contractor engaged to undertake works such as the replacement of floor coverings.

Although there were management systems in place to ensure the service provided was safe, appropriate consistent and effectively monitored, the following areas required to be improved upon:

- Local infection prevention and control audits failed to identify issues identified on the day of the inspection to drive quality improvement. The oversight and management of environmental and infection prevention and control was not sufficiently robust as evidenced by disparities between the consistently high levels of compliance achieved in local infection control audits and the inspectors' observations during the inspection.
- The process for visiting and the risk assessment for COVID-19 were available but were not updated in line with the latest COVID-19 guidance on visitation to residential care facilities as issued by the Health Protection Surveillance Centre (HPSC).
- The support and opportunities for residents' participation in meaningful occupational or recreational activities was not adequate in one in the units on the day of inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. All had been signed by the resident or their appointed representative and the registered provider representative. They included the services to be provided, terms and conditions, fees to be charged, the room number and the occupancy of the room.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were receiving a good standard of care and service in the nursing home. Residents informed the inspector that they were happy living in the centre, they liked living there and were well looked after. However, some improvements were required as detailed under Regulation 9; Residents rights, Regulation 11; Visits, Regulation 17; Premises and Regulation 27; Infection control to further enhance the quality and safety of the service for the benefit of the residents.

The inspector reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. A system was in place to audit care plans to ensure they were completed and updated within the prescribed time frame. The inspectors reviewed a selection of care plans including some relating to communication difficulties, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and

wound care and found them to be person-centred, informative and provided good instruction and strategies for staff to ensure resident care needs were met. Established processes were in place to ensure access to a general practitioner (GP), other hospital consultants and allied health services. Details of referrals and recommendations from these professionals were documented throughout the care plans reviewed.

There were activities scheduled for the residents and the planned schedule was displayed in the sitting rooms. In the afternoon a number of residents were partaking in flower arranging with the activities coordinator and appeared to be enjoying this immensely. Their creations would later be displayed throughout the nursing home including the dining room and oratory. However, the residents in the Abbey unit did not appear to be involved in any meaningful activities on the day of inspection. They were supervised by staff but some activities had been cancelled with no replacement activity on that day.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service. An independent advocacy group was available to residents and information posted on the notice board with contact details for this service.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and respiratory illness. They knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was mostly observed during the course of the inspection with a couple of exceptions.

There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. The majority of residents had received their third COVID-19 booster in recent weeks. The influenza vaccination programme was scheduled to take place in the near future and would be facilitated by the GP.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. However, despite the positive examples, further training and enhanced oversight was required on standard infection control precautions including cleaning practices and processes, sharps safety, safe clinical waste and equipment management. Findings in this regard are presented under regulation 27.

Regulation 10: Communication difficulties

A sample of residents' assessments and care plans were reviewed in relation to communication difficulties. Each had a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements of the resident and strategies to assist the resident with their communication needs.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen in the centre, however a booking system was still in use with a limited number of slots available in the visiting pods. These were unnecessary restrictions that did not align with available guidance and best evidence practice. While some visitors told the inspector that they had no restrictions visiting residents in their bedrooms, the overall process for visiting required review. Furthermore, the risk assessment for COVID-19 which was available and informed the visiting procedures, was not updated in line with the latest COVID-19 public health guidance.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had adequate storage for their clothes and personal possessions. A list of resident's personal property was maintained in their personal record. Clothing was labelled with the resident's name to ensure its safe return once laundered.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the regulatory requirements, however the following issues which did not meet Schedule 6 requirements, were identified:

- Not all areas of the premises were kept in a good state of repair; For example, damage and chipping to paintwork (walls, doors and hand rails), caused by equipment and wheelchairs required repair to improve the residents living environment.
- Storage facilities and practices required review as some electrical items were stored outside in a covered but damp environment. Items of bedding were inappropriately stored around the hot water tank in one store cupboard.
- Aspects of the premises were not clean or suitably decorated. For example, carpets and flooring in some areas were stained or damaged and required replacement.
- A thermometer was required in the medication room to allow for temperature monitoring of this room ensuring appropriate storage temperatures for medications.

- Access to overhead bed lights was limited due to the relocation of beds in some rooms, therefore the residents were not always able to reach the light switch from their bed.
- The curtain placement in one of the vacant shared bedrooms did not provide sufficient personal space for a resident as required by SI 293 of 2016.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide was available to the inspectors and contained all the information as required under the regulations. The guide was being updated with information with recent changes to the management personnel and visiting guidelines.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was available to the inspectors. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a discharge letter and relevant documentation was received and filed in the resident's individual record. Recommendations and treatment plans were incorporated into the residents' care plan and a review was completed by the general practitioner (GP).

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- There were three hand hygiene sinks available to staff, however these sinks did not comply with recommended specifications for clinical hand hygiene sinks. The inspectors were informed of plans to install additional clinical hand wash sinks in the centre.
- The sealant at the back of some sinks were damaged and therefore providing a medium for bacteria to grow.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The underneath of seven alcohol based hand rub dispensers had a build-up of product residue which may impact on the effectiveness of the hand rub.
- The dirty utility (sluice) room did not contain a hand hygiene sink or a sluice sink and the surface of the janitorial sink in the cleaners' room was chipped. This did not support good hand hygiene and may result in ineffective cleaning.
- The surfaces of some furniture, walls, bins, damaged flooring and carpets did not support effective cleaning to support infection prevention and control measures.
- Detergent used in the bedpan washer had passed its expiry date. This may have an impact on effective decontamination of utensils and result in a health-care associated infection.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- There was a lack of organised storage space in the centre resulting in the inappropriate storage of equipment and boxes. Nutritional supplements, PPE, and incontinence wear were stored on the floor of one store room and equipment such as wheelchairs were inappropriately stored within a communal bathroom. The inspectors observed that tubs of cleaning wipes and a nebulizer were stored on floors in areas around the centre. This increased the risk of contamination.
- All sharps bins inspected did not have the temporary closure mechanism engaged when they not in use. Domestic waste was inappropriately disposed of as clinical waste. For example, domestic waste bags were observed in clinical waste bins stored externally and were unlocked. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them.
- Sterile dressings and solutions used for wound dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and general supplies. This could result in them being re-used.
- There was some ambiguity among staff with regard to the cleaning of medical equipment. For example, in the safe cleaning and storage of re-useable nebulizer administration sets. The chambers were not rinsed with sterile water and stored dry in a dust proof container or labelled to identify when sets had been changed. This could result in the risk of transmitting a healthcare-associated infection.
- A number of shower chairs inspected were unclean underneath and some wheels were rusty. One commode had a ripped cover. The dressing trolley, intravenous trays and oxygen concentrators were not visibly clean. This meant that they had not been or could not be cleaned after use.

The totality of the findings listed above have informed a judgement of non-

compliance with the current requirements of Regulation 27: Infection Control.
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.
Judgment: Compliant
Regulation 6: Health care
Residents had good access to health care. The General Practitioner (GP) visited the site weekly and reviewed the residents' needs. Processes were in place for referrals to other hospital consultants and allied health professionals. Recommendations and treatment plans were incorporated into the residents care plans.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
All staff had completed training on the management of responsive behaviours. The residents' behavioral care plans were reflective of the residents' needs and provided clear strategies for staff to assist the residents with their care needs. Staff were observed implementing these strategies where necessary.
Judgment: Compliant
Regulation 8: Protection
There was a safeguarding policy in place and staff had received their safeguarding training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an

allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Although there were facilities in place for recreational activities, and a list of activities was available on the notice boards in the nursing home, the inspectors found that these were not consistently implemented and that not all residents availed of opportunities for meaningful engagement. For example, the residents on the dementia unit did not appear to be engaging in any meaningful activities on the day of inspection despite the planned activity schedule. The provider gave assurances that the activities on this unit would be reviewed to ensure the residents could engage in meaningful activities each day.

Judgment: Not 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	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not 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	Not compliant

Compliance Plan for Hazel Hall Nursing Home OSV-000049

Inspection ID: MON-0036539

Date of inspection: 05/10/2022

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> <ul style="list-style-type: none"> • A comprehensive re-training was scheduled in the management of blood and body fluid spills. • Prior to inspection, the Management Team had identified a gap in supervision and had taken steps to address this by adding a new role to the existing team. A full time Floor Manager was appointed to increase overall supervision of staff, and to support staff in implementing learned skills into their practice in infection prevention and control. The Floor Manager had only just commenced in this new role at the time of inspection. • The Person in Charge is awaiting placement on Infection Prevention & Control Link Practitioner Framework Course for Community Health and Social Care Settings. 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Registered Provider maintains a comprehensive Directory of Residents on its Care Planning software. A bound paper register is also maintained. The gaps identified in the bound paper register were rectified immediately following the inspection.</p>	

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>The Centre's work on refurbishment continues as per its refurbishment plan and contractors are also engaged to replace floor coverings and specific clinical handwash sinks.</p> <p>The Centre's Infection Prevention and Control audits have been reviewed and reworked to ensure issues are identified and appropriate action taken to drive quality improvement.</p> <p>The Visiting Policy and the process for visiting is in line with HSPC guidance on visitation to residential care facilities.</p> <p>Staff are appointed to support residents' participation in meaningful occupational and recreational activities and additional staff are assigned to support staff in implementing this programme.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The Visiting Policy and the process for visiting is in line with HSPC guidance on visitation to residential care facilities.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is an ongoing refurbishment programme in place at the Centre, as submitted to the Inspectorate, which is regularly updated. A full-time Maintenance Person is allocated to ensuring the premises is appropriately decorated and any repairs or damage to paintwork are addressed.</p> <p>Storage facilities and practices are reviewed throughout the Centre. Shelving has been removed from areas where it is not appropriate to store items, for example, adjacent to the hot water tank and additional shelving and storage facilities are installed and supplied to ensure appropriate storage. Storage is designated for wheelchairs.</p> <p>As part of the ongoing refurbishment plan, a flooring contractor is on board to replace flooring where required.</p> <p>Thermometers are installed in the medication room to allow for temperature monitoring. Bedrooms are risk assessed and the layout changed where permitted to enable resident's to easily reach the light switch from their bed.</p>	

The curtain placement in a shared bedroom is reviewed to ensure sufficient personal space within the bedroom for each resident.

Regulation 27: Infection control

Not Compliant

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

The Centre's ongoing refurbishment plan includes the installation of clinical handwashing sinks as per current specifications, including in the sluice room, which will also have sluice and janitorial sinks installed.

All existing sinks were reviewed and silicone replaced where necessary.

Cleaning schedules were revised to incorporate the specific routine cleaning of hand sanitising dispensers.

A flooring contractor was engaged to replace flooring as per the Centre's refurbishment plan and this work has commenced with the installation of new flooring in the dining room to coincide with planned refurbishments in this area.

New bedroom furniture, which can be easily cleaned, was purchased and installed.

Easily washable paints are now selected for painting tasks to ensure all paint surfaces can be easily cleaned.

Bins and commodes are reviewed and replaced where necessary.

The Centre has allocated suitable, dedicated storage for nutritional supplements.

There is increased storage for PPE and incontinence wear.

Dedicated space has been allocated for wheelchairs.

The Centre has dedicated storage space for medical equipment.

Cleaning wipes are stored on the housekeeping trolleys with a further supply available in cleaning rooms.

The temporary closure mechanism on all sharps bins are now engaged by staff of the Centre and Clinical Waste is segregated from domestic waste. Routine and ad hoc checks are now completed by the Person in Charge and/or designate.

All dressings and solutions are reviewed, stored and used in accordance with single use instructions which are highlighted to staff and checked routinely by the Person in Charge and/or designate.

Medical equipment cleaning schedules are reviewed and set out for staff to refer to when cleaning such equipment. Routine checks on the appropriate storage and cleaning of such equipment are carried out by the Person in Charge and/or designate.

New shower chairs were purchased and their cleaning is incorporated into the Centre's overall cleaning schedules which staff must sign to confirm they have been cleaned.

Routine checks by the Person in Charge and/or designate are now in place.

Clarity was sought from the Bedpan Washer service provider who confirmed from their records that the bottle of detergent within the bedpan washer was refilled at each service visit. The actual bottle has been replaced and the matter addressed for the future.

The Centre's Infection Control audit is reviewed and reworked to ensure effective identification and communication of any issues arising and auditing processes are

overseen by the Person in Charge and brought to the Centre's Management Team on a monthly basis (or sooner if required) so that the outcomes can be reviewed and utilised to drive quality improvement. The Centre has invested in a train the trainer course in infection control to ensure that staff are provided with additional and comprehensive training in infection control facilitated by a member of the management team. The Person in Charge is awaiting placement on Infection Prevention & Control Link Practitioner Framework Course for Community Health and Social Care Settings. The appointment of a full-time Floor Manager to the overall team supports the requirement for ensuring environmental cleaning, maintenance and storage standards are met and to ensure staff are supported and guided in this process. The Person in Charge has implemented an audit tool for the overall use of antibiotics in the Centre to drive quality in antimicrobial stewardship.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff are appointed to support residents' participation in meaningful occupational and recreational activities and additional staff are assigned to support staff in implementing this programme.</p> <p>The Visiting Policy and the process for visiting is in line with HSPC guidance on visitation to residential care facilities.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	10/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	30/05/2023

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/10/2022
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	30/01/2023
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	31/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	21/10/2022

