



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:	26 January 2021
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0031655

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:	34
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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
Tuesday 26 January 2021	09:15hrs to 17:15hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector spoke with more than eight residents on the day who all said that they were very well looked after and that they were happy living in the centre. This was also confirmed by the observations made on the day. The atmosphere in the centre was very relaxed. Residents were seen to be partaking in stimulating activities or were observed resting comfortably either in their bedrooms or in one of the communal areas. However, while the inspector found that residents enjoyed a good standard of health care and good quality of life in the centre, a number of immediate improvements were required in infection prevention and control processes to ensure safe care was provided and the current Health Protection and Surveillance Centre (HPSC) guidance was followed at all times (*Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*).

For example, while most staff complied with correct wearing of face masks, on the day of inspection some staff were observed wearing their the mask below their nose. In addition signage in relation to infection prevention and control precautions could be improved in order to ensure that all staff, residents and visitors were alerted about any infection prevention and control risks that were present in the centre. Although the relevant information was communicated to staff at the morning handover, there was no signage to alert and act as reminder to staff where enhanced precautions were required. The management team were conscious of the impact of additional signage on the homely atmosphere of the centre and particularly for the residents with dementia; however alternatives such as discreet signage had not been explored and as a result residents, staff and visitors to the centre were not alerted to potential risks. For example the inspector was not made aware where enhanced precautions were required when they were mobilising around the centre and interacting with residents. The provider was issued with an immediate action to address these issues at the time of the inspection. The provider acted promptly and appropriate corrective measures were put into place to protect the residents, visitors and staff.

Residents said that they were treated well and their rights and choices were respected by staff. They said that staff were prompt to answer call bells and respond to their needs. A varied programme of activities was in place and residents were observed taking part in group activities while respecting the social distance requirements. Residents were seen actively engaged and enthusiastically participating in a balloon tossing session in the afternoon. It was evident that they had trusting relations with staff and there was plenty of laughter and light humour. Earlier that morning residents were seen observing mass and engaged in poem reading and story-telling with the activity coordinator. Other residents were seen relaxing in their bedrooms, reading a newspaper or listening to the radio. Residents could move around the centre freely and inspector observed a number of residents walking around the centre independently or with the help of staff. All interactions

observed throughout the day between staff and residents were courteous, kind and warm. When staff were present, the inspector observed that residents were gently redirected and reassured if they were anxious or worried. Staff knew the residents really well and were familiar with their personal histories, likes and dislikes. Residents spoke positively about the quality, quantity and choice of food available to them.

Minutes from residents' meetings showed very high levels of satisfaction with how they were supported to live in the centre. They praised the staff and said that they missed them when they were off. Residents felt there was enough staff on duty to meet their needs. However, the inspector observed that additional staff was required for a resident with a high level of needs. While the centre appeared visually clean and free from odours, the inspector found that the current housekeeping hours did not ensure that enhanced cleaning practices in line with the current HPSC guidance were maintained throughout the day.

Residents' privacy and dignity was respected as staff were observed knocking on residents' bedroom doors prior to entering. Many residents held a key to their own bedroom and locked their doors if they wished to. One resident who communicated with the inspector called the centre 'my home' and said that their life 'was as good as could be'. They said that the only thing that could be better would be if they could be reunited with their families. Other resident mentioned how they had to give up on going home for Christmas because the 14 days isolation would have been too hard upon return. They said that they were kept informed about the pandemic and what they needed to do to keep themselves safe. Residents were very grateful to have received the first vaccine and said that they were hoping to be 'out of this terrible nightmare' soon.

The inspector also met three family members who had come to see their relative in the hub created at the entrance to the centre. They all mentioned how difficult the last few months have been as a result of national restrictions and were grateful for the facilities that had been especially created to allow for safe visiting. One relative mentioned how this pandemic had many unseen victims in the spouses who cannot touch their loved ones and are forced to see them behind the glass. All relatives who communicated with the inspector were keen to stress that they were satisfied with how the centre kept them informed and confident that their loved one was safe. They said that when they brought an issue to the attention of staff it was immediately resolved.

Residents were supported and encouraged to maintain communication and links with their friends and families and some said that these was making their life easier in the context of increased isolation as a result of the ongoing visiting restrictions.

Staff and management who communicated with the inspector described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. They described how their lives have changed since the pandemic and the efforts they made outside work to minimise the risks of becoming infected. Staff demonstrated genuine commitment to safeguard the residents and were proud that they have managed to keep the centre COVID-19 free. They also showed genuine empathy with the

residents and acknowledged that 'it's hard for them' not to be able to see their families freely.

There was a very low level of complaints in the centre. Residents said that they knew who to complain to if they needed to and that whenever they had an issue it was promptly addressed. Residents were facilitated and supported to access advocacy services.

Capacity and capability

This was an unannounced risk inspection to monitor the centre's preparedness and capability to appropriately respond to a COVID-19 outbreak and to inform the registration renewal. Since the last inspection, there had been one instance of unsolicited information received by the Chief Inspector in respect of the centre, which had been appropriately followed up by the provider. The action plan from the last inspection was followed up and had been completed. There had been no outbreaks of COVID-19 in the centre since the beginning of the pandemic. However at the time of inspection, one staff had tested positive at the serial testing and were isolating at home in line with public health advice.

Overall, the inspection found that residents were appropriately supported to live a good quality of life in the designated centre. However, improvements were required in relation to the oversight and monitoring of the service and in relation to infection prevention and control processes.

There were weekly governance and management meetings in place and records showed that infection prevention and control, staffing and risk management were always on the agenda. Environmental walkabouts and infection control audits were carried out, however they did not identify some of the infection prevention and control risks observed on this inspection. The registered provider representative was on site throughout the day and attended the feedback meeting. The inspector found that they were very responsive to the findings of the inspection, acted promptly on most of the identified risks on the day and provided robust assurances of the immediate action required to ensure that a potential transmission risk was managed effectively. The inspector found that there was good clinical oversight. There was a system of auditing in place which included weekly reports and monthly reviews. The person in charge had recently introduced a new audit tool that aimed to holistically assess the care process as received by individual residents. This was shared with families where appropriate. The person in charge was known to staff and residents who identified her as the person they would go to if they had any concerns.

There was a stable cohort of health care assistants working in the centre which ensured good continuity of care for the benefit of the residents. At the time of inspection, there was 1.5 nursing vacancies in the centre and the provider informed the inspector that they were actively recruiting nursing staff from abroad, who were due to start in the coming weeks. The provider had in place a number of

contingency arrangements to mitigate against a shortage of nurses in the event of an outbreak of COVID-19 in the centre.

The inspector observed that staff worked well together as a team and were cooperative in regards of staggered break times and adherence to social distance requirements. Staff were appropriately trained and in their conversation with the inspector they were found to be knowledgeable and confident. Staff said that they felt supported by the management in the centre. They had access to local policies to support them in the care they provided to the residents.

Opportunities for residents' feedback and to raise concerns were in place, which were acted on by the provider. For example, following feedback from residents, a fully enclosed visiting hub had been created to facilitate safe private visiting during the COVID-19 restrictions. In addition staff had revised the activity programme to support residents who were cocooning in their bedrooms.

A complaints procedure was in place and there were no open complaints at the time of inspection.

Regulation 15: Staffing

The staffing levels and skill-mix observed on the day was not appropriate having regard to the needs of all residents, as assessed in accordance with Regulation 5, current public health guidance and the size and layout of the designated centre. For example, on the day of inspection, the inspector observed that a resident with advanced care needs did not have access to a dedicated staff to provide the additional support and supervision they required. The inspector acknowledged that prompt action was taken by the registered provider to address this and assurances were received by the end of the inspection that additional staff had been put in place.

Furthermore, the housekeeping resources in place at the time of inspection required full review. There was one cleaning staff working every day from 7 am- 2 pm. This was complemented by a second cleaner working three days a week from 1 pm- 6 pm. The inspector found that this was not sufficient given the size and layout of the designated centre, which was spread on two floors. Conversation with staff and a review of the daily cleaning records confirmed that not all areas and all bedrooms were cleaned on a daily basis in line with the centre's own COVID-19 preparedness plan.

Judgment: Not compliant

Regulation 16: Training and staff development

Records showed that all staff had their mandatory training up to date, which included manual handling, fire safety and safeguarding vulnerable adults.

There was a rolling programme of staff development and training with pre-scheduled dates in place for the first quarter of the year. Other relevant courses were available to staff which included the management of dementia and responsive behaviours, end of life care, the management of urinary incontinence, falls prevention and restricted practices.

Staff had completed infection prevention and control training, donning and doffing of personal protective equipment (PPE), hand hygiene and a refresher training was scheduled for the day after the inspection in infection prevention and control and HIQA standards.

Nursing staff had completed medication management courses, cardiopulmonary resuscitation (CPR) training and records showed that their registration with Nursing and Midwifery Board of Ireland (NMBI) was up to date.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff knew who they reported to. Members of the management team were aware of their role and responsibilities.

However, the oversight of the centre's infection prevention and control processes was not sufficiently robust and required review. For example, a risk assessment completed in respect of a new admission to the centre had not been appropriately mitigated to maximise the safety of all staff and residents in line with current public health guidance. The inspector found that the most up to date guidance from Health Protection and Surveillance Centre (HPSC) *Interim Public Health Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance* was not available in the centre and was not fully implemented at the time of inspection. Due to the significant risks to safety identified, an immediate action plan was issued to the provider. Prompt satisfactory assurances were received immediately following the inspections that corrective action had been taken.

An annual review of the quality and experience of care for 2019 had been completed and there was a draft review for 2020. A completed annual review for 2020 was received following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints procedure was on display. All concerns and complaints brought to the attention of staff were addressed in a timely manner. There had been one written complaint in the past year which the inspector reviewed and found that it had been appropriately and responded to in a timely manner. The complainant's level of satisfaction with the outcome was documented. The complaint record was maintained separate from resident's individual care plan in line with regulatory requirement.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had the required Schedule 5 policies in place. Signature records showed that they had been communicated to staff and informed the care provided in the centre.

The local infection prevention and control policy had been last reviewed in 2019 and did not make reference to COVID-19 and specific prevention and control measures. A separate COVID-19 policy was in place which had been read and signed by most staff.

Judgment: Compliant

Quality and safety

Overall the inspector was assured that the residents living in the centre were receiving a high standard of quality care and supported to enjoy a good quality of life. However, immediate improvements were required in respect of infection prevention and control processes to ensure safety. The inspector observed practices which did not align with current Health Protection and Surveillance Centre (HPSC) *Interim Public Health Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* guidance and as a result an immediate action plan was issued to the provider on the day. Due to the immediate risk to the safety and welfare of the residents and staff, the inspector requested that the person in charge refers the matter to the public health department and seeks further advice. Satisfactory assurances were received by the following day in respect of consultation with public health, staffing, governance and management and infection prevention and control.

Nevertheless, the inspector identified a lot of good infection prevention and control practices on the day. There were clear processes in place to ensure staff's temperature was checked twice daily and the provider had installed a non-touch scanning device at the entrance in the centre to monitor and record staff and visitors temperature. Staff adhered to 'below elbow initiatives' and were clear regarding the uniform policy. The inspector observed staff hand hygiene practices on the day and found that they were of a good standard. There was a dedicated COVID-19 lead in the centre. The person in charge and the registered provider had access to infection prevention and control expertise as provided at local level by the community health organisation.

The inspector saw evidence of comprehensive infection prevention and control audits and environmental walkabouts, however they did not consistently identify areas for quality improvement. There were regular COVID-19 information sessions for staff and refresher training. A self-assessment questionnaire had been completed in respect of infection prevention and control and the provider had judged themselves as largely compliant. There was evidence of antibiotic stewardship in place with good monitoring of prescribed antimicrobial medication and usage and oversight of acquired infections.

There was a risk register in place that included some of the risks identified by the inspector with the controls required to mitigate them. However these were not consistently implemented.

Residents stated to the inspector that their medical, healthcare and psychosocial needs were appropriately met and that staff were attentive and responsive. Quality indicators also confirmed that residents received a high standard of care. At the time of inspection there were no wounds or pressure sores, no bedrails, no infections and none of the current residents were losing weight. While not all falls were preventable, appropriate falls precautions measures were in place to ensure residents did not have traumatic adverse events as a result of a fall. The person in charge was monitoring and trending such indicators. For example out of all the falls which took place in the previous year, none of them had resulted in hospitalisation and fracture. This was due to appropriate assessment, review and the preventative measures that were in place to reduce the risk of serious injury.

The inspector found that the care provided to the residents was person-centred and informed by detailed plans of care that were reflective of the resident's current condition. Residents had good access to GP and other healthcare professionals to meet their assessed needs. A physiotherapist visited the centre every two weeks.

There were effective arrangements in place for residents to safely meet their visitors in private at a time of increased national restrictions.

Regulation 11: Visits

At the time of inspection there were national restrictions on visiting nursing homes

facilities due to high levels of COVID-19 in the community. However, the provider had put in place appropriate safeguards to ensure visitors could continue to see their loved one in a safe manner during these difficult time.

A visitors' hub had been created which was completely sealed off and ensured there was no physical contact with the outside. Visits were by appointment only and appropriate cleaning protocols were in place between the visits. In addition temperature checks and the completion of a questionnaire were in place for visitors entering the facility.

Visiting on compassionate grounds was facilitated in line with current Health Protection Surveillance Centre (HPSC)

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met residents' needs and at the time of inspection the provider was installing an additional communal shower to increase access and further enhance the premises. The centre had a warm and comfortable feel and a homelike environment was promoted. Resident's bedrooms had privacy locks in place and were personalised with pictures, photographs and personal items.

Accommodation consisted of 22 single bedrooms and seven twin rooms. Sixteen of these bedrooms had en-suite facilities and there were a number of assisted bathrooms and showers for residents' use.

As part of the registration renewal the provider was in the process of installing an additional shower and the inspector saw that works were being progressed at the time of the inspection.

Communal areas were domestic in style and residents who spoke with the inspector confirmed that they were satisfied with their living arrangements. Corridors were lined up with many decorative features created by the residents. In addition, there were a number of stimulating features to support the residents with sensory deficits. The dining room was light, spacious and well-organised to ensure that residents could sit comfortably while maintaining social distance.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the regulatory requirements in terms of addressing specific risks such as the unexplained absence of a resident,

risk of abuse, self-harm, aggression and violence and the risk of accidental injury to residents, visitors or staff.

The registered provider had a contingency plan in place for the management of COVID-19 suspected or confirmed cases as reviewed by the inspector. There had been no outbreak of COVID-19 in the designated centre since the beginning of the pandemic. There was a separate COVID-19 policy, which had been read and signed by most staff.

A risk register was in place which was discussed and reviewed by the management team on a regular basis. The centre's major incident plan included nominated key personnel to be contacted in the event of an emergency.

Judgment: Compliant

Regulation 27: Infection control

The inspector acknowledged that the provider had made good efforts in respect of infection prevention and control to promote and ensure the safety of the residents living in the centre. However the findings of this inspection show that further improvements were required to ensure the current public health guidance was implemented and that practices were aligned to the *National Standards for Infection prevention and control in community services, 2018*:

- The admission process to the centre was not being carried out in line with current HPSC guidance.
- The storage of and transport of linen was not appropriate as it did not allow for a clear segregation of the clean and dirty processes; Linen trolleys were dual purpose and transported both clean and used linen. This posed a risk of contamination of clean linen.
- Waste management processes, including the management of health care risk waste was not appropriate; inspector observed that yellow clinical health care risk waste bins were overflowing, and were not locked; the waste bins in the centre required full review.
- The storage of equipment required review to ensure clean equipment was stored separately from dirty and contaminated equipment and identified as such.
- There were insufficient clinical hand washing facilities for staff and alcohol hand rub points throughout the centre to support good hand hygiene practices.
- The oversight of staff's practices in respect of adherence to correct use of the face masks required to be improved upon.
- Wear and tear was visible in some areas and the quality of surfaces and finishes on furnishings, fittings and fixtures did not always support effective cleaning.
- The signage in place did not adequately alert all staff, residents and visitors

to the infection control risks in the centre.

- To continue to engage and promote health care worker uptake of seasonal influenza vaccine and COVID-19 vaccine

The centre was largely clean on visual observation and there was evidence that the cleaning regimes had been enhanced since the COVID-19 pandemic with high touch surfaces being cleaned more frequently. However from conversations with staff and a review of daily cleaning records, the inspector found that not all rooms were cleaned daily in line with COVID-19 preparedness plan.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' admission to the centre was based on a pre-assessment. However, in one instance, the inspector was not assured that the risk assessment was appropriately conducted to ensure appropriate resources had been identified and put in place to meet a resident's needs. This is being judged under Regulation 15 and 26.

Each resident had a care plan in place that detailed their needs and preferences for care and daily routines. The inspector found that residents' care plans were person-centred and together with a range of validated assessment tools, they were reviewed on a four monthly basis or more frequently. Care plans were initiated within 48 hours from admission and informed the care provided by staff. Daily progress notes were sufficiently detailed, however the inspector observed some of these were repetitive. This was not in line with best practice and required review by the person in charge.

The inspector saw evidence of residents and families being involved and consulted with in the development of care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to the GP and members of the wider health and social care team. A GP visited the centre routinely twice a week and as requested by nursing staff and residents. Out of hours medical cover was also provided. A variety of other healthcare practitioners were available to support the residents; these include a physiotherapist who visited every two weeks, access to tissue viability nurse, dietetics, occupational therapy, speech and language therapy, chiropody and dental services as needed.

The inspector was satisfied that residents received a high standard of evidence-

based nursing care. Residents' temperatures was checked and recorded on a twice daily basis and staff were actively monitoring for signs and symptoms of infection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld and the inspector observed that residents were being offered choices in their daily routines, food and activities in the centre.

Residents had access to a range of meaningful activities and appropriate facilities and opportunities for recreation. Activities provided were based on a social care assessment and resident's personal life stories and preferences. Records showed good levels of participation and engagement. When residents did not wish to participate their right to refuse was respected.

Residents' choices and privacy and dignity was respected. They were supported to communicate freely and had access to information and media.

Residents were informed and provided with regular updates on how to protect themselves from infection. Records showed that respiratory etiquette, hand hygiene and social distancing measures had been openly discussed at the residents' meetings.

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0031655

Date of inspection: 22/02/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following a review of current practice, the number and skill mix of staff are appropriate having regard to the needs of residents and layout of St Elizabeth's Nursing Home. Two S/Ns were recruited from overseas to work full-time hours. This has addressed the shortfall in S/N's. The S/Ns commenced employment in St Elizabeth's Nursing Home on 10.03.2021.</p> <p>Four of the current S/Ns work part-time and can work additional shifts in the event of self- isolation of colleagues or an outbreak of COVID 19</p> <p>Two S/Ns who have resigned and agency S/Ns will be utilised as needed in the event of self-isolation or an outbreak of COVID 19</p> <p>Most HCA's work less than full-time hours and are utilised for additional shifts as needed in the event of self-isolation or an outbreak of COVID 19. A comprehension assessment is carried out immediately before or on admission of new residents and care plans based on assessments are completed no later than 48 hours post admission. Enhanced support in the form of extra hours / staff are allocated for specific duties e.g. 1:1 care of residents depending on his / her care needs especially following admission, monitoring etc. In response to HPSC guidance, a designated room / area is allocated to new admissions, having regard at all times for the safety and welfare of residents in line with Covid -19 Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management</p> <p>Following review of housekeeping services, and in line with HPSC guidance and, given the size and layout of St Elizabeth's Nursing Home, additional staff hours have been allocated to housekeeping, so that there is a housekeeper is on duty from 7am – 2pm and 1pm – 6pm i.e. 13 hours daily. The housekeeping schedule has been revised to ensure every room and corridor will be serviced at least once daily and more frequently as appropriate i.e. surface cleaning, bathrooms. Additional training with the cleaning products company has been organized for the housekeeping staff. The Cleaning policy</p>	

and Infection, Prevention and Control policy has been reviewed to ensure enhanced practices are incorporated.

Timeframe: Two month (10.05.2021)

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

St Elizabeth's Nursing Home has clearly defined accessible governance arrangements and structures in place that have been audited to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Members of the management team demonstrate a clear understanding of current and subsequent Health Protection and Surveillance Centre (HPSC) Interim Public Health Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance by keeping abreast of information contained in same as soon as subsequent guidance's are released. This is achieved by monitoring emails and keeping up-to-date communication with support agencies ie HSE, HPSC, HIQA. This will enhance practices regarding:

- appropriate use of PPE:
- admission of residents:
- isolation practices including signage, visitors, restrictive movements;
- ICP practices.

Members of the management team attend workshops and meetings organised on HPSC guidance through support agencies and update on publications of these guidance as they are published. In-house training on ICP practices is ongoing for all staff.

The Person in Charge and Deputy Person in Charge are currently completing QQI level 6 courses in management to further enhance understanding of their roles and responsibilities.

The Statement of Purpose and Function was reviewed to ensure it reflects the day-to-day operation of St Elizabeth's Nursing Home and is in line with regulatory requirements. Weekly, monthly, three monthly, six monthly and yearly audits are carried out to assess, evaluate and improve the provision of services in a systematic way in order to achieve best outcomes for residents. The findings of these audits are reported at management team meetings, staff meetings and resident and family meetings and assurances given that action plans are implemented and monitored effectively.

Timeframe: One month (10.04.2021)

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider ensures that procedures, consistent with the standards for the prevention and control of healthcare associated infections are implemented by staff.</p> <p>The Person in Charge sought health advice and implemented same accordingly in regard to the management of COVID-19 suspected or confirmed cases in St Elizabeth’s Nursing Home.</p> <p>A cleaning schedule has been developed by the Person in Charge and Housekeeping Staff to identify the method and frequency of environmental cleaning in St Elizabeth’s Nursing Home.</p> <p>The Registered Provider has reviewed current practices and has purchased additional waste disposal equipment for waste disposal and laundry services and new cupboards to store clean linen has been secured.</p> <p>Laundry staff has been given additional training and all staff have been informed of changes re the laundry.</p> <p>The laundry policy has been reviewed and updated with laundry staff to ensure it is in line with HPSC guidance.</p> <p>The Person in Charge has completed an itinerary of equipment and identified areas where replacement / additional equipment is needed i.e. waste management / laundry / personal aids.</p> <p>The Registered Provider has reviewed all furniture and has secured an upgrading programme with a supplier with some replacements recommended.</p> <p>The Person in Charge has ensured that staff have access to adequate alcohol gel strategically placed throughout St Elizabeth’s Nursing Home, and appropriate hand washing facilities, PPE, disinfectant products in line with national recommendations for cleaning and disinfecting during the Covid 19 pandemic.</p> <p>Hand hygiene audits have been carried out by the Person in Charge and the results reported to staff and management and action plans implemented.</p> <p>In-house and remote training sessions on infection prevention and control have been organised for all staff including use of PPE e.g. wearing of face masks. Staff are continuously reminded to adhere to wearing face masks correctly.</p> <p>Onsite inspections are carried out by the Person in Charge daily to ensure staff are using PPE appropriately including correct wearing and disposal of masks, use of PPE.</p> <p>The Person in Charge has reviewed the system of cleaning of equipment so that there is</p>	

a clear record in place when dirty and contaminated equipment has been cleaned and disinfected.

Waste management practices have been reviewed along with the Waste Management Policy. Additional general waste and clinical waste bins have been purchased from the waste disposal suppliers. All staff have been informed of the additional clinical waste bins that need to be locked at all time with a specific key.

Minutes of the Infection Prevention and Control committee meetings are discussed at the weekly management team meetings.

Staff are encouraged to take the influenza and Covid 19 vaccinations with advice from the GP and management team. Staff are directed to online information regarding vaccinations and written documentation is made available to staff.

Timeframe: One month (10.04.2021)

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 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	Red	10/05/2021
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.	Substantially Compliant	Yellow	10/04/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Red	10/04/2021

	that the service 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	Red	10/04/2021