



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

## Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	JKP Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2021
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0031584

## About the designated centre

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

Altadore Nursing Home is located on the Upper Glenageary Road in Dun Laoghaire. It can accommodate 66 residents, both male and female over the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term respite, long term care and convalescence care.

The centres comprises of 44 single rooms and 11 twin rooms, all of which are en suite. There are communal areas available to residents, such as activity rooms, sitting rooms and outside terrace areas. The person in charge is supported by an assistant director of nursing, nursing staff and other support staff.

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

Number of residents on the date of inspection:	53
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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
Thursday 14 January 2021	09:00hrs to 17:00hrs	Niamh Moore	Lead
Thursday 14 January 2021	09:00hrs to 17:00hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

Inspectors arrived at the centre and were met by the person in charge who guided inspectors through the Infection Control measures necessary on entering the designated centre. Inspectors found that the provider had processes in place to ensure that visitors to the centre adhered to infection protection and control measures such as the wearing of appropriate personal protective equipment (PPE) and temperature monitoring.

The environment was bright and well maintained. There was a calm and homely atmosphere in the centre and the inspectors observed respectful and friendly interactions between staff and residents. There were seating arrangements within the large activity room and reception area which allowed for social distancing.

Staff who spoke with inspectors were knowledgeable about residents and their needs. Staff were seen to provide care in a dignified and respectful manner. It was evident that staff knew residents well and all interactions observed were conducted in a kind, caring and gentle manner. Residents were complimentary of staff and confirmed to inspectors that they were responsive to their needs.

Inspectors observed meal time within the main dining room. Residents were discretely supported by staff and inspectors found that staff were patient with residents, allowing residents to go at their own pace. Social distancing measures were observed by staff when they were on break and residents either dined in their room or in the dining rooms at a safe distance. Residents who spoke with inspectors confirmed that they were happy with meals provided within the centre.

Due to the outbreak in the centre, residents were restricting their movements and some remained in their rooms where staff were seen to spend time with residents. Others were seen in communal areas taking part in activities and this was facilitated in a safe physically distanced way.

One resident shared their experience of living through the COVID-19 outbreak in the centre with inspectors. This resident had recovered following testing positive and had not displayed any symptoms while confirmed with COVID-19. The resident reported that, while the period of isolation within their bedroom was difficult for them, they were grateful for the care and attention they received during this time.

Inspectors observed plenty of opportunity for social activities and recreation on the day of inspection. Group activities were held while adhering to social distancing, including mass, exercises and a group crossword activity. Inspectors observed that interaction between staff and residents involved plenty of friendly chat. These positive interactions contributed to the calm atmosphere 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 impacted on the quality and safety of the service being delivered.

## Capacity and capability

JKP Nursing Home Limited is the provider for Altadore Nursing Home. There was a defined management structure within the designated centre. The provider employed a person in charge, who was supported within their role by the registered provider representative and an assistant director of nursing. The management structure identified specific roles and responsibilities for all areas of care provision.

This was a short notice announced inspection with the provider informed the day prior to the inspection visit. This was done in order to ensure that inspectors were aware of the current infection control procedures that were in place in the designated centre and to give the provider an opportunity to have documents and records ready and available for inspectors to review.

On the day of inspection, the centre was subject to an outbreak of COVID-19. A total of five residents' and ten staff members had tested positive for the COVID-19 virus during this outbreak. Inspectors acknowledged that this was a difficult and challenging time for all within the centre.

Overall, the findings of this inspection showed that the provider had made efforts to put safe systems in place to care for and protect residents and staff in the centre. However there were improvements required within the monitoring of behaviours that challenge which is further discussed under Regulation 23: Governance and Management.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an Outbreak Control Team, where the person in charge was identified as the lead person during the outbreak. The registered provider had a clear pathway in place for testing and receiving results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively.

Additional actions were required to strengthen the centre's approach to infection control and reduce risks of cross contamination. However, overall the centre had followed the advice provided by the Health Service Executive (HSE) with regard to cohorting residents and staff during the outbreak to prevent the risk of the outbreak spreading.

The centre had established communications with the HSE and Public Health for expert advice and support. Inspectors found that the provider had implemented the advice given and continued to engage with and seek advice when required.

The provider and person in charge were well known to residents and were very

involved in the day to day running of the centre. Inspectors observed that staff were well supported.

The centre had a complaints policy in place to guide anyone who wished to make a complaint. The policy was clear and set out in plain terms how one would go about making a complaint, it was also advertised in the centres statement of purpose and in the centre. Complaints were seen to be investigated thoroughly and the required feedback issued.

Records demonstrated that there was a comprehensive programme of training with a particular focus on infection prevention and control in recent times. All records were maintained in a safe manner, however there were gaps in records for one member of staff which is discussed further in regulation 21: Records.

Staff were knowledgeable of residents' needs and provided care in a kind and dignified manner.

### Regulation 15: Staffing

A sufficient number and skill mix of staff were found to be in place to deliver a good standard of care with regard to the current resident profile and assessed needs.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Staff were supervised in their work by the person in charge and senior nurse on duty each day. There were no staff vacancies on the day of inspection. Records showed there were at least two registered nurses on duty at all times in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors 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).

The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available for staff. The centre had an infection control policy which was last updated on December 2020 and included information to guide staff on the management of a COVID-19 outbreak.

All staff had received up-to-date training in safeguarding vulnerable adults, fire

safety, moving and handling. Four staff were trained to take swabs for the detection of COVID-19.

Examples of other training available to staff were venepuncture, wound care, decision making, leadership and management, medication management, basic life support, palliative care and COVID-19 education program for residential care facilities.

Judgment: Compliant

### Regulation 21: Records

A sample of staff records were reviewed. Records were well maintained in the centre and available for inspectors to view.

Records were reviewed regarding the prescribed information set out in Schedule 2 of the regulations. Inspectors noted that a garda vetting disclosure in accordance with the National Vetting Bureau by An Garda Síochána (police) had not been completed on the start date for one staff member but was in place on the day of inspection. There was only one of two references required by the regulation available for this staff member also.

There was evidence of active registration with the Nursing and Midwifery Board of Ireland seen in nursing staff records viewed.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had sufficient resources to ensure the effective delivery of care within the centre.

During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider and person in charge were liaising closely with Public Health and an infection control nurse specialist from a nearby hospital and frequent outbreak control meetings were taking place.

Records viewed by inspectors showed that there were arrangements in place to manage the COVID-19 outbreak in the centre. Observations on the day of inspection showed that the registered provider had complied with national guidance, for example visiting was restricted in line with level five government guidelines. Residents and staff were seen to be cohorted, and there were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with



current guidance.

The provider had contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management personnel were unable to attend work. This documentation identified contacts of key suppliers to ensure the centre remained sufficiently resourced with staff and equipment.

There was an established auditing and management system in place to capture and account for key performance indicators in relation to resident outcome which were then discussed within the quarterly health and safety committee meetings. Records showed that clinical data was discussed and reviewed during these meetings which took place quarterly. These reviews analysed accidents, complaints, falls, restraints and trending of incidents. Minutes of these meetings were distributed to the wider nursing home staff team to share learning with staff and to ensure they were aware of actions put in place to minimise risk.

The provider had management systems in place, however inspectors found that the centres monitoring systems required improvement. Inspectors found that PRN (a medicine only taken when the need arises) medication given to respond and manage behaviours that challenge, was not seen as a chemical restraint and was not subject to review. Inspectors found management of risks including fire safety, environmental and hand hygiene audits required more oversight which are further discussed under Regulation 27 and 28.

There was an annual review in place for 2019. The consultation with family and their families was complete to guide the 2020 annual review of the quality and safety of care delivered to residents in the designated centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place with information displayed in the centre on how to make a complaint. Complaints were managed in line with the centres own policy. Residents who spoke with inspectors said they knew who to speak to if they had a complaint or concern. They said that if they had a complaint it was dealt with quickly, however residents informed inspectors that they had very little cause for complaint as the care provided was good. Residents who required support to raise a complaint received assistance to do so, and the centre had a pro-active approach to resolving concerns and issues before they turned into an official complaint.

In conversations with staff, the inspectors were assured that staff were familiar with the complaints process and received daily reminders on how to manage complaints in the centre. Records also indicated that management reviewed and analysed complaints to improve the service offered to residents.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. However, some areas with regard to infection control, managing behaviour that is challenging and fire precautions required improvement. These are discussed further under regulation 27, 7 and 28 respectively.

Inspectors observed good interactions between staff and residents which helped to create a positive, welcoming atmosphere and a calm environment for residents.

Inspectors reviewed a sample of care plans and assessments. Records showed that care plans were completed based on an assessment of residents' needs. Care plans were seen to be completed and reviewed within the time frames set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). On the day of inspection, staff were observed to be led by residents' wishes and residents responded well to staff. However, care planning for managing behaviours that challenge and the use of PRN medication required review to ensure these care plans guided staff how best to manage and respond to the behaviour in accordance with national policy of the Department of Health "Towards a Restraint Free Environment in Nursing Homes" last updated on 26 October 2020.

GPs regularly visited the centre and referrals were seen to take place to allied health professionals with timely access for residents to these services.

The centre had appropriate COVID-19 signage throughout the building. Records showed residents were monitored twice daily to identify signs or symptoms of COVID-19. When reviewed, staff monitoring logs did not detail that temperature checks were being recorded as taken twice daily. Improvements were identified to prevent cross contamination which are further outlined in Regulation 27.

Although visiting was restricted as per national recommendations at the time of the inspection, residents were encouraged to maintain contact with their friends and families by video calling. The centre had purchased a large screen television to facilitate video calling for residents.

There was dedicated activity staff to provide residents with a range of activities. On several different occasions inspectors observed residents engaged in group activities. The provider had allocated a member of the team to specifically monitor and assist regular communication with family members. Documentation was

reviewed that outlined regular communication with family members relating to their loved ones. There were also copies on notice boards of communication with residents.

Inspectors requested an urgent action by the provider to remove inappropriate storage within fire escape routes. The provider responded and provided sufficient assurances to the Chief Inspector.

The centre had a health and safety statement and a risk management policy in place to mitigate against identified risks including COVID-19.

## Regulation 26: Risk management

The centre had a risk management policy that was centre specific and met the criteria of the regulations. Trending data with regards to slips, trips and falls, restrictive practices, medication and others were discussed at the quarterly health and safety meetings.

The registered provider had ensured that the risk management policy and safety statement had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

## Regulation 27: Infection control

There was systems in place for on-going monitoring of residents identify signs or symptoms of COVID-19. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition.

There were infection prevention and control signs on display on bedroom doors, to indicate to staff if a resident was a confirmed or suspected case of COVID-19. Isolation, zoning and cohorting arrangements are clearly signposted and only the staff assigned to these areas were working there.

Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence and correct use of PPE was good on the day of inspection.

There were safe laundry processes being used where clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. There were records kept of patient equipment cleaning schedules by nurses.

A seasonal influenza vaccination programme had taken place which was available to

both residents and staff. There had been a high uptake of the vaccination among residents and staff. The COVID-19 vaccine was due to be available to the residents and staff in the weeks following inspection.

While there was evidence of good infection prevention and control practice in the centre the following areas for improvement were identified:

- Staff hand hygiene practices required review as three staff were seen to wear watches, two staff wore nail varnish and four staff wore stoned rings which meant that they could not effectively clean their hands.
- There were gaps seen in staff monitoring records for signs of COVID-19 infection.
- Three drug trays were cracked and were not clean.
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.
- Open in-use jars of skin creams were stored inappropriately on the shelves behind communal or shared toilets and were not labelled.
- Two insulin pens were not labelled and one blood sugar monitor was not clean.
- There were gaps in temperature monitoring records for medication fridges.
- Clean linen and continence wear were not covered when stored on trolleys in corridors where residents were wandering and lifting hoist slings were shared between residents. These practices could lead to cross contamination in the centre.
- Spray bottles containing a detergent concentrate and tap water mixture used for general surface cleaning had not been emptied and washed out appropriately following previous cleaning sessions. Local processes should ensure that spray bottles are emptied, washed out and allowed to air dry at the end of each cleaning session to prevent cross contamination.
- Sluice rooms were seen to be used for storage of equipment, consumables and storage of cleaning equipment for use in areas where infection was present. These rooms contained janitorial units used to fill mop buckets and bedpan macerators which were located close to each other. A failure to separate clean and dirty activities in this area posed a risk of contamination of cleaning equipment such as cleaning cloths and mop heads, a commode seat, and clean consumables such as continence wear which was stored in open packets on the floor of one sluice room.
- While there were good waste management arrangements in place, an external clinical waste storage bin was not stored in a secure compound and was accessible to the public.
- There were general cleaning checklists in place to guide staff. The person in charge told inspectors that terminal cleaning checklists were available but were not being used. The use of terminal cleaning checklist is best practice when a resident leaves a room and not expected to return and to give the provider assurances that rooms had been cleaned to the required standard.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of assessments and care plans for residents' relating to weight loss, falls, COVID-19 and for behaviours that challenge.

Resident care plans were clear and personalised. Care plans were seen to be informed by assessment of clinical, personal and social needs.

Inspectors found that a comprehensive pre-admission assessment was completed prior to the resident's admission into the designated centre to ensure the centre could meet the residents' needs. This pre-admission assessment guided the completion of assessments and care planning within 48 hours of the resident's admission. A range of validated assessment such as the stratify falls and malnutrition universal assessment and screening tools were used to inform the care plans being developed.

Care plans were formally reviewed within four months. Inspectors found when there had been changes within the residents' care needs in between formal reviews, care plans had been updated to evidence the most up to date care needs.

Judgment: Compliant

## Regulation 6: Health care

Having regard to the care plans reviewed under Regulation 5, there was evidence within care planning that residents had good access to their General Practitioner (GP) and other relevant allied health professionals.

Residents had access to a GP of their choice with many residents retaining their own GP. Therefore there were many GPs who visited the centre on a regular basis. At the time of inspection, GPs were not attending the centre due to the outbreak of COVID-19. Inspectors reviewed records that showed access to remote GP medical care with review phone consultations happening for individual residents. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day.

Access to allied health was evidenced for services such as the physiotherapist, dietitian, dentist, optician and chiropody. A review of residents' care records showed where referrals to allied health professionals were required they were made. Examples were seen where the dietitian assessed residents following a change in their dietary needs. Where recommendations were made these had been updated in residents' care plans.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The centre had an up to date restraint register which was reviewed regularly.

Inspectors found that for residents who had a physical or environmental restraint such as a bed rail, care plans were seen which evidenced their use.

Consent forms and documentation were reviewed. Inspectors noted that for some residents, they had individually requested the usage of bed rails for personal safety.

Records showed that discussions with family members were included within care plans.

Inspectors reviewed quarterly monitoring documentation where the centre recorded their restraints such as bed rail and PRN usage. While bed rail usage had increased within the last quarter of 2020, inspectors saw some evidence of the provider considering and trialling alternative approaches.

Inspectors reviewed records relating to PRN medication. Inspectors found that care plans for two residents had not been completed to sufficiently guide staff with regard to the behaviour. As a result, there was insufficient guidance available to direct staff on how to care for residents who displayed behaviours that challenge. PRN medication was administered without having evidenced alternative means that manage the behaviours that challenge. This medication was not seen as a restrictive practice and therefore was not subject to review and evaluation.

Referrals were seen to be made to specialist services, for example to the team for old age psychiatry.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Inspectors found that resident's rights were protected and that care and services were organised to meet the individual resident's needs and preferences for care and daily routines.

Staff who were assisting residents with their meals were observed to sit beside residents and provide patient discreet support.

Inspectors observed many residents spending time in the different communal living spaces throughout the centre, there was sufficient space to facilitate social

distancing in these areas.

The centre had a range of facilities and staff available to support the daily programme of activities. There was plenty of opportunity for residents to partake in group social activities and recreation. Activity staff also confirmed that they attended to residents on a one to one basis for residents who preferred to spend time in their room. Resident's likes and preferences were clearly known by activity staff who ensured that activities on offer met residents' needs. Residents informed inspectors that they enjoyed the activities on offer within the centre.

The centre had two areas allocated within the building to facilitate visiting. Residents stated that while they missed in person visits due to the current restrictions, they were happy with the facilities within the centre to receive visitors. The provider also had purchased a big television screen to facilitate video calls for residents to keep in touch with their loved ones.

Communication records were seen where the centre had kept loved ones informed of the COVID-19 status, swabbing, visiting procedures and activities. Inspectors also reviewed documentation where the centre had kept residents informed about COVID-19 updates.

Inspectors reviewed records where residents were consulted about their views on the centre. The centre does not hold residents meetings but consultation is recorded through annual surveys. Inspectors reviewed surveys that were completed in November and December 2020. Activity staff also informed inspectors that they consult with residents in an informal manner regularly.

A system was in place to ensure that residents were facilitated to vote in the centre during elections.

Residents said that if they had any complaints or suggestions that these were listened to by staff.

Judgment: Compliant

## Regulation 28: Fire precautions

On the day of inspection, inspectors were not assured that the registered provider had made adequate arrangements for the means of escape as multiple stairwells used for the purpose of fire evacuation were used to store equipment such as hoists, chair scales and vacuums. This inappropriate storage posed an impediment to the use of the stairwell as an escape route. Furthermore, the charging of this equipment within the stairwells also posed a fire risk.

Due to the risk related to the issues identified, an urgent action letter was sent to the provider the day following the inspection, to request that appropriate storage

arrangements were in place. Assurances were received that the stairwells for the purpose of fire evacuation were clear.

Inspectors reviewed records and found that staff had received up to date training in fire safety.

Judgment: Substantially 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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	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
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Altadore Nursing Home OSV-0000004

Inspection ID: MON-0031584

Date of inspection: 14/01/2021

## 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:</p> <p>The inspector raised concerns regarding the storage of hoists and wall hung battery hoovers and a weigh scales in the stairwells with regard to fire safety. Whilst the placement of wall mounted battery charged hoovers in our 3 stairwells was a recent addition last year, and these have now been removed, the position of a hoist on very large landing areas within the top floor of two stairwells was also raised as a concern in blocking the route of escape. These landing areas in question are very large areas and the hoists were never an impediment to the free route/path of escape. I feel it should also be stated that no previous HIQA inspection, nor a fire officer visit in 2015 raised a concern with the position of these hoists. We have however moved them from these areas at the request of the inspection team. The inspector raised a concern about the review of PRN medication which is dealt with in the response to regulation 7 below. The inspector noted we had very good staff training and practices regarding infection control measures, but discussed better oversight of Hand Hygiene audits. We will implement this into our infection control training and audit process going forward along with other infection control recommendation that were made by the inspectors.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Altadore nursing home has very comprehensive and effective infection control procedures ongoing. We are very proud of this and feel this was born out in our success</p>	

in remaining Covid free through 2020 and successfully containing and quickly extinguishing a small Covid outbreak in January 2021, which we were most fortunate to come through with no negative Covid-19 health outcomes for residents or staff. The inspectors raised a number of issues which are listed in their report and which we are happy to address, such as staff hand hygiene as it relates to jewelry and nail varnish. Other reasonably small issues listed above in the inspector report have also been discussed with staff and dealt with going forward. Inappropriate storage of items in bathrooms and sluice rooms very removed and the other issue mentioned addressed.

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

The inspector raised concerns that in the case of two residents' medications. The inspectors felt PRN medication was not subject to review and was not seen as a chemical restraint.

All medication in Altadore nursing home is subject to review 3 monthly and we are fully compliant with these 3 monthly reviews. In the cases highlighted the residents were prescribed psychotropic medication by their GP/Consultant in order to reduce possible instances of agitation the resident could suffer. These medications were never prescribed or being used to ensure a resident was compliant or in the context of chemical restraint and as such we feel that implying this was unfair in this circumstance.

Altadore nursing home is proud of the fact that we do not seek to engage in the use, or practice the employing of chemical restraint.

We are happy however to balance this with more information in the resident care plan to better identify the reasons for such PRN medication usage.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
We have removed the wall hung battery hoovers, chair scales and the hoists from the stairwell landing areas as requested in January.



## 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 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	22/03/2021
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	22/03/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	18/01/2021

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	18/01/2021
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	22/03/2021