



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

Issued by the Chief Inspector

Name of designated centre:	St Elizabeth's Nursing Home
Name of provider:	Gortana Limited
Address of centre:	Kells Road, Athboy, Meath
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0036994

About the designated centre

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

St Elizabeth's nursing home is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours care and support for up to 36 residents. Care is provided for both long term residents and short term such as respite, convalescence as well as intellectual disability, dementia, palliative and end of life care. Residents' bedroom accommodation consists of 22 single bedrooms and seven twin rooms. Sixteen of the bedrooms have en suite facilities. There are also 3 spacious sitting rooms, one dining room, visitor's room and a hair salon. The designated centre is a period house consisting of 2 storeys serviced by a lift and a single storey extension overlooking private enclosed landscape gardens and decking area safely accessible for wheelchair users. It is located in the town of Athboy and is serviced by nearby restaurants, public houses, libraries, community halls and shops. The centre's stated aims and objectives are to provide excellent healthcare in an environment that makes the residents feel at home. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Wednesday 27 July 2022	09:10hrs to 17:10hrs	Sheila McKeivitt	Lead
Wednesday 27 July 2022	09:10hrs to 17:10hrs	Deirdre O'Hara	Support
Thursday 11 August 2022	11:20hrs to 14:30hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Residents were extremely happy with the standard of care they received in this centre. All the residents and relatives spoken with had only positive things to say about life in the centre. Residents told the inspectors that they saw their doctor when needed and described the care they received from staff as outstanding.

The inspectors spoke with several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

The activities schedule reflected a seven day activity plan and it included some activities with a focus on those residents living with dementia. Residents said the activities on offer varied, they were good fun, kept them active and prevented them getting bored. Inspectors observed some residents attending Mass in the morning which was followed by a card game. Inspectors were informed about a summer party which they had the previous week, family and friends had been invited and the photos reflected a fun-filled day with lots of ice-cream.

Throughout the day the inspectors observed staff speaking with residents in a positive and friendly manner which respected resident's dignity and independence. Staff knew the residents well and this was evident in their communication.

The inspectors observed that the provider had replaced seating throughout the centre, to allow for effective cleaning. Also new curtains had been installed and the communal areas had been redecorated. The inspectors were informed that the internal paint work had not been completed and the painter was scheduled to return and complete the work.

While residents who spoke with inspectors said they were satisfied with the cleanliness of their rooms, inspectors observed a high level of dust and debris on surfaces and equipment throughout the centre, such as, floors, dining furniture, work surface and window sills. There was evidence of paint splatter on floors following repainting in some areas around the centre. This impacted negatively on the visual cleanliness of the centre.

The inspectors observed inappropriate storage of hoist slings, continence wear, and commodes in communal bathrooms, all of which had the potential to lead to cross contamination. There was just one clinical hand hygiene sink in the centre to support hand hygiene practices and inspectors observed that this did not comply with the recommended specifications for clinical hand wash sinks. The provider informed inspectors that the installation of additional hand hygiene sinks had been delayed due to COVID-19 outbreaks in the centre and the availability of building contractors.

Staff supported residents to maintain good infection control practices, where activity staff provided an infection control talk with residents on a weekly basis. It covered topics such as hand hygiene, respiratory etiquette, laundry, the signs and symptoms of COVID-19 infection and reporting to staff should they feel unwell.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This inspection found recurrent regulatory non-compliances as first identified on a previous inspection, which was conducted in January 2021. The provider and person-in charge had not adequately directed, monitored, or supervised the conduct and operation of the service in a manner that ensured that a sustained high-quality service was provided to residents at all times. As a result the inspectors found that the service remained non-compliant in a number of the regulations including; staffing, governance and management and infection prevention and control. In addition, notification of incidents was also not-compliant. Following an urgent action plan in respect of infection prevention and control and a cautionary meeting, the inspectors received robust assurances from the registered provider of immediate steps taken to address identified risks. These were validated on day two of this inspection, which found significant improvements in infection prevention and control practices and house-keeping staffing levels observed, which assured inspectors that practices had improved and would continue to be improved.

An outbreak of COVID-19 occurred in the centre in June 2022 and was declared over on 13 July, 2022. This was the second outbreak experienced by the centre since the beginning of the pandemic. It affected a small number residents and staff in the centre. Early identification of positive cases allowed the provider to put measures in place to prevent onward transmission of the COVID-19 virus and protect the residents.

Gortana Limited is the registered provider. A governance structure was in place with associated roles and responsibilities. The senior management team included the provider representative, person-in-charge and an assistant director of nursing. The two directors both work in the centre, one of whom works in the centre carrying out the role of operations manager and the other is the named provider representative.

Despite this good governance structure the oversight of practices in the centre was poor. The systems in place to oversee the overall governance of the centre were weak and required strengthening. While audits were being conducted, the audit tools used were not detailed enough to identify issues of concern. For example, environmental walkabouts and infection control audits were carried out, however they had not identified the repeated infection prevention and control risks observed on this inspection. The governance systems reviewed specific to infection control identified areas for action including staff supervision, clear infection control policies

and overall oversight of infection control and antimicrobial stewardship (AMS) to ensure compliance with infection prevention and control measures.

The centre was not adequately resourced as, house-keepers on leave had not been replaced. There was just one house-keeper on duty each day for a period of time. The requirement for an increased number of housekeepers was part of the previous compliance plan response following an inspection in January 2021 however as of April 2022, efforts to maintain adequate numbers of house-keeping staff were not successful, despite the providers efforts. The numbers had dropped back to January 2021 numbers and this had contributed to the centre's high level of uncleanliness.

Staff had mandatory training in-place with a small number due for refresher training in the coming weeks. However, some staff did not have access to the appropriate training to facilitate them carrying out their roles and responsibilities. The absence of training meant that the staff did not have the appropriate knowledge to bring the centre back into compliance over the past 18 months. Members of the management team did not demonstrate a good knowledge of the legislation or up-to-date guidance and this had lead to further non-compliances which are reflected in this report.

An annual review had been completed for 2021 and was available for review. It included a quality improvement plan and residents feedback about the service they received.

Regulation 15: Staffing

The registered provider had not put sufficient cleaning resources in place to ensure that the environment and resident equipment was cleaned to a safe standard.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to the training they required. For example, staff completing the audits of practices were not in receipt of training in auditing. This was evident from a review of the clinical audits conducted to date in 2022. A number of these audits had the same action plan for the last six monthly audits, with no completion dates entered. There was no evidence that the audits were leading to improvements in practices.

The infection control link nurse had not got access to appropriate training to fulfill the role.

Judgment: Substantially compliant

Regulation 22: Insurance

The nursing home had a certificate of insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems were not sufficiently robust to ensure the provider came into compliance with the Health Act 2007.

The action taken by the provider to address previously identified non-compliances in respect of staffing levels, governance and management, oversight of service and infection prevention and control practices in the centre was not sustained and did not lead to improvements in these areas.

Management systems to ensure a safe, appropriate and high quality service was provided to the residents in line with the statement of purpose were ineffective.

Appropriate resources to support a safe and clean service were not found on the first day of inspection. Inspectors acknowledged the efforts and progress made by the provider by the second day of inspection to improve the service.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified of any unexpected deaths that had occurred in the centre, including the death of residents following their transfer to hospital from the designated centre and had not been notified of the circumstances and cause of their deaths once established.

Judgment: Substantially compliant

Quality and safety

The quality of care delivered to residents was of a good standard. Overall, the inspectors found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available. However due to the non-compliances found on the inspection the inspectors were not assured that residents were adequately protected from infection risks. However, on day two of the inspection, inspectors were assured that the provider was coming back into compliance with the regulatory requirements.

The centre had facilities for activities and recreation and residents were offered choice in which activities they would like to take part. Residents also had the option to complete personal activities in their own room. Residents had access to radio and television.

Residents said they were receiving visitors by appointment and relatives confirmed this. This was not reflective of current public health guidance and there was no evidence that residents had been consulted with in relation to this restriction. A risk assessment reflecting the rationale for the restriction was not available for review.

There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. The majority of residents had received their second COVID-19 booster in recent weeks. Serial swabbing was still in place for staff in the centre on Public Health direction. This allowed for early detection of COVID-19 infection, to prevent possible onward transmission of the virus to residents and staff. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. There were spill kits available in the centre and staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury.

Overall, the care home environment was visibly not clean, there was high levels of dust found throughout the centre. Of most concern was that the centre had not had a deep clean post the most recent COVID-19 outbreak being declared over by Public Health. Inspectors were not assured that care was provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection or that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

Regulation 11: Visits

Visiting was restricted. Although visiting had recommenced following a COVID-19 outbreak and the provider had put arrangements in place for residents to receive visitors, these arrangements were not in line with the most recent national health surveillance and protection guidance on visits to Long Term Residential Care Facilities (LTRCs). There was no risk assessment completed to reflect the clear

rationale for the restrictions imposed on residents receiving visitors.

There was no evidence that residents had been consulted with prior to visiting restrictions being imposed on them in their home.

Judgment: Substantially compliant

Regulation 13: End of life

Residents received a good standard of end of life care. They had access to the local palliative care team and those receiving palliative care had the required medication prescribed to ensure their pain was kept under control and all comfort measures were in place. Residents had access to religious and social services to meet their needs when progressing to the end of their life.

End-of-life plans had been discussed with residents and their next-of-kin and relatives confirmed that they were kept informed of their condition.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to review the following internal areas of the centre:

- The signage on all rooms to ensure all communal rooms were accurately labelled to support safe evacuation in event of fire.
- Ensure the floor covering in some areas was cleaned appropriately to ensure paint splatters were not visible.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a good choice of food and they confirmed they had access to a variety of food, snacks and drinks whenever they wanted. The quantity and quality of food served to them met their needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by a review of local infection prevention and control audits which had not identified issues highlighted on this inspection and therefore failed to drive quality improvement. For example, the hand hygiene sinks available did not meet national recommended standards. This was identified as an issue on the last inspection. In addition, the cleaner's room was being used as a store room for cleaning and catering products. This arrangement and practice increased the risk of contamination.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by the high levels of dust, dirt and debris observed on surfaces throughout the centre. For example, the cleaning trolley, cleaner's room and the frames of some dining chairs were visibly unclean. Dust and debris was seen on floors, some furniture, ledges, window sills and picture frames. One bedroom signed off as being deep cleaned had not been cleaned to the required standard.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by the inappropriate use of alcohol wipes for the cleaning of equipment, ineffective and non-consistent cleaning of equipment. For example, hoists and hoist slings stored and used posed a risk of cross contamination. Furthermore, the unsafe manner in which sharps were disposed of increased the risk of needle stick injuries in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from

obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that all medicinal products dispensed for residents were stored securely at the centre. On two occasions inspectors observed the clinical room door left open, with cupboards within this room containing medicines also open and accessible to residents and staff. Inspectors found out of date hand sanitizers on the medication trollies- these were removed on the day of inspection.

Judgment: Not compliant

Regulation 8: Protection

Staff had completed Safeguarding training and were aware of what to do if they suspected any form of abuse. Those staff spoken with reflected a good knowledge of what constituted abuse and felt assured in reporting any concerns that they may have.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Elizabeth's Nursing Home OSV-0000167

Inspection ID: MON-0036994

Date of inspection: 11/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The position of an additional full-time housekeeper has been offered to a suitable applicant. We are awaiting acceptable Garda vetting application. The application for Garda vetting was completed by the applicant on 28.08.22. • Housekeepers are rostered from 7.30 am to 2.30 pm and 1.30 pm to 6.30 pm to follow a robust daily and weekly cleaning schedule. These hours will continue for housekeeping with a contingency plan to supplement with other staff ie HCA's, if needed. • The services of an external cleaning company has been engaged to carry out deep cleaning at least weekly following a robust deep cleaning schedule. • We ensure there are sufficient numbers of staff to meet the needs and residents, and which reflect the size, layout and purpose of the service. It is our intention that the centre is maintained to a high standard of hygiene. <p>Can you please reconsider the judgement to give us compliant for regulation 15?</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> <ul style="list-style-type: none"> • Audit training has been organised for staff carrying out audits and this is now part of the annual continuous professional development schedule ie Places have been booked on the study day on Best Practice for Clinical Audit for Nurses and Midwives study day on 	

13.09.22 with INMO.

- Other staff have been advised to complete the Fundamentals in Clinical Audit online programme on HSElanD before 30.09.22. This will assist staff to identify and act on clinical audit findings and promote a safe environment for residents and staff, by ensuring that information is collected, collated, managed and shared to support effective decision making and drive continuous improvements in our service provision.
- Further IPC training is planned for the IPC link practitioner that will strengthen her role for monitoring compliance with National Standards for IPC ie Infection Control Instructors Course with Qualtec on 26.09.22.
- Infection Prevention and Control with Ann Gardiner Training Solutions has been booked for all staff for 29.09.22;
- We will continue to ensure that mandatory training requirements for all staff are met and updated on an ongoing basis.

We will greatly appreciate if you can move this judgement to compliant

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Places have been booked for management on the Certificate in Health Healthcare Regulation for Nurses, Registered Providers of Nursing Homes and Senior Health & Social Care Workers to be facilitated by Cork ETB commencing on 27.09.22 September 2022.
- The PIC has enrolled in the Leadership QQI level 6 course with the ETB commencing in September 2022.
- Training in clinical auditing and infection prevention and control has been booked (see Regulation 16). It is envisaged that these courses will strengthen the governance and management systems to ensure the provide comes into compliance with the Health Act 2007.
- Clinical waste bins for used masks were removed on the day of the inspection and masks are disposed of in the domestic waste bins. We will continue to educate / remind / monitor staff on Infection Prevention and Control including the correct use of masks in our centre, and at all times adhere to current guidelines.
- Management is monitoring compliance ie spot checks will continue to be carried out by management on a daily / weekly basis. The results will be recorded and action plans

<p>completed depending on the results following a SMART approach and will be discussed at weekly management team meetings.</p> <p>We will appreciate if you will consider reducing this judgement to substantially compliant</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Retrospective NF01s for four residents for the past four years by the Person in Charge including the circumstances and cause of death have been submitted to HIQA. • Notifications will be submitted by the Person in Charge to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident, and have followed up with further information as requested. The Chief Inspector shall be notified within 3 working days of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre and the circumstances and cause of death when established. • The Person in Charge is registered to complete the Certificate in Nursing Healthcare Regulation for Nurses, Registered Providers of Nursing Homes and Senior Health & Social Care Workers to be facilitated by Cork ETB commencing on 27.09.22 September 2022. This will strengthen her knowledge of relevant regulations. <p>We would request that you reduce this judgement to compliant.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • Open visiting in accordance with current guidelines was implemented during the HIQA inspection on 28.08.22, and relatives and residents were informed. Risk assessments for visitors have been completed. • The Visiting Policy has been reviewed. • Residents' visiting care plans have been updated to reflect the change in practices. • Family and friends are welcomed by staff and a suitable private area, which is not the resident's room to receive a visitor is provided. Staff do not place restrictions on visits 	

unless requested by the resident or for reasons of privacy and safety.

We will appreciate if you can reconsider this judgement and give us compliant.

Regulation 17: Premises

Substantially Compliant

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

- We are refurbishing and redecorating the centre so it is more modern looking for residents and families and easier to clean.
- We are upgrading furniture, flooring, equipment and painting rooms and corridors and replacing curtains throughout the centre etc. There is a maintenance programme in place that is discussed at the weekly management team meetings.
- Signage on communal areas has been replaced in all communal areas following completion of paintwork.
- Paint splatters on floor have been removed following intense visual inspection and the painter will be reminded to use floor covers in future to protect flooring.

We will be very grateful if this judgement can be compliant.

Regulation 27: Infection control

Not Compliant

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

- Infection Prevention and Control Policy is under review to include more detail on antimicrobial stewardship;
- A building company has been contracted for the installation of hand hygiene sinks throughout the centre. He will commence works when the sinks are available.
- Environmental cleaning schedules have been revised to include daily cleaning, weekly cleaning and deep cleaning. Observation of environment and completed records are monitored.
- Schedules for cleaning and decontamination of equipment have been revised. Visual monitoring of equipment and monitoring of records is completed by management weekly.

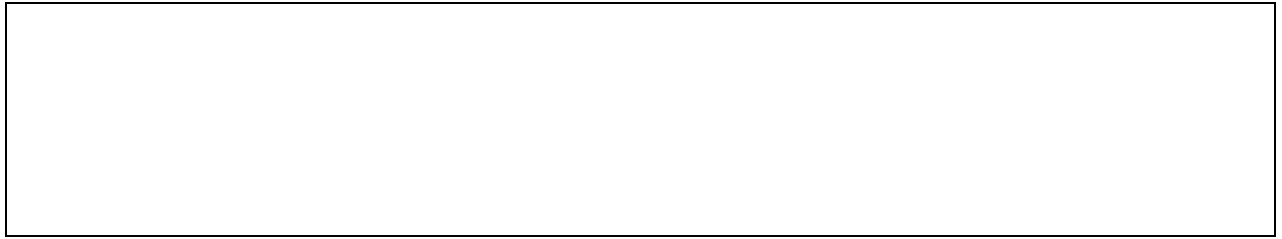
- Arrangements and practices to reduce the risk of contamination have been improved ie daily visual checks by management and weekly documented audit of practices. The results are reported to specific staff for correction eg environmental cleaning is directed to housekeeping, maintenance to maintenance personnel, cleaning of equipment for HCA's and nurses.
- The continued services of an external cleaning company and additional housekeepers have been secured
- Housekeepers have attended product / cleaning training om 11.08.22.
- Infection Prevention and Control with Ann Gardiner Training Solutions has been booked for all staff for 29.09.22.
- The Needlestick Injury policy has been reviewed and complies with legislative and professional regulations. Nursing staff have been reminded of safe practices. The use and disposal of needles is monitored by management.

We would like to ask that the judgement be lowered to substantially compliant

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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- Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
- The Management of Medications Policy will be revised to ensure it is based on the most-up-to-date evidence and will include more detail on antimicrobial stewardship and medication reconciliation
 - All nurses will continue update medication management training at least annually with additional education is planned from the pharmacy (Stacks) in October 2022.
 - The Person in Charge assessing the medication competence of nurses.
 - The Person in Charge has reminded all nursing staff of the importance of keeping cupboards and clinical room door locked at all times when unattended.
 - The out-of-date sanitizer on the medication trollies were discarded immediately at the time of inspection. There is a system in place for checking the expiry date of hand sanitizers and other pharmaceutical products eg sterile water etc. that will be monitored.

Can you please review this judgement and consider a compliant judgement.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	02/09/2022
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	02/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/09/2022

	have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	02/09/2022
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	02/09/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	31/12/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	31/10/2022
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	02/09/2022
Regulation 31(2)	The person in charge shall ensure that, when the cause of an unexpected death has been established, the Chief Inspector is informed of that cause in writing.	Substantially Compliant	Yellow	02/09/2022