



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

## Issued by the Chief Inspector

Name of designated centre:	Shalom Nursing Home
Name of provider:	Presentation Sisters North East Province
Address of centre:	Presentation Convent, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	11 March 2021
Centre ID:	OSV-0000094
Fieldwork ID:	MON-0032277

## About the designated centre

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

Shalom Nursing Home is located in Kilcock, Co Kildare and the registered provider is the Presentation Sisters North East Province. The centre was established in 1994, and can accommodate 33 residents, over the age of 18 and female only. Residents are accommodated in 33 single rooms, and have access to other facilities such as sitting rooms, a tea room and a chapel. Residents in the centre may have short or long term residential care needs, with physical disability or cognitive impairment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	18
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 March 2021	09:00hrs to 17:50hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

The inspector arrived at the centre in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. This included entering through a separate entrance and a temperature check.

The design and layout of the building was spacious and ensured the privacy of the residents. There was a calm and homely atmosphere in the centre and the inspector observed respectful and friendly interactions between staff and residents. Residents had personal mementos, souvenirs and photographs in their rooms.

The inspector was accompanied by the person in charge (PIC) on a walk around the centre at the start of the inspection. During this tour of the centre, the inspector met and spoke with residents in the corridors, and in day rooms.

The centre was across three floors, the ground floor, first floor and second floor. On the day of inspection, residents were accommodated on the first and second floors as the centre had lost a number of residents during their COVID-19 outbreak. Residents had access to day rooms on each floor, a parlour and a chapel. Access to each floor was by either lifts or stairs. An external courtyard was accessible to residents and this was suitable and safe for use by residents.

Some rooms within the centre had been temporarily repurposed, for example an oratory on the second floor was used for storage of chairs. This allowed for communal areas to be set up to allow for social distancing. Other rooms were repurposed as cohorting areas in the case of suspected or confirmed cases of COVID-19. An area within the attic had been set up to allow for staff changing rooms. Other rooms were used as additional areas to store equipment including personal protective equipment (PPE). The inspector was told that dining rooms had been closed throughout the pandemic and residents had meals in their bedrooms.

While the centre was decorated well, there were a lot of areas including flooring, woodwork and tiling in some bathrooms that required repainting and maintenance works. There was also inappropriate storage of old furniture found at stair wells used for fire exits. While these items had been found in internal audits by the centre, there was no timeframe for when this was due to be resolved within the audit templates. This was addressed during the course of the inspection with the items removed.

Staff spoke with the inspector regarding their lived experience in the centre during the COVID-19 outbreak and how challenging it was during that time. Staff spoke about the staffing shortages they experienced during the outbreak and working some days without breaks to ensure residents' needs were met. Staff also spoke with sadness about those residents who had died during the outbreak.

Residents were facilitated to maintain contact with friends and family through telephone and video calls.

Residents were seen to spend time in their bedrooms and in small groups in communal areas such as corridors or day rooms. Residents were supported to practice social distancing in communal areas through proper furniture spacing, but were still able to gather and socialise with their friends.

The inspector observed that residents were supported with activities that they could complete themselves, such as Sudoku, colouring or reading books. One resident told the inspector that they found the days very long and that they thought the centre needed to provide more activities.

Residents were facilitated to pray quietly in the oratory on their own. There were facilities for mass to be televised from the oratory into residents' bedrooms. Residents told the inspector that they appreciated having mass in the centre recently for Ash Wednesday. Residents were also seen to watch religious services on the television while remaining socially distanced in an upstairs living room.

Staff who spoke with inspectors were knowledgeable about residents and their needs. The inspector found that staff spoke very proudly about the care that the residents received within the centre.

The inspector observed interactions with staff and residents and found that care was provided in a dignified and respectful manner. All residents observed on the day were well dressed in appropriate clothing and footwear. In conversations with residents inspectors were told that they felt safe in the centre and that if they had a concern or a complaint they would raise it with staff and it would be dealt with quickly.

Although residents were content with the service they received, the inspector found that there were gaps in provider oversight arrangements in a number of areas in the centre. 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 impact on the quality and safety of the service being delivered, to residents.

## Capacity and capability

This inspection was unannounced and was prompted by a COVID-19 outbreak in the designated centre which was first reported to the Chief Inspector on 10 January 2021. The inspector found that while there were sufficient resources to meet the assessed needs of residents and residents reported satisfaction with the service received, improvements were required to ensure that the service received by residents in the centre was effectively monitored to include senior management

oversight. This will be further discussed under regulation 23.

The Presentation Sisters North East Province are the registered provider for Shalom Nursing Home. There was a director of services and person in charge employed by the provider, both of whom worked full time in the centre.

During the centres outbreak, 17 residents and 22 members of staff had tested positive for COVID-19, and sadly 4 residents passed away. The inspector acknowledged that this had been a difficult and challenging time for the management, residents and staff within the centre. The outbreak had been declared over at a meeting with Public Health personnel on 10 March 2020.

The provider had taken measures to respond to the challenges presented by the pandemic. The person in charge told the inspector that the provider had rearranged a day room on the ground floor in order to facilitate cohorting of residents if the centre were to experience an outbreak of COVID-19. This work involved building a bathroom, blinds on to the windows and the purchasing of screens to facilitate privacy if the room was to be used for cohorting of multiple residents. The person in charge told the inspector that this day room was used as a isolation room for four residents during the outbreak.

During the outbreak the management team received support and advice from the local public health team. While the provider had made efforts to retain an appropriate number and skill-mix of staff during the outbreak, due to the large number of staff testing positive for COVID-19. The provider sought extra staff through the HSE and multiple agencies. Inspectors maintained phone contact with the centre and were kept updated of the advice they received.

Improvements were required to ensure the provider submitted notifications to the Chief Inspector within the time frames set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors reviewed the staffing rosters and found that there was sufficient nursing and health care assistant staffing rostered to meet the care needs of the residents on the day of inspection.

Staff informed the inspector that they were supported to attend training. Records showed that refresher training for mandatory training on manual handling, safeguarding and fire safety was scheduled to take place in the coming weeks following the inspection.

Inspectors reviewed a sample of personnel records which evidenced that the provider had all of the information required under Schedule 2 of the regulations.

Staff were aware of how to respond to complaints and said that they would bring any issues to the attention of the complaints officer if they were not able to resolve the concern themselves.

## Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of the 18 residents currently occupying the centre.

There was a minimum of one nurse on duty during the day and night. The agency staff utilised within the centre were familiar with the building and residents.

Nursing staff were supported by health care assistants, catering, household, laundry, administration and maintenance staff.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed training records in the centre and found that all staff had received training in infection prevention and control which included hand hygiene, donning and doffing (putting on and taking off) personal protective equipment (PPE).

All staff had received up-to-date training in safeguarding vulnerable adults and moving and handling. Refresher fire safety training was to take place in the weeks following inspection.

Two staff were trained to take swabs for the detection of COVID-19. Additional training was offered to staff on medication management, palliative care, diabetes, dementia care and cardio pulmonary resuscitation (CPR).

Staff informed the inspector that they were supervised with their work by the person in charge, who was very involved within the day to day delivery of care.

Judgment: Compliant

## Regulation 21: Records

A sample of staff records were reviewed. Records were well maintained on site and available for inspectors to view. They contained the required prescribed information set out in schedule 2 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013, for example, Garda vetting disclosures, references from previous employers and staff qualifications.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the centre was adequately resourced to ensure the effective delivery of care. There was a clear management structure in the centre. The management team comprised of a director of services, a person in charge and a support services manager who participated in the operation of the centre.

The provider had prepared a contingency plan for COVID-19 which detailed succession planning if key management personnel were unable to attend work, and to ensure the centre remained sufficiently resourced with staff and equipment. The person in charge had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection.

The provider had initiated their outbreak control team and sought support where required from external organisations such as Public Health to ensure that resources and safety practices were sufficient to manage the centre during the COVID-19 pandemic and centre outbreak.

There was a system of audit in place completed by the person in charge which included clinical and non clinical data. Records showed that clinical findings were discussed at local staff meetings.

The inspector was informed on the day of inspection that no management meetings occurred to discuss the findings of audits with senior management. As a result, the inspector found that the governance and management arrangements in the centre required review to ensure there was sufficient senior management oversight to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The inspector was informed that there is no supervision process for the role of the person in charge and a formal appraisal has not been completed.

The centre had recently had an outbreak of COVID-19 and as a result, the annual review of the quality and safety of the care delivered to residents to include residents and family input, had not yet been completed for 2020.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider had been notifying the Chief Inspector of incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For

Older People Regulations 2013) within the agreed time frames.

However in a sample of incidents reviewed, the inspector found two recent unexpected deaths which had not been correctly notified as required to the Chief Inspector. Quarterly notification reports for Quarter 4 2020 had also not been submitted as required.

The late notifications were discussed during the inspection, the inspector was informed that this was an oversight by the person in charge. It was acknowledged by the inspector that these late submissions were during the centres outbreak of COVID-19 and their management team was depleted during this time. Notification of these incidents were submitted by the person in charge, the day following this inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy in place, this policy was due to be reviewed in January 2020 which had not yet been completed.

The complaints procedure was displayed in a prominent position within the centre, which outlined the person in charge as the complaints officer. A member of the board of management was the nominated person to ensure the complaints procedure was followed. The director of services was the nominated appeals officer.

The provider maintained a log of complaints received. There were no complaints within the log for 2021 or 2020. The inspector reviewed the log for 2019 and 2018. This log was comprehensive to include the details of the complaint, the outcome of the investigation and recorded that the complainant had been updated regarding the outcome. However, the template did not record the satisfaction level of the complainant and the inspector recommended that the template was reviewed.

Evidence of learning was also visible from complaints received.

Judgment: Compliant

### Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in the centre. The inspector found that residents reported to be happy with the service they received. There was good access to health care and residents were supported to have their social care

needs met. However, there were improvements required in the management of the premises, risks, infection control and fire training and drills were found to be inadequate.

The centre was clean and well decorated. There was ample space for residents to spend time in communal areas whilst adhering to social distancing. However the maintenance of the premises required improvement. The registered provider told the inspector that upgrades to these areas had been identified before the pandemic and were planned but were outstanding due to restrictions imposed by COVID-19 control measures.

While it was acknowledged that the centre had made efforts to ensure that their infection prevention and control measures were effective, there were elements which required review which will be further discussed under regulation 27.

The inspector reviewed assessments of need for a sample of residents in the designated centre, and the care and support plans which were generated from these ongoing assessments. Care plans seen were person centred and reflective of the residents' wishes, choices and preferences.

The inspector found that residents had comprehensive access to medical and allied health services. Records showed that where medical and allied health practitioners made recommendations for care these were implemented.

On the day of the inspection, the inspector observed that residents had opportunities to participate in activities in accordance with their interests and capacities. For example residents were seen to be supported to attend the chapel or to play Sudoku. However resident council meetings did not take place due to the COVID-19 outbreak and requirement for social distancing.

There was evidence that residents' rights were respected within the centre. The inspector observed interactions with staff and residents and found that staff were patient, respectful and friendly with residents.

On reviewing the risk policy of the centre, the inspector found that improvements were required as the current policy did not identify and mitigate the risks listed in Regulation 26 Risk Management. Records reviewed showed that a fire drill had not been completed for over a year and staff had not received fire training was not up to date. Old furniture and equipment was stored beside fire exits thus impairing movement through the area.

Visiting was restricted as per national guidance at the time of the inspection and residents were encouraged to maintain contact with their friends and families through phone or video calls.

## Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness and the safety of residents:

- There was inappropriate storage such as chairs, a floor polisher, broken computer chair and old bed frames stored under two stairwells used as fire escapes. This was addressed on the day of the inspection.
- The walls in the oratory required repair
- Cupboard doors in the kitchenette needed repair
- Communal bathrooms were found to have cracked wall tiles, one bath was damaged on the inside and the tiles on the outside were also cracked, preventing appropriate cleaning
- Numerous bedroom doors, frames and skirting boards were damaged with marks removing paint work from hoists being moved in and out of rooms
- Flooring in some areas and bedrooms were badly damaged from furniture and patient equipment

There was an annual environmental audit completed which identified the majority of repairs required on the day of the inspection, however there was no action plan developed to implement the improvements required.

The registered provider told the inspector that the repairs would be complete when government restrictions allowed for maintenance work to resume.

Judgment: Substantially compliant

### Regulation 26: Risk management

Inspectors reviewed the centres risk management policy which had been updated in May 2020.

Improvements were required as not all risks listed in the regulations were included in the documentation viewed, for example abuse and the unexplained absence of a resident.

The centres policy did not record the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were ample supplies of PPE available and staff were observed to use PPE in line with national guidance and were observed to adhere to social distancing

procedures. Staff were also seen to carry out good hand hygiene practices on the day of the inspection.

The centre had set up a separate entrance into the building for staff to ensure temperature monitoring was completed at the entry point. The centre was closed to visitors in line with government restrictions at the time of the inspection. The inspector was informed that a list of screening questions was also completed for visitors on their entry to include temperature monitoring and the wearing of a face mask, however evidence of this checklist was not provided to the inspector on the day of inspection.

The centre was visibly clean on the day of the inspection. There was increased cleaning and disinfection and the inspector was informed that there were sufficient cleaning resources to meet the needs of the centre. Cleaning schedules for resident bedroom and communal areas were in place, however there was no checklist completed for frequently touched areas. The inspector was informed that cleaners were aware themselves of their daily duties and these areas were visibly clean on the day of inspection. However, there were some gaps found within cleaning checklists for the previous week and further development of infection control audit tools and cleaning check lists was required.

Storage practices within the centre required review from an infection prevention and control perspective, for example, the inspector found potential contamination risk associated with dirty and clean items being stored together:

- In one storage room, the cleaning trolley was being stored in the same room as residents incontinence wear, with some out of their protective packet.
- In one sluice room, there was also a clean mop being stored beside a bed pan washer.
- In one sluice room, there was discarded chair cushions and toilet brushes sitting on a radiator.
- A sponge was found on the sink in a shared bathroom which could create a cross contamination risk.

There was on-going monitoring of residents to identify signs and symptoms of COVID-19. Staff were also monitored with temperature checks at the start and end of shift. There was a staff uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift.

The registered provider had not organised staff to work in separate groupings. Staff cohorting is recommended in order to prevent the transmission of COVID-19 as per the "Infection Prevention and Control and Outbreak Control in a Long-Term Residential Care Facility" guidance V1.0 02.03.2021.

Arrangements had been put in place to ensure the safe management of laundry with separate areas observed for the segregation of clean and used laundry in line with national standards. Laundry staff were knowledgeable about infection prevention and control measures.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

On the day of inspection, the inspector reviewed records relating to fire precautions. There was evidence that maintenance of fire equipment was being completed on a quarterly basis.

Refresher training on fire safety was overdue for all staff. The provider told the inspector this training had been delayed due to the recent outbreak of COVID-19.

The environmental audit did not have findings of the inappropriate storage at fire stair wells seen on the day of inspection.

The inspector found that a fire drill had not taken place within the centre since January 2019. Further assurances were sought to ensure:

- That a fire drill has been completed to practice the evacuation of the building in the event of a fire or other emergency.
- That a schedule of fire drills has been set to include day and night fire drills.

Assurances were provided to the office of the chief inspector that a drill had taken place shortly after the inspection and a schedule of further fire drills was established.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that they were personalised to individual needs.

There was evidence that pre-assessments were completed prior to the admission of a resident into the designated centre.

The inspector found that care plans were prepared no later than 48 hours after the residents' admission to the centre. Care plans were based on a range of assessment tools that identified residents' health and social care needs, such as falls and nutrition risk assessment tools. From these assessments, care plans were developed that used evidence based best practice to ensure the delivery of safe care.

Care plans were formally reviewed at intervals not exceeding four months. There was evidence that where a change occurred in between the formal review, care

plans and nursing documentation had been updated.

Judgment: Compliant

### Regulation 6: Health care

Residents retained a sufficient level of access to their doctor and other health care professionals throughout the pandemic, including Gerontology review for residents who were recovering from COVID-19.

Referrals were available to consultant and nurse specialists such as Psychiatry of Old Age and Palliative care to provide additional expertise and support when needed.

Access to allied health professionals was available to residents and included physiotherapy, occupational therapy, speech and language therapy, dietitian and tissue viability nursing.

Community services such as optical, dental and chiropody services were also available to residents. Residents were supported to avail of the national screening programme.

Judgment: Compliant

### Regulation 9: Residents' rights

The environment was calm with a person-centred ethos of care in the centre. Residents were observed to spend time in their bedrooms, relaxing in communal areas or were assisted to walk in the corridors and court yard. Inspectors observed staff and resident interactions throughout the day and found that residents privacy and dignity was respected in the delivery of general and personal care and support.

Bedrooms were seen to be kept to a good standard, decorated to meet personal needs. Residents told inspectors that they were happy with their bedrooms. The inspector observed pictures of a recent 100th birthday celebrated within the centre.

Residents who spoke with inspectors were complimentary of the care that they received. Residents reported that they felt safe within the centre and that staff were responsive to their needs.

Residents acknowledged that changes had occurred due to COVID-19 such as resident committee meetings had been cancelled. One resident told the inspector that meetings used to occur every month but they had not taken place for a while. Another resident was thankful for the one to one time they received from staff but said they would like to have more group activities. The registered provider told the

inspector that group activities had occurred prior to the centres outbreak of COVID-19 which had just been declared over the day before the inspection took place.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shalom Nursing Home OSV-0000094

Inspection ID: MON-0032277

Date of inspection: 11/03/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Daily meeting Director of Nursing and Director of Services will continue. Monthly Management meetings in place.</p> <p>Formal Appraisal for DON to be completed 25.6.21</p> <p>Annual Review of Quality and safety of care due to be completed 28.5.21</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All outstanding notifications have been submitted.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Government restrictions has resulted in a backlog of works for maintenance contractors and therefore there is a delay in commencement dates for works. It is expected that all</p>	

works will be completed by 26.11.21  
 Bedroom doors, frames and corridor skirting boards are scheduled to be painted/varnished unit by unit.  
 Top floor is due to commence: 12.7.2021  
 Flooring contractor to commence 18.5.21  
 Bath repaired.  
 Tiles Bathroom awaiting confirmation date from contractor  
 Cupboard in kitchenette to be completed 23.7.21  
 Oratory included in first floor works.

Action Plan drawn up from environmental audit and will be updated as works progress.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:  
 Risk Management Policy:  
 Risks as per regulation 26 (1) (c) listed in Risk Management Policy and linked to the individual policies.

Arrangements for identification, recording, investigating and learning from serious incidents noted in policy and linked to each individual policy.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Cleaning Check list reviewed and amended.  
 Cleaning trolley to be stripped and cleaned down before storage.

Staff cohorting: It is not feasible to designate staff to a specific area within the nursing home. This is acknowledged in relation to smaller facilities in Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. V6.3 01-03-21 and V6.4 19.04.21  
 Our most recent risk assessment noted that the majority of residents and staff are fully vaccinated thus reducing the risk of transmission of COVID -19.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Training for 90% staff completed. This included timed zone evacuation drill. The outstanding staff training will be carried out when staff return from leave. Fire Drill took place 15.3.21 Schedule in place for fire drill over the next twelve months.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/06/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	25/05/2021

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	03/04/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	03/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	03/04/2021

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	11/03/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	15/04/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Not Compliant	Orange	15/03/2021

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	12/03/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	12/03/2021