



**Health
Information
and Quality
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:	Patterson's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 May 2021
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0031315

About the designated centre

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

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and can accommodate 25 residents. There are grounds to the front with parking and a small enclosed garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a visitors' room for residents and visitors to meet privately. Communal accommodation includes a large living room and a separate dining/multipurpose room and some seating areas on the corridors. The centre also provides a nurses' office, kitchen, sluice room and a staff changing room. Residents' accommodation comprises four single bedrooms with en-suite toilet facilities; nine twin-bedded rooms, four of which have en-suite toilets, and one three-bedded bedroom with a wash hand sink. There are three communal shower rooms two of which have toilets and wash-hand basins, one assisted bathroom with bath, on toilet, and an additional assisted toilet; there is a visitors toilet available near the nurses' office. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care was provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 20 May 2021	09:45hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control (IP&C) measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

There was COVID-19 advisory signage, hand sanitiser, and sign-in sheets inside the front door. Entrance to the centre was locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff.

Overall, the premises was bright and clean and the atmosphere was calm and relaxed. 'Welcome to our Home' colourful display was located inside the front door. Piped soft music that was age appropriate, was playing in the centre which gave a relaxed and calm vibe. The recently refurbished visitors room was painted and decorated beautifully with art work, comfortable seating, coffee table and a new hand-wash sink. Some flooring was replaced and upgraded; corridors and hand-rails were freshly painted. The dining room was beautifully painted with a feature wall and co-ordinated colours on the remainder walls; art work complimented the décor and light fittings added further texture to the décor. The seating area by the entrance to the lounge had new comfortable red leather arm chairs for residents to relax.

Residents' bedroom accommodation was single, twin and one multi-occupancy three-bedded rooms. Some rooms had en suite toilet and wash-hand basin facilities. Bedrooms were personalised and decorated in accordance with residents wishes. Storage for residents' personal possessions comprised some double wardrobes and other residents had single wardrobes. Pressure relieving specialist mattresses, low low beds and other supportive equipment was seen in residents' bedrooms.

The activities and recreation calendar was displayed in the lounge with activities scheduled for morning and afternoon. One of the activities co-ordinators had returned to work that day and she was observed re-introducing herself to residents, chatting and re-familiarising herself with them. Later on in the morning mass and rosary were streamed live in the lounge for residents; this was followed by residents being offered a selection of refreshments; a game of skittles was enjoyed after this. Music was playing in the background and residents were observed tapping their feet and joining in the singing. There was normal, social chit-chat and craic between all staff and residents throughout the day and during the activities. Residents were relaxed in the company of staff and gave positive feedback of the care and attention they received. Residents gave positive feedback of the quality and standard of meals provided; the inspector saw that meals were well presented and choice was offered for all meals. Some residents preferred their breakfast after their morning care, and the inspector observed some residents having their breakfast during the walkabout at the start of the inspection. At dinner time, 10 residents dined in the dining room

and this was observed to be a social occasion. Residents were all served together; appropriate assistance was provided in a relaxed manner and staff actively engaged with residents. Nonetheless, mealtimes were not protected as medications were administered during the main meal.

In the afternoon, painting was facilitated and residents really enjoyed this session. Supper time was observed in the dining room and a variety of menu choices were available, where some residents enjoyed omelettes, others sandwiches and more had shepard's pie. Positive engagement and interaction was seen when staff were providing assistance to resident to enjoy their meals. Residents gave positive feedback regarding their activities and the activities person and how inclusive and encouraging she was. Internet access and broadband were available in the centre. Residents read daily newspapers, local magazines and news letters. Observations on inspection showed that staff had good insight into responding to and managing communication needs and provided support in a respectful professional manner.

Residents' meetings were held on a monthly basis and facilitated by the activities co-ordinator. Issues were followed up on subsequent meetings. The centre ensured continuous communication with next-of-kin throughout the pandemic and had recommenced visiting in line with current Health Protection Surveillance Centre (HPSC) guidelines.

Best practice was observed throughout the day when residents were being transferred from wheelchairs to comfortable chairs in the lounge; staff explained to residents what they proposed to do, and asked residents for assistance and provided gentle instruction, for example, placement of their hands on the frame of the hoist to ensure their comfort and involve them in the process. Nonetheless, it was noted that most gentlemen wore track suit pants rather than trousers, which would be normal attire for men of that age.

Wall-mounted hand sanitisers were available throughout the centre. The sluice room and clinical room were secure to prevent unauthorised access to hazardous waste and clinical products. Laundry services were externally sourced; on site, laundry was segregated at source and alginate bags were sent to be used whenever appropriate. Nonetheless, staff were observed to remove unclean laundry and incontinence wear without using appropriate and necessary personal protective equipment (PPE). The sluice room had inappropriate items stored here, for example, the cleaner's trolley and carpet shampoo machine. In addition, the drying rack for holding urinals was placed on the draining top rather than wall mounted; there was no draining rack for commode inserts; there were several items seen on top of pipes alongside the sluicing flush and bedpan washer, for example, box of disposable gloves and catheter bag holders. Wash bowls in residents' bedrooms were stored on the floor alongside wash-hand basin pedestals. This was a repeat finding. An emesis bowl was on the floor alongside one resident's bed. Non kitchen staff were observed entering the kitchen beyond the recommended lobby area. Many of the bins located around the centre were not hands-free. This was identified to the person in charge and she ordered appropriate bins immediately to ensure they were in line with infection prevention and control (IP&C) guidance.

The garden was upgraded and was bright and colourful with newly painted fencing, furniture and wall. The wall was completely adorned with small flower pots with a myriad of freshly planted flowers. The garden area was partially covered and had new heating installed so that residents and visitors could enjoy the outdoor space throughout the year. Astro-turf covered the ground within the garden space which provided a comfortable and even surface for residents to mobilise around.

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 the quality and safety of the service being delivered.

Capacity and capability

There were several areas of improvement noted with this service following the findings of the previous inspection in areas such as the premises, submission of notifications to the Chief Inspector, complaints procedure, meals and mealtimes. The quality of care had improved and institutional practices relating to meal and mealtimes were no longer evident. A social model of care was promoted and staff actively engaged with residents.

The organisational structure comprised the registered provider, person in charge, clinical nurse manager (CNM), administrator and staff.

Residents in the centre had remained free of COVID-19, and staff and residents had received their vaccinations. The COVID-19 contingency and emergency plan was updated several times during 2020 and again in February 2021. It reviewed the service following suspected cases of COVID-19, and set out actions to be taken to improve systems; the status of either 'in progress' or completed was updated. Responsibility was assigned for each action.

A schedule of audit for 2021 was in place; audits were completed and many had identified 'improvements required' with specific details recorded. However, works to be undertaken to ensure issues were actioned or a synopsis of the issues identified were not recorded in the 'auditor's comment' section. While staff spoken with demonstrated good insight into the audit process and its value and how it influenced quality improvement, the monthly management meetings did not detail review or discussion regarding audit findings to enable and ensure learning, analysis and trending information to complete the quality improvement cycle.

Minutes of management meetings were examined. Set agenda items included residents, relatives, audits, staff training, health and safety, HPSC guidelines, fire safety precautions, environmental updates and ongoing refurbishments. Good oversight of staff training, fire safety precautions, health and safety and environmental issues were demonstrated. Minutes of staff meetings had updates on HPSC information with reminders to staff of current precautions; staff appraisals

were highlighted to staff as ongoing and due for completion in Q2 of 2021.

The annual review for 2020 was reviewed. This review was undertaken against the National Standards. While it identified improvements required and possible actions required to bring the service up to the required standard, it did not set out an action plan with time-lines and responsibilities to ensure the actions would be completed. A lot of the information included was staff observations and it was not evident that this review was undertaken in consultation with residents in line with regulatory requirements.

There were two risk registers in place, both with a mixture of resident, clinical and environmental risks identified. They were updated with risks such as those related to COVID-19 with responsibilities assigned for actions to be taken. Nonetheless, separating out the risks associated with individual residents and other risks would make the information more accessible and easier to update and manage.

While many improvements were noted in the premises, twin bedrooms 4, 7 and 12 did not meet the minimum requirements set out in SI 293 regulation. There was inadequate storage space throughout the centre. SI 293 was discussed on inspection and the registered provider was aware of the time-lines for compliance with this requirement.

The person in charge was knowledgeable regarding her regulatory obligations to submit notifications and such notifications were timely submitted. The incidents and accidents log was reviewed and all incidents requiring notifications to the office of the chief inspector were submitted. This was an improvement on the previous inspection findings.

Overall, the number and skill mix of staff was adequate to the size, layout and dependency levels of the residents. There were two activity co-ordinators providing activation over six days of the week. The activities were resident-led and group and one-to-one activities were facilitated to ensure all residents were included and involved. Staff appraisal for 2021 were completed for most staff and it was envisaged that this would be completed for all staff in the coming weeks. This process facilitated opportunities for further training and staff development.

A sample of staff documents reviewed demonstrated that records as specified in Schedule 2 were comprehensive; vetting disclosures in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The training matrix demonstrated mandatory training as well as other relevant training was up to date for all staff. The system in place enabled oversight of training due for staff and an annual training schedule was evidenced. Staff confirmed that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, donning and doffing PPE. Some training was via HSEland, however, follow-up information sessions to ensure staff knew and understood the course content would provide assurances of staff knowledge and understanding of the information, and that it

would be appropriately implemented.

Policies and procedures as required in Schedule 5 were updated since the previous inspection and were in date and were reviewed in accordance with the regulation; they were signed by staff to show that they had read and understood them.

The complaints log was reviewed; there were several entries with feedback from residents and relatives relating to issues such as the laundry. Records showed that these were followed up immediately by the person in charge with the resident and the laundry service for example. The outcome of complaints was recorded along with the satisfaction of the resident to the actions taken.

In conclusion, staff positively engaged with residents in a kind, gentle and relaxed manner and quality of care was good.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge of her role and responsibilities and was articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

Overall, the number and skill mix of care staff was appropriate having regard for the needs of residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Observation showed that some infection prevention and control practices were not in keeping with best practice guidelines. Some training was on-line via HSEland, however, follow-up information sessions to ensure staff knew and understood the course content would provide assurances of staff knowledge and understanding of the course content, and that it would be appropriately implemented.

Judgment: Substantially compliant

Regulation 21: Records

The controlled drug book was examined at 15:00hrs and this was signed and count input by the CNM; professional guidelines recommend that two nurses counter check and sign controlled drugs at change of each shift.

Judgment: Substantially compliant

Regulation 23: Governance and management

While audits were completed in line with the schedule of audits with identified improvements, there were no action plans to remedy shortfalls identified.

The annual review identified improvements required and possible actions necessary to bring the service up to the required standard, however, it did not set out an action plan with time-lines and responsibilities to ensure the actions would be completed. It was not evident that this review was undertaken in consultation with residents in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care included fees to be charged and additional fees that may be charged. All residents had current contracts of care as part of their documentation securely maintained in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident log was reviewed and incidents requiring notification to the Chief Inspector were submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives feedback was recorded and followed up in compliance with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were in place. They had been signed by staff to indicate they had read and understood them.

Judgment: Compliant

Quality and safety

The service had transitioned from a paper-based care documentation to computer-based records. A sample of care records were examined and improvement was noted in the records seen as all residents now had assessments and care plans to support their care. Nonetheless, further improvement was necessary as information available in care plans was not always included in assessments. For example, information relating to breathing, circulation and dietary requirements was in the care plan, however, it did not form part of the assessment, so a base-line of the resident's condition was not in place, consequently, time-lines or degree of dis-improvement could not be determined. While some information was resident-specific and described person-centre care needs, other information was general and not resident specific so that individualised care could be provided. Wound care documentation showed ongoing reviews, assessments and updates including photographs of wound progress in line with a high standard of evidence-based nursing care. This was an improvement on previous inspection findings.

The person in charge had identified that the medication management documentation could be improved to mitigate risk of medication errors and near miss events. She had developed a new medication management template which was evidenced on inspection. It was proposed that this would be rolled out over the coming weeks following staff education and collaboration with GPs.

A 12mid-day report was introduced which was led by healthcare assistant (HCA) where staff gave a report on the care provided and the overall well-being of

residents; the nurse updated staff on items such as GP visits for example.

While there was an improvement noted in safety check records, the centre continued to have a high level of restrictive practice of bed rails with 17 of 23 residents having bed-rails in place. This was discussed on inspection and the person in charge acknowledged that bed-rail usage was high. Additional assistive equipment was procured such as low low beds and crash mats to support a reduction in bed-rails. Further education was necessary for staff to enable them to change practices so that restraint was used only in line with current national policy.

Residents had timely access to medical care such as GP services and psychiatry of old age as well as access to allied health professionals such as psychiatry of old age, community services and acute care out-patient follow-up services. When necessary, multi-disciplinary meetings were convened to provide support and direction and referrals for residents, including those with complex communication needs.

Some issues identified in the last inspection relating to the premises were remedied. For example, re-decorating and painting, and replacing of some flooring; new seating; the smoking area and garden were upgraded; the addition of a hand-wash sink in the visitors' room; an additional shower room and a separate bathroom; an additional assisted toilet close-by to the lounge and dining room area. Nonetheless, personal storage space for residents in twin bedrooms remained outstanding as well as the need to upgrade some equipment such as bedside tables and lockers.

The service was a pension agent for one resident and the administrator had set up a separate bank account for the resident; comprehensive documentation was evidenced on inspection to show a robust account system which safeguarded the resident's interests.

Closed circuit television (CCTV) was at entrances and hallways and there was advisory signage regarding use of CCTV.

Residents had good access to activities in accordance with their choice and interests. There were two activities co-ordinators providing activation over six days. Life stories were developed with residents and their families. Staff used these books as part of relaxation and reminiscence as well as informing the activity programme. Staff reported that the life story books were a valuable asset when a resident became anxious and found that reading and looking through the book with residents was relaxing and had a positive influence on residents' behaviours.

Regulation 11: Visits

The visitors' sitting room had comfortable seating, new flooring and painting, soft furnishings, call bell and a new hand-wash sink. The garden was upgraded since the previous inspection to safely accommodate outdoor visits. Visiting had recommenced in line with current HPSC guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in twin rooms had limited personal storage space of a single wardrobe.

Judgment: Substantially compliant

Regulation 17: Premises

While many improvements were noted in the premises, twin bedrooms 4, 7 and 12 did not meet the minimum requirements set out in SI 293 regulation.

There was inadequate storage space throughout the centre.

The laundry store room had several items inappropriately stored here. For example, staff lunch and water bottle, incontinence wear, gloves and broken electrical equipment.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had choice at each meal and meals were pleasantly presented. Meal-times were observed to be social occasions and staff provided assistance in a kind manner and actively engaged with residents.

Judgment: Compliant

Regulation 27: Infection control

The following issues identified regarding infection prevention and control:

- staff removed unclean laundry and incontinence wear without using appropriate and necessary personal protective equipment (PPE)
- the sluice room had inappropriate items stored here, for example, the cleaner's trolley and carpet shampoo machine
- the drying rack for holding urinals was placed on the draining top rather than

- wall mounted there was no draining rack for commode inserts
- there were several items seen on top of pipes alongside the sluicing flush and bedpan washer, for example, box of disposable gloves and catheter bag holders
- wash bowls in residents' bedrooms were stored on the floor alongside wash-hand basin pedestals
- an emesis bowl was on the floor alongside one resident's bed
- non kitchen staff were observed entering the kitchen beyond the recommended lobby area.

Judgment: Not compliant

Regulation 28: Fire precautions

Personal emergency evacuation plans (PEEPS) were available for residents. All staff had up to date fire safety training and in general, fire drills and evacuations were undertaken cognisant of night duty staff levels.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration records were comprehensively maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some care plan documentation was resident-specific and described person-centre care needs, however, other information was general and not resident specific to inform individualised care. Information seen in care plans was not always recorded in residents' assessments, so a base-line of the resident's condition was not in place to determine time-lines or degree of dis-improvement when re-evaluating the resident's status.

Judgment: Not compliant

Regulation 6: Health care

The service used healthmail to ensure up-to-date correspondence with medical services. Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals such as psychiatry of old age and community based psychiatric services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

17 of 23 residents had bed-rails. While additional assistive equipment was procured such as low low beds and crash mats to support trialling alternatives to bed-rail usage, further education and supervision was necessary for staff to enable them to change practices so that restraint was used only in line with current national policy.

Judgment: Not compliant

Regulation 8: Protection

The service was a pension agent for one resident. There was a robust system demonstrated regarding residents finances to ensure residents' interest were safeguarded. Staff had up-to-date training regarding safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

It was noted that most gentlemen wore track suit pants rather than trousers, which would be normal attire for men of that age.

The four-bedded room had occupancy reduced to three-bedded room, however, the privacy curtains had not been re-adjusted accordingly to re-distribute space and provide additional room for individual residents.

Mealtimes were not protected as medications were administered during the main meal.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially 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 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0031315

Date of inspection: 20/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Conduct on-site practical assessment with each staff member after online training is completed – i.e., infection control procedures i.e. hand washing technique, use of gloves, face masks, donning and doffing of PPE.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Ensure that best medication management practices are adhered to especially with the monitoring of signing for controlled drugs. Observe all nurses carrying out this practice.</p>	
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 PIC and Provider will review and update the annual review. The provider will ensure that there is a robust plan of action, and that clearer evidence is noted that the report is completed in consultation with the residents.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The provider will review and ensure that the residents in all twin rooms have adequate amount of storage space provided for all their personal belongings.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We note the new regulations SI 293 which will come into effect in January 2022 which will indicate that bedroom number 4 will not meet the minimum required space. This room will be reduced to a single occupancy room. However, room 7 and 12 meets the minimum requirements.</p> <ul style="list-style-type: none"> • Bedroom 7 has a floor area of 15.19m² • Bedroom 12 has a floor area of 14.82m² <p>The Provider will undertake to ensure that bedroom 7 & 12 floor space can adequately fit 2 beds, 2 chairs, 2 lockers and 2 wardrobes for the residents occupying these rooms. The provider has assessed each twin room and is confident that with some minor works they can provide the necessary space required as per the regulations.</p> <p>Additional storage space is required in some areas of the home. The provider has identified an appropriate area to reutilize for additional storage space.</p> <p>On the day of inspection, the laundry room had some staff personal items left there. This was an oversight on behalf of that staff member on the day.</p> <p>Each staff member has been given a personal locker to use.</p> <p>Other inappropriate equipment like gloves, incontinence wear and a fan were stored in this space on the day of inspection. These items were removed immediately.</p> <p>Hand basins stored on the ground beside residents handwash basin have been removed to an alternative appropriate storage area.</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>On the day of inspection. A staff member did not wear gloves removing a clean incontinence wear item from the bathroom. This staff member was aware that this incontinence wear item was clean as she put it in the bathroom before the inspector arrived to inspect this area during her walkaround. The staff member forgot to wear her gloves, and this was an oversight by the healthcare worker on the day. The provider will ensure that best practices of infection control are monitored and continued within the nursing home each day.</p> <p>On the day of inspection, the cleaning trolley was stored in the sluice room. We acknowledge the nursing home is currently short adequate storage space on site. We have identified an area which can be designed in the nursing home to provide extra storage space. This will allow the cleaning trolley and other items to be stored in an appropriate designated "clean" area.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All nurses in the home have been provided computer training skills throughout 2020 and 2021 to support them to switch from a paper-based system of care plans and assessments to electronic format.</p> <p>The provider acknowledges that further one to one training is required for all nursing staff to further enhance their documentation, care planning and assessments.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p>	

The nursing home has purchased 5 additional low low beds to replace the older higher beds. This action was taken to help reduce the number of bedrails in use. Further action is required to reduce the use of the bedrails.

- More low low beds to be purchased.
- Ongoing training of staff will be provided to achieve a restraint free environment within the nursing home

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The curtain rails in bedroom 1 will be readjusted to give maximum space and privacy to each of the three residents in this bedroom.

On the day of inspection medications were given out during lunchtime. This was an oversight on the day. It is the practice within the home to give medications after the residents finish their meal as to not disturb the ambience and dining experience of the residents.

Some men like to wear tracksuit bottoms as they feel comfortable in them.
Each day within the home the health worker assigned to each resident gives the resident a choice of what they would like to wear themselves each day.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2021
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	Not Compliant	Orange	31/12/2021

	the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/09/2021
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.	Not Compliant	Orange	31/07/2021

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	30/09/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2021
Regulation 7(3)	The registered	Substantially	Yellow	31/12/2021

	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.	Compliant		
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/07/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2021