



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

Issued by the Chief Inspector

Name of designated centre:	New Ross Community Hospital
Name of provider:	New Ross Community Hospital Limited by Guarantee
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	10 November 2020
Centre ID:	OSV-0000602
Fieldwork ID:	MON-0030942

About the designated centre

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

The centre occupies the ground floor of a two-storey facility built in the 1930s with residential capacity of 37 persons (both male and female) on the ground floor. It is located on the same grounds as the Health Centre, Day Care Centre and New Houghton Hospital. It provides 24 hour 7 day qualified nursing care for persons with the following care needs: long term/ residential care, short term, non-acute medical, respite, convalescence, palliative care, family emergencies and young chronically ill over eighteen years of age. There are 13 single rooms, eight of which are en suite, 9 twin rooms and two three-bedded rooms. Other rooms available included a day room, an activity room, quiet room, prayer room, kitchen, dining room, sluice rooms, a laundry, treatment room and offices. There was a secure garden area for residents use in addition to a secure courtyard. Some parking was available at the front of the building. There is also access to a shared car park on the grounds. According to their statement of purpose, the centre aims to provide an environment that residents can regard as a home from home. Committed and professional staff are focused on ensuring all residents are cared for in a safe, warm, secure and caring environment, based on the principles of home. Their objective is to provide a high quality of resident-centred care to all in accordance with evidence based best practice; to ensure residents live in a comfortable, clean and safe environment that promotes the health, rights and independence of the residents of the hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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 10 November 2020	09:30hrs to 15:40hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Overall feedback from residents was that this was a nice place to live where their choices were respected. Residents said that they felt safe in the centre and were highly complimentary about staff whom they stated kept them going during this difficult time. Some residents were particularly grateful that the centre had not had an outbreak of COVID-19.

There were 29 residents living in the centre on the day of the inspection. There were no visitors in the centre due to COVID-19 level 5 restrictions but residents and staff said that window visits continued. The inspector spoke with five residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

The inspector arrived unannounced and found the centre was generally clean and warm throughout with residents up and about in various areas of the centre. The inspector walked around the centre and viewed some bedrooms which were personalised with residents own furnishings and belongings. Dementia friendly signs assisted way finding in the building and bedroom doors had individualised names on them. The centre was built in the 1930's and had been adapted and extended over time to provide a more homely environment. Communal rooms enjoyed lots of natural light and the newer wing of the building looked out over an enclosed courtyard which was easily accessed by residents. A covered outdoor smoking shelter was easily accessible and available to residents who chose to smoke. Assistive hand rails were available throughout the centre to promote independent mobility.

Residents were observed in communal areas and mobilising freely around the centre. Some residents chose to remain in their rooms and told the inspector their choice was respected. Residents looked well cared for and staff were observed interacting in a friendly and respectful manner. Activities were observed in the day room areas both in the morning and afternoon of the inspection. Residents told the inspector they missed their families and friends and missed going down town but they understood the need to cocoon. The staff continually kept them updated about changes to visiting arrangements and always reminded them to clean their hands. Staff were observed offering hand sanitizer and assisting with hand hygiene throughout the day. Ongoing efforts were required to ensure that social distancing was in place to support residents to continue to enjoy the company of others and activities.

The centre had dedicated staff on duty to provide activities over five to six days every week. However, some residents said the weekend was long without visitors or outings and they would like activities on the weekend also. Residents explained how staff went to great efforts to entertain and occupy them during these challenging times. Residents did not have any complaints about the service and were aware of the complaints policy. Residents told the inspector they had no cause to complain

and that their needs and requests were always met. Residents told the inspector they had regular meetings in the centre to keep them updated on changes. Residents said that the staff were a lifeline at the moment, making sure they could phone their family, arranging window visits, chatting with them and generally ensuring they were okay. Residents had received letters from children in local schools in efforts to cheer them up. Local businesses and people had donated and fund raised to provide electronic tablets to the residents for video calls with family and friends. An in-house advocate was available to residents to support and encourage those who had difficulty with decision making. The national advocacy agency was also accessible if required. Privacy was respected and residents in shared rooms had adequate privacy screening. Staff were aware of residents' individual needs as described very person centred interventions.

Assistive equipment and specialised chairs were seen along corridors and a hoist was stored in a bathroom. One vacant bedroom had specialised equipment stored there. The Person in Charge undertook to review the storage of equipment to ensure it did not block up corridors or become a trip hazard for residents. Some areas of the centre had chipped paint and rusted surfaces and therefore could not be effectively cleaned.

While staff were observed following infection control guidelines with the correct use of PPE and hand hygiene the centre's uniform policy was not being followed by a minority of staff who wore their own clothes into the centre. This posed an immediate infection control risk to residents and was discussed with the person in charge during the inspection. Staff changing facilities in the centre were not clearly identified or separated from resident accommodation. Staff belongings were observed in the quiet room, assistive bathrooms and the entrance hallway to the building; this posed an immediate infection control risk to residents and staff using these areas. The person in charge confirmed that staff used various locations to change into and out of their uniforms, for example, a resident's shared bathroom, the quiet room and an upstairs changing room which could only be accessed through the kitchen and which should have been for the sole use of the catering staff.

One nurse was on duty most days between 2pm and 8am the following morning with responsibility for all residents in the centre; this level of nurse staffing did not allow the centre to cohort residents and provide safe care in the event if a COVID-19 outbreak. This was also discussed with the Person in Charge during the inspection.

Capacity and capability

There were management systems in place to ensure the safety and quality of the service. However, these required review as significant non-compliances with

regulations 23 Governance and management, regulation 27 Infection Control and regulation 15 Staffing were identified on inspection.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The registered provider is a limited company by guarantee and consists of a voluntary board of 10 directors. The person in charge is responsible for the day to day running of the centre and reports to the board of directors. The person in charge is supported by a clinical nurse manager who works part time, registered nurses, care staff and support staff. The centre is also supported by one full time administration staff and one accounts staff. The registered provider representative liaises on a regular basis with the person in charge and monthly board meetings are held to discuss the centre management and issues arising.

The inspector acknowledged that residents and staff living and working in centre have been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. However significant non-compliances with regulations 23 Governance and management, regulation 27 Infection Control and regulation 15 Staffing were identified which required immediate actions to ensure the continued safety and well-being of residents living in the centre. The risks had not been identified by the service and the potential impact of the accumulated risks could have very serious outcomes should a COVID-19 infection arise in the centre. The risks were discussed with the person in charge on the day of inspection and an immediate action action plan was sent to the provider following the inspection. The management team were responsive to the inspection findings and endeavoured to comply with the regulations. Details of the risk are discussed under each of the regulations.

The person in charge confirmed that they had self-referred to the HSE's COVID-19 crisis management team for expertise to ensure the centre had sufficient procedures in place to maintain the safety and well-being of all residents and staff. An immediate action plan was issued to the provider following the inspection. The provider had responded appropriately to most of the actions however, not all of the risks were adequately addressed and further actions were required.

Regulation 15: Staffing

The centre was not sufficiently staffed to cope with an outbreak of COVID-19. The current staffing arrangements provided for one nurse on duty from 2pm to 8am the following morning to provide nursing care to the residents.

The provider had recently recruited one part-time nurse who was being inducted on the day of the inspection. The centre's contingency staffing plan to deal with an outbreak relied mostly on part-time staff working additional hours and included the Person in Charge providing nursing care. A situation where the person in charge provides direct care to residents poses an additional risk in relation to the

management of the centre, if the person in charge became ill or had to self-isolate

In order to cope with an outbreak of COVID-19, a minimum of two nurses is required per shift, with staff divided into teams. The staffing resource at the time of inspection did not facilitate two nurse led teams. With one nurse on duty in the event of suspected/confirmed cases of COVID-19, the nurse would have to provide care to residents suspected to have COVID-19 and other residents as well, which would increase the risk of spreading the infection. The provider was issued with an urgent action plan to review the staffing levels and the staffing model in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff had completed online training in the prevention and management of COVID-19, correct use of PPE and hand hygiene. The person in charge was satisfied that all staff had access to and had completed appropriate training to enable them to prevent and deal with an outbreak in the centre.

Mandatory training was mostly up to date with some staff outstanding in manual handling due to cancelled training programmes. A training schedule was in place to ensure all mandatory training is completed.

Increased supervision of staff was required to ensure all staff adhered to centre policies, for example, staff were observed not wearing a uniform and household staff were not applying cleaning protocols. Both of these examples posed a risk to residents and staff safety in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems for monitoring infection prevention and control practices and compliance were not effective to ensure the service was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). These risks require urgent review to ensure the safety and well-being of residents and staff.

Infection prevention and control risks were identified which required urgent action:

- Management systems to monitor the cleanliness of the centre and compliance with centre policies were not effective. Shared equipment and sluice rooms

were unclean and the risks associated with this had not been identified by the provider.

- Increased supervision was required to ensure all staff complied with the centre's uniform policy. Some staff were observed wearing their own clothes on duty and told the inspector they wore their clothes in to and home from the centre. This is not in line with best practice for the prevention of an outbreak of COVID-19 in the centre nor was it in line with the centre's uniform policy. Furthermore, these staff were allocated to catering duties, working in the centre kitchen, preparing and serving food to all residents. Any potential spread could impact on all residents.
- Staff used the kitchen as a thoroughfare to get to a staff changing room situated upstairs in the building. This was not in line with centre guidelines for safe food handling or standard infection prevention practices. The risk had not been identified by centre management.
- Expertise in infection prevention and control was lacking and impacting directly on the safety of the service. For example, the service had not identified the immediate risks associated with the lack of an identified changing area for staff or worn and rusted shared equipment. The Person in Charge agreed to self-refer to the HSE's COVID-19 crisis management team to seek expert advice and help bridge this knowledge gap and provide a safe service to residents.
- Nurse staffing levels required review to ensure the centre could operate separate cohorts/teams over a 24hour period to ensure that any potential COVID-19 outbreak could be contained and managed effectively.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on some incidents that were notified and found good management of same.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre; this was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Residents told the inspector they would know how to make a complaint if warranted and felt supported by all staff to do so. No complaints had been logged so far in 2020.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, risks associated with infection control had not been identified and required immediate actions to ensure the on-going safety of residents and staff. Improvements were also required in care planning, fire, premises and behaviours that challenge.

Residents appeared well cared for and gave positive feedback about their experience of the service. Residents' health care needs were supported by ongoing on-site access to their GP and allied health professionals, for example, speech and language and occupational therapies. Some services were available off site, for example, dietician. Psychiatry of old age continued to support residents in the centre as required. Residents health care needs were assessed using validated tools which informed appropriate care planning. However care plans were not always up to date or reviewed in consultation with the resident or their nominated care representative; this was particularly important in relation to end of life care during a pandemic as some residents care plans did not reflect their up to date wishes. Restrictive practices were implemented according to centre and national policy however a lack of understanding around a specific type of restraint was vague, and the Person in Charge undertook to correct this deficit and review restrictive practices in the centre.

Immediate actions were required around infection control including; ensuring that testing for COVID-19 was carried out in line with the national protocol, compliance with the centre's uniform policy, provision of appropriate changing facilities for staff and sufficient standards of cleanliness within the centre. Some infection control practices in the centre were good, for example, staff were cooperating in fortnightly testing for COVID-19, there was good adherence to hand hygiene, sanitizers were readily available throughout the centre and staff were observed using PPE correctly. Residents were educated and assisted to perform frequent hand hygiene and some told the inspector that and were kept up to date on changes in policy as they happened. Families' were kept informed by regular contact from the centre via a messaging system.

Some risks had not been identified in the centre and were therefore not being managed. Emergency lights had not been serviced since July 2019 therefore the provider had not taken reasonable steps to ensure safe egress in the event of a fire in the centre. While the centre was generally clean throughout some areas of the centre had scuffed paint and rusted shelving and equipment, these required review to ensure the centre and shared equipment could be adequately cleaned.

There were arrangements in place for residents to participate in activities which were meaningful to them. Dedicated staff worked a total of 40 hours per week to

provide activities which the residents felt were invaluable at this time. Window visits were facilitated and a separate resident phone was available for the sole purpose of visits and video calls. Electronic tablets had been provided to the residents also and local schools in the area had written letters to some of the residents to cheer them up. Some residents demonstrated great resilience by expressing a desire to have an enjoyable Christmas in the centre and some remained hopeful that they would get to see their families. Activities staff demonstrated a good knowledge of residents likes and dislikes and explained how activities were provided to each resident/pod as per their wishes and interests. Residents told the inspector they enjoyed the activities with some requesting activities over seven days as some found the weekend long. Residents had choice in so far as possible in the centre and told the inspector staff were always respectful and kind.

Regulation 11: Visits

Window visits continued in the centre as per the national guidelines. Residents told the inspector that nominated family members could book a visit at a time convenient to them. Separate mobile telephone was available for residents phone calls. The centre had also received donations of electronic tablets to facilitate video calls for residents during restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises was generally in good repair throughout however some areas were observed to have chipped paint and scuffed walls. These areas required attention to ensure the centre could be adequately cleaned. Storage of equipment also required review to ensure residents could safely navigate throughout the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

Risks associated with infection control and governance in the centre had not been identified and therefore were not being actively managed. There risks are outlined under regulations 23 and 27.

Judgment: Not compliant

Regulation 27: Infection control

Infection control practice and protocols observed during the inspection were not in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V6.0 28/07/2020.

The infection control procedures required immediate review to ensure that they are implemented in line with National Standards for infection prevention and control in community services published by the Health Information and Quality Authority and the Health Protection Surveillance Centre Guidelines.

- Residents were observed in communal areas and the dining room in groups; ongoing efforts were required to ensure that residents continued to socialise in their assigned pods and maintained social distancing to ensure their well-being. Any inadvertent relaxing of the guidelines would put residents at risk if a case of COVID-19 entered the centre.
- Some staff were not following the uniform policy and this had a direct impact on all residents in the centre. Staff wore their own clothes into and home from the centre therefore putting all residents at risk of cross contamination.
- Changing facilities for staff were inadequate; items of staff clothing were found in bathrooms, at the front door and in the quiet room. Staff told the inspector they changed in various rooms in the centre including one staff changing room on the first floor, which was accessed by walking through the kitchen and which should have been for the sole use of catering staff.
- Storage of equipment in sluice rooms was not in line with best practice. Cleaned shared equipment was stored on rusted and dusty racks and under sluicing sinks therefore were at risk of cross contamination from the environment.
- High risk areas for example the sluice rooms and communal rooms did not have a daily deep clean. Cleaning schedules were not updated to reflect the changing needs of the centre to prevent an outbreak of COVID-19. Improved oversight of cleaning practices was required. A colour coded system was in place for cleaning, for example, red clothes were used to clean bathrooms only. However, one cloth was re-used in all of the bathrooms and one other cloth was re-used in all of the general areas. This was not in line with the centre's policy and posed a risk of spread of infection.
- Shared equipment was damaged, for example several commodes had torn arm rests, commodes and some hoists were rusted and therefore impossible to clean between use and posed an immediate risk of cross contamination to all residents who used this equipment.

Judgment: Not compliant

Regulation 28: Fire precautions

Only one aspect of the fire regulation was reviewed during this inspection. Systems were in place for monitoring the safety and effectiveness of the fire detection and alarm system and emergency lighting. However this required review as the emergency lighting system had not been serviced since 19/07/2019. This was important to ensure safe egress in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents care plans.

Some care plans however, lacked sufficient and clear detail to guide staff to provide person centred care. For example, managing behaviours that challenge care plans required clear directions for staff on behavioural triggers and what the behaviours were. End of life care plans were not updated with residents preferences should they contract COVID-19, or their preferences for transfer to hospital.

Care plan reviews were not completed regularly on a four monthly basis to ensure care was appropriate to the resident's changing needs and it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices required review. The use of bed rails was high, with eight of 29 residents using bed rails on the day of inspection. The use of chemical restraint was over reported and found to be misunderstood, for example, solicited information was submitted to HIQA stating that several residents were receiving medication to restrain them. However on inspection it was found that this medication was not for the purpose of restraining any of the residents but was prescribed by a GP or Consultant Psychiatrist of Older Age to treat underlying conditions and to ensure residents needs were met. The person in charge undertook to inform all staff within the centre of the correct use of chemical restraint.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a person centred ethos of care in this centre and residents' rights and choice were respected. Residents were informed of changes in the centre and some told the inspector about the new rules and how their routines had changed because of COVID-19. Residents understood the need to social distance and while some residents were not happy about the ongoing restrictions to visiting they understood the need for it.

Activity provision was managed by a part-time coordinator who was supported by another activities staff which provided 40 activities over five to six days per week. Residents were highly complementary of the activities in the centre especially during the restrictions on visiting. Some residents stated it kept them going and gave them structure and something to look forward to. Some residents stated they would like the activities every day, as the weekends can be long when activity staff were not on duty.

Residents praised the innovation of staff in providing entertainment, for example- staff shared their musical talents, guitarist and violinist, in providing entertainment. Residents were also grateful to the staff member who provided the invaluable hairdressing service for them.

Ongoing efforts were required to ensure that residents continued to socialise in their assigned pods and maintained social distancing to ensure their well-being.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0030942

Date of inspection: 10/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: NRCH has a clear contingency plan in relation to its staffing levels. NRCH staffing levels were reviewed again post HIQA inspection. NRCH staffing levels are currently maintained at levels that can safely meet the service’s ongoing infection prevention and control needs and activities, including out-of-hours and deputizing arrangements, that ensures the continuity of care for residents.</p> <p>NRCH is actively recruiting full time staff nurses. At present, NRCH is in the process of recruiting a Staff Nurse (full-time); she will commence her employment subject to garda vetting and reference checks. Two other staff nurses are willing to join NRCH in February 2021 if required. The previous PIC is due to return from leave at the start of February 2021 and the current PIC will be back on the floor full-time as Staff Nurse.</p> <p>CNM is ready to work full-time in the event of a covid outbreak.</p> <p>We have identified staff nurses at NRCH currently working on part-time contracts who are prepared to increase their hours in the case of a covid outbreak. NRCH at present has a sufficient workforce (to include deputising arrangements) that ensures the continuity of care for residents.</p> <p>In the event of a COVID outbreak in NRCH, NRCH has decided to involve nursing agencies to meet the additional staffing requirements as per HIQA recommendation irrespective of the cost involved. PIC is also in contact with a number of agencies who can supply nursing, HCA and other support staff in case of a staffing shortage. This list has been provided to PIC by General Manager of HSE Older Persons Services. NRCH will be operating as separate cohorts/teams over a 24 hour period in the event of a covid outbreak.</p>	

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: Manual Handling and Patient Handling mandatory training is scheduled for 09/12/2020, 16/12/2020 and 17/12/2020. Additional training needs will be identified and more training will be arranged as necessary.</p> <p>PIC and CNM conduct daily walk-arounds, uniform audits and record spot checks to ensure staff adherence to uniform policy and to ensure increased supervision etc.</p> <p>Housekeeping staff were provided with the necessary training and are constantly reminded and re-educated regarding cleaning protocols on an ongoing basis by CNM and PIC. New centre specific cleaning schedules were developed and have been put in place from 01/12/2020.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>(a) Management systems to monitor the cleanliness of NRCH: Management systems in NRCH have been reviewed and modified. Daily walk-arounds, spot-checks, frequent audits, risk identifications are conducted and necessary actions are taken by CNM and PIC to ensure increased supervision, cleanliness of the centre and compliance with centre policies.</p> <p>NRCH cleaning schedules have been reviewed and modified by PIC and CNM and in place since 01/12/2020. We have devised our own cleaning schedules to meet the additional cleaning requirements at NRCH, reflecting HIQA's recommendation and the frequency of cleaning being done by staff at NRCH. A separate cleaning schedule has been devised for Healthcare Assistants and Nurses to record the cleaning of shared equipment, surfaces etc which will also reflect the frequency of cleaning being done by NRCH staff members. Staff are continuously reminded of the importance of extra cleaning requirements at NRCH (during daily handovers, staff huddles etc.) in the light of covid. Extra deep cleaning hours have been allocated. A revised colour coded cleaning system is in place since 01/12/2020 for e.g. blue cloths used for the bedrooms, yellow for corridors, red for bathrooms, toilets, sluice and green for communal areas.</p> <p>(b) Uniform Policy - Uniforms have been issued to the three staff members who were not in uniform on the day of inspection effective 16/11/2020. Staff have been communicated to via memo 16//11/2020 from PIC regarding change of clothes and footwear for work in</p>	

NRCH as well as correct use of PPE. Staff are constantly reminded of the uniform policy during staff handovers/huddles. Staff have been re-educated regarding the uniform policy. Staff adherence to uniform policy is strictly monitored by PIC and CNM. Spot checks are conducted and recorded on an ongoing basis and a uniform audit will be conducted by PIC on a weekly basis to ensure the correct practice in line with infection prevention and control guidelines.

(c) Changing facilities and use of kitchen as a thoroughfare: From 11/11/2020 kitchen staff were instructed only to use the designated changing facility upstairs to prevent cross contamination to reduce the risk of infection. Two designated staff changing areas were created; one on the ground floor and another one on the first floor with a separate and safe access for each team. This ensures that non-kitchen staff do not use the kitchen as a thoroughfare. Lockable storage cabinets have been purchased to ensure each staff member has access to a lockable cabinet.

(d) Infection Prevention Control Expertise: PIC has made contact with HSE Covid 19 Crisis Management Team as requested. (ADON Infection Prevention and Control SECH) liaised with PIC providing expert advice and guidance regarding infection control. PIC and CNM had consultation on 16/11/2020 with Consultant Course Developer and Trainer regarding infection prevention and control.

An Infection Control Committee has been set up by NRCH on 17/11/2020 which includes PIC, CNM, Senior Staff Nurse, Healthcare Assistant, Activity Coordinator, Household Attendant and Kitchen Assistant. This Committee will meet on a monthly basis to ensure regular and timely review of the effectiveness and quality of infection prevention and control practices. PIC will be the head lead for infection control followed by CNM Senior Staff nurse.

From 11/11/2020 more frequent infection control audits and risk monitoring are being conducted by PIC and CNM to ensure the centre is clean and risk of infection is minimal. Infection prevention and control risks are identified, recorded and maintained in a risk register by PIC; corrective actions are taken to address them. PIC and CNM are currently devising and planning cleaning control audit. PIC and CNM are conducting daily audits and walk arounds to monitor the cleanliness of the centre. In addition to that, a daily check of cleaning is being done and recorded by the Nurse in Charge. Everyone working in the service considers infection prevention and control as part of the job or role and has completed infection control training from HSEland. Staff are encouraged to address any queries related to infection control to PIC or CNM.

Shared equipment is decontaminated and deep cleaned after each use in line with infection prevention and control practices to minimize the risk of transmitting a health care associated infection. This is recorded by the relevant personnel (Housekeeping, HCAs and Nurses). Shared equipment is now stored according to the HIQA requirements. A separate sluice room cleaning schedule has been developed by PIC and is now in place. Sluice rooms will be kept tidy according to the guidelines. Sluice rooms, communal areas, shared equipment etc. will be deep cleaned daily and more frequently as necessary, same will be recorded in the relevant cleaning schedule booklet. Dusty and rusted racks for holding bed pan are sanded and painted. Worn and rusted commodes are replaced by new ones on 17/11/2020. The hoist which is rusted in some places is sanded and painted. Shared equipment like wheelchairs are stored separately. Effective

arrangements are in place to ensure all equipment is fit for purpose, appropriately cleaned, maintained and stored.

(e) Nurse Staffing Levels: Same as mentioned above under the Regulation 15:Staffing.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

(a) Chipped paint and the areas which require immediate painting and repair have been brought to the attention of maintenance personnel who is currently completing the works identified.

(b) Equipment is now stored in designated areas, all staff have been notified since 11/11/2020 via staff huddles.

Regulation 26: Risk management

Not Compliant

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

(a) PIC acknowledges that risks were not adequately identified or addressed. PIC, CNM and Infection Control Committee are auditing and assessing risk on a more vigorous daily basis to ensure effective risk identification and management. Plans associated with this are mentioned in detail under regulation 23 and 27.

Regulation 27: Infection control

Not Compliant

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

(ii) Pods were developed for the residents on the basis of those who tend to talk together or enjoy a specific activity together. Set areas for the pods have been created in the dining room and dayroom. Residents engaging in social activity are encouraged to maintain physical distance, exercise hand hygiene and cough etiquette with other residents and staff. Residents engaging in social activity are encouraged and reminded to avoid touching other people (touching hands, hugging or kissing). Exceptions are appropriate for couples who reside in the same RCF. Physical distance is maintained

between individuals in different social pods. Staff were communicated to in this regard during staff huddles. Resident care plans, include infection prevention and control risk assessments; these care plans have been up-dated. Also, NRCH has arrangements in place to mitigate against the psychosocial impact of any public health restrictions. Our residents are informed, educated and supported to protect themselves and others from the risk of healthcare-associated infections.

While NRCH is trying to maintain the pod system to prevent the outbreak of covid 19 and the spread of infection, we are also mindful that NRCH is the residents' home and therefore their movements cannot be strictly restricted as this affects their freedom and independence.

(iii) Uniform Policy – Please note the compliance plan regarding this mentioned in detail under regulation 23.

(iv) Changing facilities – Please note the compliance plan regarding this mentioned in detail under regulation 23.

(v) Rusted dusty racks are now repaired (sanded and painted). Storage areas for equipment have been revised and this was communicated to staff. Cleaned, shared equipment will be stored in accordance with infection control protocols.

(vi) Sluice rooms, communal areas, shared equipment etc. will be deep cleaned daily and more frequently as necessary and same will be recorded. Deep cleaning schedule has been reviewed and modified and a centre specific cleaning schedule was developed to reflect the changing needs of the centre to prevent an outbreak of covid 19. Separate cloths purchased for cleaning of specific areas in accordance with colour coded cleaning schedules. Extra deep cleaning hours have been allocated.

(vii) Rusty and old commodes are replaced. The hoist which is rusted in some places is now sanded and painted. Cleaning Schedules reviewed, new forms created to record cleaning of equipment.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Guardian Fire & Safety are servicing the emergency lighting for NRCH, the first service 09/12/2020. A contract of agreement has been entered into between NRCH and Guardian Fire and Safety in relation to quarterly servicing of emergency lighting.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

A communication has been sent to all the Staff Nurses regarding completion and updating of individual assessments and care plans of their assigned residents. There is a deadline of 31/12/2020 for this work to be completed. PIC is reviewing and auditing the care plans and assessments every 4 months and as required. Staff have been advised to make their care plans more personalised and holistic with both resident and family input. At present PIC is confirming end of life wishes with residents and families to determine whether this has changed since the outbreak of covid. PIC had scheduled family meetings with all the resident families but these were cancelled due to covid. Challenging behaviour care plans are being updated by the assigned nurses, to ensure they are more personalised and reflect the individual care needs. For example, the care plan will be updated to include more details such as potential causes of behaviour, type of behaviour, pharmacological and non-pharmacological measures to deal with the behaviour, how many episodes of challenging behaviour happened in a week/over a month etc.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

PIC has reviewed the use of bed rail and chemical restraint. At present, there is 0 residents on chemical restraints and 6 residents that use bed rails. We have trialed all the available alternatives for these residents and trialed "use of no bed rails" for a number of residents. However, these 6 residents continue to be at high risk for falls and require the use of bed rails for their safety. The correct use of restraint was communicated to all staff by the PIC.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/12/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/12/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/12/2020

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	17/11/2020
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.	Not Compliant	Orange	31/12/2020
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	Red	17/11/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	09/12/2020

	means of escape, building fabric and building services.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/12/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Yellow	31/12/2020
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	09/12/2020