



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

Issued by the Chief Inspector

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Byrne and Morrin Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0035682

About the designated centre

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

The centre can now accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. The new premises is purpose built over three levels. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 January 2022	08:30hrs to 17:20hrs	Margaret Keaveney	Lead
Tuesday 18 January 2022	08:30hrs to 17:20hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy living in the centre. Although the centre was currently experiencing an outbreak of the COVID-19 virus, there was calm and relaxed atmosphere in the centre throughout the day of the inspection. Staff were observed to treat residents with kindness and to gently redirect and assure residents in isolation due to a positive diagnosis of COVID-19. Throughout the inspection, inspectors observed that staff knew the residents well and residents were seen to be content and relaxed in the company of staff.

There were 73 residents living in the centre on the day of the inspection. The centre was experiencing a COVID-19 outbreak, with positive residents being cohorted into one wing of each of the Lighthouse and Waterfall suites. There were no visitors in the centre due to COVID-19 restrictions but staff confirmed that compassionate visits and window visits were facilitated for residents in both the Lighthouse and Waterfall suites.

When inspectors arrived at the centre they were guided through some infection prevention and control measures necessary on entering the designated centre, such as hand hygiene and the wearing of face masks.

Inspector spoke with eight residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there.

The centre is set over three floors, and is bright, warm and well ventilated throughout. The corridors within the centre were decorated with nautical pieces of décor to reflect the centres' location near to the sea. There was clear directional signage throughout the centre to assist residents in orienting to communal areas, and large clocks and date and day signage in place to support residents' independence. Staff had also created large themed wall collages to stimulate residents' memories, which were hung throughout the units. Themes included 1950s films, vintage motor cars, sports and gardening. There were ample communal spaces on each floor where residents were able to relax and socialise. Each was comfortably furnished and calmly decorated, with activity books and games available for residents' use. Multiple storage rooms for residents' equipment were available throughout the centre, however inspectors did note that commodes were stored inappropriately in two sluice rooms. This had been observed on the previous inspection and again discussed with the person in charge on the day of this inspection. This is discussed further in the report.

There was an enclosed garden which had been planned and planted in a dementia friendly design, and was well maintained. There was ample seating and tables for residents' use and a wheelchair accessible Men's shed and greenhouse that were used for activities. Inspectors were told that residents were also involved in bulb

planting in the garden when the weather permitted. The garden was used to host social events, such as music concerts, a mobile music machine, barbecues and birthday celebrations, and inspectors saw from photographs that such occasions were well attended by residents and that they appeared to enjoy them. The registered provider regularly shared photographs of resident celebrations with their families, many of whom had expressed gratitude at the efforts staff made to provide entertainment for the residents. One family member had emailed 'no words express our admiration and gratitude to you all', while another stated that they 'loved getting the photos-helps us feel connected'.

There were 17 twin bedrooms and 44 single occupancy bedrooms in the centre, each with their own en-suite. Bedrooms were spacious with sufficient storage space for residents' possessions and a secure locked space also available. They had been decorated in contrasting colours to aid residents, living with a diagnosis of dementia, orientate when going to and from their ensuite. Inspectors saw that twin bedrooms were spacious and allowed residents sufficient personal space for privacy and dignity. All bedrooms viewed by inspectors had been personalised by residents and their families, with artwork, photographs and other memorabilia from home. Residents spoken with expressed satisfaction with their bedroom accommodation.

Feedback from residents on staff were reflected in comments such as 'staff are very nice and friendly' and 'helpful'. Residents said they were happy living in the centre, they had no complaints but if they did they would speak to senior staff or management.

Many residents commented that the food was very good, with one stating that 'the food is top notch'. Inspectors saw from a resident survey that one resident had complained that the 'menu needed more choice' and that the person in charge had arranged for the chef and resident to meet to discuss the residents' preferences. Prior to the COVID-19 pandemic, the centre had a designated dining room in each unit. However, to facilitate pod dining at times throughout the pandemic, the registered provider had rearranged the dining and day rooms so that each contained both dining and living/seating areas. Inspectors observed the dining experience, and found that there were enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. If they did not like what was on the menu, an alternative meal of choice was made available. The dining areas were well laid out, with pictorial and written menus available to residents to assist with their meal choices.

Due the visiting restrictions on the day of the inspection, inspectors did not meet with any family members. However, email feedback from families showed that they were grateful to staff and appreciated the care that they provided to their loved ones. One family member had emailed to say that they 'appreciate all the care that you are giving to' their loved one. Another stated that their family member was 'in the best hands as always', while another highlighted one staff nurse as being 'just fantastic'. Inspectors said that, throughout the pandemic, the registered provider had kept families well informed of any changes to their loved ones condition and of

the social activities that they joined in.

The activities schedule was displayed on notice boards on each floor. These included arts and crafts, reminiscence sessions and music therapy. The provider also printed a 'Daily Sparkle' newspaper for residents' enjoyment, which contained reminiscence news of the day, a quiz such as 'At the Sweet shop' and an 'On this day' section. It also contained discussion prompts for staff to use when chatting with residents. Many residents were observed reading this paper in communal areas and one resident said that they looked forward to receiving it.

Inspectors spoke with staff who confirmed they were aware of the complaints procedure and of how to respond to any incident of abuse involving a resident. They explained how they would respond to the residents involved and report concerns of abuse.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection of Ashford House Nursing Home to follow up on solicited information submitted to the Chief Inspector of Social Services. Residents received good care and support from staff and had access to a variety of private and group recreational opportunities. However, action was required on the assessment and review of the use of a wall-mounted infrared sensor system when in use for residents and on infection control practices in the centre. This is further discussed in the report under regulations 7 and 27.

The centre is operated by Byrne and Morrin Limited, who is the registered provider. The Chief Inspector of Social Services had been notified that there would be a change in company personnel from 4th February 2022 as the centre had been recently sold.

The centre was well managed by an established management team who were focused on improving resident's wellbeing and life. There were effective management systems in place that ensured that resident care and services were appropriate to residents' needs and were provided in a safe and sustainable way. The person in charge, clinical nurse managers, house manager and operations manager met every two weeks to discuss clinical and operational issues, such as COVID-19 guidance, staff training, audit results, activities and incidents and accidents within the centre.

The person in charge and operations manager managed the day to day running of the centre. They had a good knowledge of the assessed needs and support requirements for each of the residents. They were well supported by two clinical

nurse managers, a nursing team, health care assistants and a House manager who supervised the catering and household team.

On the day of the inspection, the centre was in outbreak with affected residents cohorting and being cared for by dedicated care staff. This was the centres' first COVID-19 infection outbreak since the start of the pandemic. The provider had initiated their COVID-19 contingency plan, with positive residents being cohorted in red zones within the Waterfall and Lighthouse suites and dedicated staff assigned to care for them. The provider had also sought support from public health to mitigate the impact on the service. During the early part of the inspection, inspectors observed that COVID-19 positive residents were removed from isolation after 7 days. This was discussed with the person in charge who verified that this was as a result of miscommunication between the nursing management team the previous evening. Full PPE precautions were immediately resumed for all COVID-19 positive residents.

The provider completed a suite of clinical and environmental audits on a monthly basis to monitor the care and service delivered. The provider used this information to implement quality improvements within the centre. For example, changes to the mealtime experience and reduction in the use of antibiotics for residents when treating urinary tract infections. The results of audits were shared with staff at the 'Daily Shouts' for learning.

The provider had developed a comprehensive risk register of risks specific to the centre. Each had appropriate controls in place, with a responsible person assigned and a risk rating. The register was reviewed annually by the management team, or as and when required. Inspectors also reviewed a centre-specific Safety Statement.

There was evidence of consultation with residents and their representatives through surveys and residents' meetings. The inspector noted that the annual review of the service for 2020 was completed, and that it included feedback from residents and their families. It also specified a number of quality improvement plans for 2021, which the person in charge confirmed had been completed. For example, assigning link nurses as clinical leads and the introduction of an I-hydrate programme for residents which involved the chef serving residents non-alcoholic cocktails from a menu in order to encourage hydration.

The centre's day and night staffing rosters were reviewed. From this review and observations throughout the day, inspectors saw that there were sufficient staff on duty to meet the assessed needs of the residents. There were no nursing or healthcare staff vacancies at the time of the inspection. Three cleaners worked daily and were supervised by the House Manager.

The inspectors examined staff training records which confirmed that the majority of staff were up-to-date in mandatory training, such as fire safety, manual handling procedures and safeguarding residents from abuse. Outstanding training had been postponed due to the COVID-19 outbreak in the centre. Staff also had access to supplementary training such as infection prevention and control practices, understanding dementia, complaints management and end of life care, and all staff

attended a 'Daily Shout' where verbal refresher training, such as hand hygiene and responding to challenging behaviour, was provided. New staff were well supported during a comprehensive induction programme over one to two weeks. Annual staff appraisals were completed by the person in charge and staff spoken with were knowledgeable of their roles and responsibilities.

The records of two nursing and two healthcare staff were reviewed and found to contain the documents as required by the regulation, including Garda Síochána vetting disclosures, references and verification of the current registration of professional staff.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. Inspectors reviewed the two complaints received in 2021 and saw that for each, clearly outlined actions had been taken and the outcome of both complaints was documented.

Regulation 15: Staffing

On the day of the inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and for the design and layout of the centre. There was a minimum of three nurses on duty during the day and a minimum of two at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory and a range of supplementary training. Inspectors saw that for the vast majority of staff mandatory training was up-to-date and that some training dates had been delayed due to the COVID-19 outbreak in the centre. The senior nurse managers were trained in taking COVID-19 swabs.

All staff were supervised by the senior nursing management team who were rostered to work both day and night over seven days.

Judgment: Compliant

Regulation 21: Records

The four staff files reviewed were found to meet the requirements of Schedule 2 of Statutory Instrument 415 of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) (Amendment) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good management arrangements and systems in place. The provider had provided sufficient resources to effectively deliver care in accordance with the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed throughout the centre. The Director of Nursing was the assigned complaints officer and there was an external person nominated to manage appeals of the outcome of complaints.

The complaints reviewed by inspectors were fully investigated and the outcome and complainants satisfaction well documented.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. The inspectors found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times. However, actions were required in the assessment and review of wall infrared sensors in use in the designated centre and in infection prevention and control processes. This is further detailed under Regulations 7 and 27.

Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care which were regularly reviewed and updated when residents' condition changed. A proactive approach to recovery following illness was in place, and residents who had lost weight had comprehensive plans in place to support and promote their wellbeing and health. Each resident had a COVID-19 care plan in place which identified any specific risks or needs that the

resident may have in keeping themselves protected from the virus.

Residents could avail of additional expertise and treatment as needed, and allied health professionals were involved in residents' care as needed. A physiotherapist visited the centre on a weekly basis, however this service was suspended at the time of inspection due to the outbreak.

Inspectors reviewed two care plans and found bedrail assessments had been carried out by the multi-disciplinary team and there was evidence of consultation with family members. Wall mounted infrared sensors were not recognised by the provider as an environmental restraint. In two residents' care plans, who had infrared sensors in use, no formal assessment was carried out to support the use of this system. This is further discussed under regulation 7 in the report.

From the sample of care plans reviewed it was evident that residents were supported to express their wishes for end of life care and their wishes were respected. Plans for end of life had been discussed with the residents and their families, and they provided clear person-centred guidance on residents' expressed wishes and preferences. Arrangements were in place to keep relatives informed about their resident's condition and the person in charge confirmed that compassionate visits would be facilitated to ensure that family/friends spent time with their loved one at the end of their life's journey.

Despite the limitations imposed by the pandemic, the inspection found that residents were supported to have a good quality of life in the centre and that their rights were upheld. Residents were consulted on the service through surveys and meetings. The last resident's meeting had taken place on 15 December 2021, and records showed that they were well attended by residents in person and by zoom. Areas discussed included COVID-19 updates, complaints, fire drill and evacuation and upcoming activities planned for the year ahead for example, siel bleu and a chair gym programme.

A weekly activity programme was advertised on notice boards on both floors. However, group activities were suspended due to the COVID-19 outbreak. Residents had access to television, a computer, radio and daily newspapers. The provider had purchased ipads and mobile phones during the pandemic to accommodate video calls. Residents were able to access mass and other religious services online.

The dietary needs of residents were based on a nutritional assessment in accordance with their individual care plan. The food served was nutritious and residents' received a choice at meal times. There was access to fresh drinking water and a selection of juices at all times. An adequate number of staff were available to assist residents with their meals and refreshments.

Resident clothes were laundered regularly and residents were seen throughout the inspection to be wearing clean and well-fitting clothes appropriate to the environment.

In line with current guidance, an outbreak control management team had been set up to manage the COVID-19 outbreak in the centre. The team included the senior

management team and representatives from relevant departments in Public Health. The outbreak response included the cohorting of staff and residents, appropriate signage and personal protective equipment stations in red zones. However, the inspectors were not assured that the management were clearly communicating with staff on the current guidance for isolation timelines. On the day of inspection, residents who had COVID-19, were taken out of isolation on day eight after displaying symptoms. This was not in line with the current guidance from the Health Protection and Surveillance Centre. This matter was immediately rectified on the day of inspection.

Overall, there was a good standard of infection prevention and control in the centre. Enhanced measures had been put in place to limit and control the spread of infection, which included twice daily temperature checks for residents, staff monitoring for symptom and infection prevention and control training for staff. Cleaning schedules were in place and had been appropriately completed. There were processes for cleaning and decontaminating furniture and equipment which included daily disinfection and weekly steam cleaning. However, the inspectors found that further action was required in decontaminating furniture. For example, some seating was covered in a fabric material which did not lend itself to be wiped down between individual uses. Also the available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks. In residential areas there were no separate clinical hand wash sinks separate from residents' bedrooms. Inspectors reviewed the centres' Infection Prevention and Control Strategy 2020-2022 policy and saw that it required review to ensure that the named nominated persons were up-to-date.

Regulation 11: Visits

Inspectors found that the person in charge ensured that the up to date guidance from the Health Protection Surveillance Centre on visiting was being followed at times when the centre was not in outbreak and that guidance from public health was being followed during the outbreak. All changes to visiting arrangements were promptly communicated to residents and families. There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had made arrangements to ensure residents had access to and retained control over their personal property, possessions and finances. Residents had access to secure storage for valuables and money. The bedrooms had

adequate space to store residents clothing and other personal possessions.
Judgment: Compliant
Regulation 13: End of life
<p>From the sample of care plans reviewed it was evident that residents were consulted and supported to express their wishes for end of life care.</p> <p>Arrangements were in place to keep relatives informed about their resident's condition and compassionate visits were facilitated.</p>
Judgment: Compliant
Regulation 18: Food and nutrition
<p>The dietary needs of residents were based on a nutritional assessment and documented in an individual care plan. The food served was nutritious. There was fresh drinking water and snacks available to residents at all times.</p>
Judgment: Compliant
Regulation 27: Infection control
<p>Infection prevention and control practices in the centre were not in line with the National Standards for Infection Prevention and Control in Community Services 2018 and other national guidance. For example,</p> <ul style="list-style-type: none"> • hand hygiene facilities were not provided in line with best practice and national guidelines. <ul style="list-style-type: none"> ○ there was a limited number of clinical hand wash sinks dedicated for staff use in the centre. ○ the available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks. • There was inappropriate storage of resident equipment in two sluice rooms, which obstructed easy access to the hand hygiene sinks in the sluice rooms.
Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

Regulation 6: Health care

Residents' had access to their General Practitioner (GP) who visited the centre a number of times each week. Residents had a medical and medication review completed on a four monthly basis.

Residents had access to members of the allied health care team including, dietetic, speech and language, dental, ophthalmology and chiropody services as required. Referrals were made promptly. A physiotherapist visited the centre weekly prior to the COVID outbreak and this ensured there was no delay in residents being reviewed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors observed that the provider did not acknowledge and assess wall mounted infrared sensors as a restrictive measure. Therefore, there was no oversight and review of this restrictive measure and no care plans developed to guide staff on their use. In the sample of residents' records reviewed, the use of sensor infrared was evident in two records but there was no assessment completed or care plan developed to guide their use. Residents' written consent on their use had also not been obtained.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to

participate in accordance with their interests and capacities. The provider consulted with residents through survey and regular residents meetings, on the organisation of the service

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0035682

Date of inspection: 18/01/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Hand Hygiene Facilities:</p> <p>The following steps have been addressed to ensure compliance with the National Standards for Infection Prevention and Control in Community Services 2018 and other guidance.</p> <ul style="list-style-type: none"> • A review with regard to the appropriate availability and location of hand washing sinks throughout the nursing home has commenced. This includes a review of the location of hand washing sinks in sluice rooms. A review of this has commenced and it is anticipated that this will be completed in 90 days. • The Management team will ensure that all additional hand hygiene sinks installed meet the required specifications for clinical hand hygiene sinks. <p>Inappropriate storage of resident equipment:</p> <ul style="list-style-type: none"> • An immediate review of the storage of certain residents' equipment was completed by the Director of Nursing. Completed. • Specific areas have now been identified with regard to the storage of certain resident equipment. This has been communicated to all required staff. Completed. • Clinical Nurse Manager to completed weekly spot checks with regard to the appropriate storage of residents equipment. Commenced immediately and ongoing. • As outlined above a review of the availability and location of hand washing sinks throughout the nursing home has commenced. Commenced and to be completed in 90 days. 	
Regulation 7: Managing behaviour that	Substantially Compliant

is challenging	
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none">• When in use as part of care plan interventions, Infrared Sensor alarms in Ashford House alert staff to provide prompt assistance to residents if needed and minimise risk of falls.• Data regarding the use of Infrared Sensor Alarms collected and monitored monthly by the Director of Nursing (Commenced February 2022).• Individual risk assessments and care plan with input from relevant members of the Multi-Disciplinary Team and the resident/ resident representative where appropriate prioritised for all residents where an Infrared Sensor Alarm is in situ (Commenced February 2022 / To be completed by the end of March 2022).	

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 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	14/06/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2022