



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Partnership
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0036386

About the designated centre

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

Norwood Grange is situated in the quiet countryside of Ballinora, Waterfall, near Cork. It is a single storey building with bedroom accommodation for 30 residents in fourteen single bedrooms and eight twin bedrooms. All but one of the bedrooms are en-suite with toilet, shower and wash hand basin. The centre provides 24 hour nursing care to respite, convalescent and long-term residents. Admissions to Norwood Grange Nursing Home are arranged by appointment following a pre-admission assessment of the resident's needs. A care plan will be developed with the resident's participation within 48 hours of admission. The centre is flexible regarding visiting hours, however, they do advise relatives and friends to avoid mealtimes if at all possible. There is space for sitting outdoors at the front of the home, which is controlled by a coded entrance gate. There is also a secure courtyard to the rear and seating is provided for residents and their visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

30

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 24 March 2022	09:00hrs to 17:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in this centre. The inspector met with the majority of the 30 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were great, very caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge who also accompanied the inspector on a walk around of the centre. During the walk around, the inspector observed that a number of residents were up and dressed and ready for the day's activities while some were being assisted by staff with their personal care. The activity co-ordinator was also providing residents with one to one massage sessions in the morning. The inspector saw that residents could choose what time they had their breakfast and a number of residents were heading to the dining room for breakfast mid morning.

Norwood grange is a family run designated centre in the rural setting of Ballinora, Waterfall near Cork. The centre is registered for 30 residents and has 14 single rooms and eight twin bedrooms. All except two of the bedrooms had ensuite toilet and shower facilities and the residents in both of these rooms shared a bathroom. The centre was generally clean and warm throughout. The inspector saw that rooms were spacious and decorated with residents' personal belongings and photographs. Bedrooms appeared clean and residents who spoke with the inspector were happy with the standard of cleaning in the centre. During the inspection, the inspector saw that while some staff were wearing wrist watches and rings that were not in adherence with guidance on hand hygiene practices, this and other infection control issues are discussed under regulation 27.

There was a number of communal spaces and rooms in the centre with a lounge, a day room, large dining and recreational room. These three rooms were decorated in a homely style with features such as a piano, grandfather clock and a dresser. The flooring in the day room had been replaced since the last inspection. During the day of the inspection, the majority of the residents spent their day in the day room or the dining and recreational room, as there was staff training underway in the morning in the lounge room.

Work was underway at the time of the inspection to make improvements to the internal courtyard garden. Garden furniture was freshly painted and parasols were available. Raised flower and plant beds were being prepared for planting. The

courtyard had been secured to enable resident to access it freely from the centre. On the day of inspection, the inspector saw residents sitting with visitors in the glorious March sunshine and enjoying the privacy of this outdoor space. The centre itself had well maintained outdoor gardens and lawns. During the afternoon, two residents were sitting outside the front of the centre, chatting, eating ice-creams and enjoying the unexpected sunshine. They told the inspector that they loved the "outstanding" staff and living in the centre.

During the lunch time meal, the inspector saw that the majority of residents were eating in the dining room. The inspector saw that lunch in the dining rooms was a sociable and enjoyable experience for residents. There was two choices available for the lunch time meal. Staff were aware of residents likes and dislikes and were seen providing assistance in a discreet manner. Residents and staff were seen to have lively chats during mealtimes. Residents were complimentary of the food provided.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. The centre's receptionist or in their absence, a staff member, ensured that visitors were signed in and completed safety checks in line with national guidance. Visitors were highly complimentary of the care given to their relatives and were happy with the visiting arrangements in place. Visits were mainly in residents' bedrooms, or a designated visiting room called the "cocoon" room for visiting. Staff told the inspector that this room was invaluable during the restrictions as it had a perspex partition that enabled visitors to access from one side and residents from another. Visitors were also seen in the lounge chatting with their loved ones in the afternoon, or as outlined earlier in the courtyard garden.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by both staff and external musicians. On the morning of the inspection, there was an old style sing song in the day room, where resident were given laminated song sheets to sing along. Two of the residents were waltzing to the singing and it appeared to be great fun. Other residents chose to sit in the dining room reading newspapers and doing crosswords. In the afternoon, a number of residents assisted the activity co-ordinator bake an apple tart and this was followed by a lively bingo session. Residents told the inspector that they loved the bingo and the music sessions in particular. When the activity co-ordinator was off duty, a member of the care staff were assigned to ensure that the scheduled activities were undertaken. Management in the centre told the inspector that they were recruiting a second activity co-ordinator for the centre.

The service was very person-centered and there were many observations of kind, respectful and compassionate care throughout the day. Residents could choose where and how to spend their day. Residents were seen going out with relatives for day trips. Residents right to freedom of expression were supported and the inspector saw that residents were elegantly dressed in their own individual styles. On more than one occasion, the inspector mistook residents for visitors. Residents were highly complimentary about the staff and told the inspector they were well looked after and that the staff were very kind and attentive. Religious activities such as mass and the rosary were held in the centre. From a review of minutes of the residents' meetings, it was evident that residents were happy with the range of food

and activities provided and there were plans underway for a movie night and take away nights for the weekends.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there had been improvements to the management systems in place in the centre since the last inspection and management and staff ensured that residents had a good quality of life in the centre. However, the inspector identified there was not a clearly defined management structure as there was no nurse manager in post to support the clinical care of the residents or to deputise in the absence of the person in charge.

Butterfly Care Partnership is the registered provider for Norwood Grange Nursing Home and has three partners. One of the partners was actively involved in the operational management of the centre. The director of nursing was the person in charge and was supported in her role by a team of nurses, healthcare staff, an activities co-ordinator and catering and housekeeping staff. However there was no nurse manager in the centre to support the person in charge with nursing management and supervision or to deputise in her absence. The inspector acknowledges that while the provider had contracted a clinical governance consultant to improve the management systems in the centre, this person was not responsible for the centre in the absence of the person in charge nor responsible for the supervision of residents' care. The inspector was informed that there were plans to recruit a nurse manager but these plans had not progressed at the time of this inspection.

The provider had contracted a clinical governance consultant to improve the management systems in place in the centre. Since the last inspection a schedule of audits had been developed to monitor key aspects of the quality and safety of care provided to residents such as infection control, medication management, nutrition and hydration and safeguarding. Action plans had been developed following these audits to drive improvement. Regular management team meetings were held in the centre and from review of minutes of these meetings, it was evident that issues pertinent to the quality and safety of care were discussed. The person in charge held regular meetings with nursing and care staff to highlight care issues.

There were sufficient nursing and care staff available to meet the needs of residents. A staff member had been recruited to manage the laundry service since the last inspection, and the provider was in the process of recruiting an additional

activity co-ordinator for the centre.

Staff were seen to be knowledgeable regarding residents' needs. There was a comprehensive programme of both online and face to face training available to staff in the centre that included fire safety, manual handling, infection control and safeguarding of vulnerable adults. On the day of inspection, face to face training was ongoing for fire safety and good numbers of staff were in attendance for both sessions. The inspector saw records of one to one sessions with nursing staff led by the clinical governance expert and director of nursing to improve care planning documentation, medication management and incident reporting and management.

An annual review of the quality and safety of care provided to residents was completed for 2021 and actions for improvement identified.

There was evidence of consultation with residents in the planning and running of the centre through residents meetings and resident surveys. There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

The inspector acknowledges that residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic. The centre experienced its first outbreak of COVID-19 in January and February 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do an on site inspection. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following the outbreak the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. The person in charge had recently updated the centre's contingency plan for COVID-19 in case a second outbreak occurred.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required qualifications specified in the regulations. She demonstrated good knowledge regarding her regulatory responsibilities and commitment to promoting a rights-based approach to care. She was actively engaged in the governance and day-to-day operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

Based on the assessed needs of the 30 residents living in the centre and the size and layout of the centre, the inspector was assured that there was a sufficient number of nursing, health care staff and cleaning staff available in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to both face to face and online training appropriate to their role. A training platform and matrix was available to the management team to monitor staff uptake and compliance with training in the centre. On the day of inspection, face to face fire training was underway and was scheduled for the following day along with manual handling training. From a review of training records, the inspector saw that staff were up to date with mandatory training on fire safety, manual handling and safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector. A sample of three staff files were reviewed. One staff file did not have a full employment history and one staff file did not have a garda vetting disclosure in the file. However the inspector saw that these documents were stored electronically and were put in the files by the person in charge on the day of inspection to ensure the files met the requirements of Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

Although there was a management structure in place it was not clearly defined to fully identify the lines of authority and accountability as there was no nurse manager

in place to deputise in the absence of the person in charge and assist in the clinical supervision of staff and residents' care.

The system in place for the oversight and management of infection control practices required action to ensure the service is safe, appropriate, consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts and saw that they outlined the occupancy of the resident's room and any additional fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were regularly analysed and reviewed. The person in charge had implemented a post fall protocol to ensure residents who sustained falls were assessed and managed appropriately and was monitoring its implementation.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector viewed a sample of complaints and found that complaints were comprehensively recorded in line with regulatory requirements. They were addressed in a timely manner and issues were followed up by the person in charge with the complainant to ensure their satisfaction to the outcome of the issue raised.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that improvements were required in the management of infection prevention and control and in assessment and care planning to ensure the best possible outcome for residents.

The inspector was assured that residents' medical and healthcare needs were being met and they had access to health and social care professionals in line with their needs. The person in charge along with a clinical governance expert had undertaken a lot of work to improve care planning since the previous inspection and had developed a care plan framework for nursing staff. While these improvements were reflected in some care plans, further work was required as discussed under regulation 5.

Residents' rights were protected and promoted. Residents could choose how and where to spend their day. Individuals' choices and preferences were seen to be respected. It was evident to the inspector that residents right to freedom of expression was supported as residents were dressed in their own styles. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance and residents could go out for family visits and day trips as they wished.

Staff were seen to be respectful and courteous with the residents. Staff who spoke with the inspector showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Overall the inspector saw that the centre was clean. The person in charge had implemented cleaning schedules for environment and equipment, deep cleaning of

rooms and frequently touched surfaces. Staff were observed to be wearing FFP 2 masks in line with national guidance. Findings from the previous inspection in regard to infection control had been addressed such as a staff member had been employed to manage the laundry, a number of the armchairs had been replaced and the COVID-19 contingency plan had been updated following the recent outbreak. However, the inspector found that some improvements were required in relation to cleaning processes and other areas of practice that may increase risk of cross infection in the centre. These are outlined under regulation 27.

Renovations had been undertaken since the last inspection to improve the premises for residents. The flooring in the day room had been replaced. Access to outdoor space had improved as the provider had ensured that the internal courtyard space was now secure and could be easily accessed by residents. Some renovations were required in relation to the centre are outlined under regulation 17.

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre and was underway in the centre on the day of inspection. Staff who spoke with the inspector were knowledgeable about what to do should a fire occur. Residents had Personal Emergency Evacuation Plans (PEEP's) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre.

Regulation 11: Visits

In line with with current HPSC guidance of February 2022, (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre), each resident had a nominated support person who could visit the centre anytime. Visits to the centre were managed on a booking system to manage the footfall in the centre. Visitors were observed throughout the day; they were welcomed to the centre and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre. Visitors and residents who spoke with the inspector were happy with the arrangements in place for visiting.

Judgment: Compliant

Regulation 17: Premises

Paintwork in some of the doors and walls in rooms in the centre required repair

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was a major emergency plan in place in the centre should a major incident occur.

Judgment: Compliant

Regulation 27: Infection control

The inspector found a number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example,

- not all staff were bare below the elbow to ensure hands could be effectively cleaned, one member of staff was observed to be wearing a stoned ring and another staff member was wearing a wrist watch.
- The inspector observed that mop heads were not changed between rooms and therefore increased the risk of cross infection.
- Residents' toiletries were stored on the sinks in shared rooms resulting in a risk of cross contamination.
- Dispensers containing alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- Clinical hand wash sinks in the centre did not comply with current recommended specifications.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre and was underway in the centre on the day of inspection. Residents had Personal Emergency Evacuation Plans (PEEP's) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre. The inspector found that one of the fire doors in the centre was closing slowly and required adjustment to ensure that it would close in a timely manner should a fire occur. The provider assured the inspector that this was addressed on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While it was evident that improvements had been made in relation to assessment and care planning since the last inspection, further improvements were required in the following:

- three of the five care plans reviewed did not have a comprehensive assessment recorded to support the development of care plans
- while validated risk assessments were in place, these were not consistently updated to inform the review of care plans to be completed every four months.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care and residents were reviewed by their GPs as required. There was good access to health and social care professionals such as physiotherapists, dietitian, speech and language therapist and chiropodists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a high usage of bed rails in the centre, with 15 residents using bed rails when in bed. From discussions with the person in charge and staff and review of documentation, it was evident that there was evidence that alternatives to bed rails were trialled and in use for some newly admitted residents to the centre. This needs to be continued to reduce the high levels of bedrails in use in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Residents

had access to both group and individual activities that were facilitated by an activities co-ordinator. On the day of inspection, the inspector saw residents enjoying a baking session, a bingo session and a lively sing song. Residents had access to religious services and clergy of their own faith; for example a local priest said mass in the centre every few weeks. Residents had access to newspapers, radio and television. Advocacy services were also available for residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Norwood Grange OSV-0000258

Inspection ID: MON-0036386

Date of inspection: 24/03/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We advertised for the position of CNM in late 2021 however we had a poor response to the advert with only 2 candidates being interviewed, both of whom were found to be unsuitable for the role. At the time we were very conscious that urgent improvements were required in the area of clinical governance and so we prioritised our efforts and recruitment budget into hiring an experienced external nursing consultant to support us in our Clinical Governance improvement plan.</p> <p>We are very pleased with our decision in hiring the external nursing consultant as her expertise has been invaluable to Norwood Grange. She was able to work closely with the Director of Nursing and Director of services in implementing positive changes to improve clinical governance in the facility. We are confident in saying that a solid foundation has now been laid where we can continue to build and improve on an already excellent resident centred service. At present our policy is that our experienced registered nurses are deputy PICs in the absence of the Director of Nursing on occasions such as night duty, weekends and annual leave. We are positive that by Q3 we will be able to recruit a suitably qualified CNM who will support the Director of Nursing.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>It is very important to us that we provide a place that is comfortable, clean and maintained to a high standard so that our residents can feel proud to call this home. We are so delighted when we receive positive feedback from residents' families, residents</p>	

themselves and of course visitors who always comment on how 'lovely' the home is but like any home there will be the occasional wear and tear. It is reasonable to say that with the use of manual handling equipment, doors and corridors can get scratched daily and so we have a dedicated person to oversee maintenance including painting and repairs.

Painting works are scheduled monthly with a different area being targeted each month. The priority for Q1 was residents' bedrooms and their living space.

For Q2 there will be a focus on external works and Doors and corridors will be captured under this project.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Jewellery: On the day of inspection a staff member was not 'bare below the wrist' as per policy. When questioned the staff member assured us that they remove all rings and perform hand hygiene for any clinical task. This staff member was reminded of the bare below the wrist policy with the exception of a flat wedding band. We have shared the uniform policy with all staff again and reminded them on the importance of the same to ensure IPC standards. We will also be auditing uniform compliance more closely going forward and putting action plans in place to support any improvements.
2. Mops: We followed up with senior housekeeping staff who assured us that mop heads are changed between wings and most definitely were changed between rooms during the Outbreak back in January. We were assured that best practice is upheld and we had the opportunity to discuss this and seek advice on a recent HSE inspection in the area of infection prevention and control. We have now sourced a surplus of mop heads to ensure that there is always an adequate supply for the amount of changes needed.
3. Handgels: This was not highlighted as a concern on a recent HSE inspection, had we been aware that only single use plastic inserts were now standard practice we would have amended our protocol accordingly. Prior to being made aware by HIQA about concerns on cross contamination from refilling the hand sanitiser dispensers, we had been following a robust protocol from the manufacturers of the refillable dispensers to minimise the risk of cross contamination. We are now in the process of assessing the current practice with our Health and Safety team and we will make any changes necessary to make sure all practices are in line with current standards.
4. Residents Toiletries: These are now stored in individual plastic boxes in the Residents Wardrobes until another storage solution can be identified.
5. Clinical Sinks: The Sluice sink will be replaced to meet current standards. Our Plumber has already been tasked with sourcing the same. There is a 6-8 week lead time on all

Plumbing Supplies

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
At the time of inspection much work had already gone into improving the standards of care planning and assessment for our residents. We recognised that the quality of our care plans required work and after discussion with our nurses we found that the reason for poor quality care plans was due to a lack of a clear and consistent framework on how to create this vital part of a residents care. As a result we reviewed our admissions policy and protocol placing emphasis on the importance of completing ' My Health profile' for every resident new or current so that care plans could be developed from there. Furthermore a care plan framework has been developed and we are continuing to offer ongoing education and support in relation to care planning and assessment through the facilitation of educational workshops.

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:
Many of the bed rails in place are historic and have been in place over a long time and so it would prove difficult to remove at this stage without causing upset to the residents. Where bed rails are placed a full risk assessment and bed rail assessment along with consent for the same are documented in the residents file. It is important to note that out of the 15 residents that have bed rails 4 of these are at the request of the resident as they provide comfort and a feeling of security. Discussions have taken place with these residents where it has been suggested that bedrails are removed but each one refused. We acknowledge that the use of restraints can negatively impact a person's physical and mental wellbeing and so we ensure regular review and the need for the same on an ongoing basis. We have spoken with all residents regarding existing bed rails and we continue to offer trials of alternatives such as low low beds , enablers and crash mats. While we strive for a zero restraint environment our residents are always at the centre of the decision making process and if they say they want bed rails in place post discussion of all alternatives and the risks associated we will abide by their wishes and ensure their safety at all times with our continuous monitoring of the use of bed rails.



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	30/06/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	30/09/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	30/09/2022

	consultation with the resident concerned and where appropriate that resident's family.			
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	11/05/2022