



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

Issued by the Chief Inspector

Name of designated centre:	Ashbury Private Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 December 2022
Centre ID:	OSV-0000007
Fieldwork ID:	MON-0038564

About the designated centre

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

Ashbury Private Nursing Home is located in Blackrock, Co Dublin. The nursing home is serviced by nearby restaurants, public houses, libraries and community centres. The nursing home comprises of the main house and an extension called the grange wing. The nursing home is registered to provide 99 bed spaces with 53 beds located in the main house and 46 beds available in the grange wing. There is a range of communal areas inside for residents to enjoy and two gardens for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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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 15 December 2022	08:00hrs to 19:30hrs	Margo O'Neill	Lead
Thursday 15 December 2022	08:00hrs to 19:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

The inspection took place over the course of a day in Ashbury Private Nursing Home during which time inspectors spoke with residents and visitors to gain insight and feedback about living in the centre and the service provided. Inspectors noted that the atmosphere in Ashbury Private Nursing Home was relaxed and residents looked well cared for and reported that they felt safe and secure. Overall residents and visitors reported they were happy with the service and care provided to them and their loved ones.

The centre is registered for 99 beds and divided into two units. An older period house called the Main House and the newer building the Grange Wing. A link corridor runs between the two buildings. This corridor has views of the garden outside and inspectors observed that it contained comfortable seating, a collection of books, the centre's pet bird and other entertainment for residents to use and enjoy. This area, like the rest of the centre, had been nicely decorated for Christmas with Christmas decorations and contained the centre's nativity scene at the time of inspection.

The centre comprised of a mixture of single, twin, triple and four-bedded bedrooms. In the main house there were 16 single bedrooms, 13 of which had en-suite facilities; eight twin bedrooms, three of which had en-suite facilities; three triple occupancy bedrooms, one with en-suite and three four-bedded bedrooms, one of which had en-suite facilities. In the Grange Wing there was 28 single bedrooms, 21 of which had en-suite facilities and nine twin bedrooms three of which had en-suite facilities. In both buildings there were lifts and stairs to facilitate movement between the floors and there were wall mounted handrails throughout to support and facilitate residents' independence and mobility.

The general feedback from residents was one of satisfaction with their bedrooms. Inspectors noted however that privacy curtains in several multi-occupancy bedrooms required reconfiguration as not all bed spaces within privacy curtains were large enough to contain a bed, chair and storage space. This impacted on residents' right to privacy when assessing their possessions or clothes or to just sit and have some quiet time at their bedside in privacy.

Inspectors observed several areas that required attention to address notable wear and tear. For example the flooring in the centre's dining room in the main house was heavily marked and damaged, flooring in one multi-occupancy room had a dip that posed a trip hazard, cabinetry surrounding some wash hand basins were observed to be damaged and surface water damaged. As a result of this wear and tear effective cleaning and disinfection was limited in these areas.

During the inspection day, inspectors observed residents and staff interactions were relaxed, informal and friendly. Residents and visitors praised the staff and reported that staff were 'fantastic'. Residents reported staff as being approachable and that

they listened and responded to their needs in a timely manner, saying 'all you need to do is say what you need and you get it'.

Residents had opportunities to participate in a range of group and individual activities. Activities on offer were displayed on notice boards throughout the centre and residents who spoke with inspectors reported they were made aware of activities occurring. Group activities took place in different communal spaces throughout the centre. Inspectors observed a large number of residents positively participating in a group exercise class lead by staff. Residents were seen to enjoy the class which included gentle seated exercise with equipment such as batons and there was conversation and laughter between residents and staff. Residents reported they enjoyed the activities provided such as flower arranging, having their nails painted for Christmas, card games and in particular the parties and events. Residents reported positively to inspectors about the Christmas party that had taken place the night before which included Christmas carols sung by external performers and about the school choir, that had visited that morning to sing for the residents.

A hairdresser attended the centre twice a week and the therapy room was used as the salon for residents to attend to have their hair styled and cut. The room was observed to be bright with a large window however it was cluttered and required maintenance. Inspectors observed that there was a table in the room that was stacked high with boxes of personal protective equipment and there was a labelling machine for residents' clothes. Paint work was cracked and chipped and in need of attention.

Residents who spoke with inspectors were satisfied with and enjoyed the food provided to them. Residents reported that the food was 'very good', 'soup was famous' and that it was 'hard to choose' as all the options were appealing. A written menu was available to residents in the dining areas throughout the centre.

Residents were observed to eat their meals in dining areas or in their bedrooms. Discreet assistance was provided by staff for residents who required additional support during meals. Snacks and fresh water were available to residents throughout the day.

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

This inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of registration for Ashbury Private Nursing Home. A completed application form for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. Outstanding actions identified on the last inspection in October 2021 were also

followed up by inspectors and found that although some improvements had been made, further action was required to come into compliance in the following areas; fire precautions, premises, infection control, governance and management, statement of purpose, visiting and residents' rights.

ANH Healthcare Limited is the registered provider for Ashbury Private Nursing Home. There was an established and clearly defined management structure in place that identified lines of authority and accountability. The person in charge was present in the centre on a daily basis Monday to Friday. There was also a director of nursing, who worked alongside the person in charge to support her in her role.

There were management systems in place to monitor aspects of the quality and safety of the service. Action was required however to strengthen systems in place to provide oversight of fire safety, infection prevention and control practices, maintenance and upkeep of the premises and risk identification and mitigation. This is detailed further under Regulation 23, Governance and Management.

An annual review of the quality and safety of care delivered to residents had been completed in November 2022 for 2021, however this lacked detail regarding the consultation with residents and their families to inform changes in the service.

Inspectors observed on the day of inspection and from the rosters provided that there were appropriate numbers of staff in place to meet the individual and collective needs of the 90 residents living in Ashbury Private Nursing Home and with due regard for the layout of the centre. Two clinical nurse managers worked Monday to Sunday providing clinical oversight to the the service and a minimum of four registered nurse were on duty Monday to Sunday from 8:00hrs to 20:00hrs. A minimum of seventeen health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs. The centres' roster required review however to ensure it accurately reflected the hours worked by the person in charge in the centre.

Inspectors were informed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in Ashbury Private Nursing Home. Staff who spoke with inspectors reported that they felt supported in their work.

The registered provider and person in charge were aware of their regulatory requirement to notify the Chief Inspector of notifiable incidents that occurred in the centre. A written statement of purpose was in place. This required some amendments to ensure that it contained all relevant detail about the service.

Registration Regulation 4: Application for registration or renewal of registration

An application had been received by the Chief Inspector as part of the renewal of registration for the the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that the number and skill mix of staff was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre.

Judgment: Compliant

Regulation 21: Records

Rosters reviewed did not reflect the actual hours worked by the person in charge in the centre. Action was required to ensure that the centre's official roster was accurate to reflect where and when all staff had worked.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required action and strengthening to ensure effective oversight of the quality and safety of the service provided to residents.

- Inspectors were not assured that there was adequate oversight of fire safety in the centre. For example; inspectors identified a hole in the ceiling of boiler room that penetrated into the roof space. This potentially posed a risk to containment should a fire occur.
- Management systems for the oversight for the maintenance of the premises was found to be ineffective. Inspectors identified several areas throughout the building that required attention to address notable wear and tear. Although verbally informed that there was a plan for 2023 to upgrade and improve the premises and to address the issues identified by inspectors, no clear action plan with defined timeframes was provided to inspectors when requested. This is further detailed under Regulation 17, Premises.
- Inspectors found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, environmental and equipment management. Details of issues identified are set out under Regulation 27.
- Risk identification and mitigation required strengthening. Inspectors identified badly damaged cabinet, in one of the television rooms in the Main House,

which had cracked and sharp edges that posed a hazard to residents. Management also failed to identify the potential risk to vulnerable residents posed by leaving cleaning products accessible on cleaning trolleys in communal areas. Management took action on the day of inspection to address these issues.

There was an annual review of the quality and safety of the service completed for 2021. However there was no details as to how this report had been informed by residents and their families.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place in the centre and this was made available to inspectors. The following required updating to be compliant with the requirements of the regulations:

- Clarity regarding the day service.
- Supports in place for residents to access their entitlements under the general medical scheme and national screening programmes.
- A clear description (either narrative form or a legible floor plan) of the rooms in the designated centre, including their size and primary function.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers attending the centre at the time of the inspection however the registered provider was aware of the regulatory requirements should this change.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified as set out in Schedule 4 of the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013.

Judgment: Compliant

Quality and safety

Residents were supported by staff to have a good quality of life and to make choices about their daily lives. Action was required however in the following areas to ensure compliance with the regulation; infection control practice, fire precautions, residents' rights, visiting arrangements and premises.

Inspectors reviewed a sample of residents' care records to ensure that their health, social and personal needs were being met. A pre-admission assessment was seen to be carried out for all residents prior to admission. Residents were assessed on admission to identify their individual care needs using validated assessment tools and this information was used to inform care plans which were prepared to guide staff when providing care.

Inspectors noted that there was ongoing work to ensure that the use of restrictive practices in the centre was in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes". The centre's restraint register was provided to inspectors and it was noted that there was a reduction in the number of residents who had bed rails and other restrictive practices in place. In the sample of assessments and care plans reviewed by inspectors, written consent and multi-disciplinary team reviews were observed to be documented. Appropriate observation charts were in place for residents who displayed responsive behaviour and care plans contained person centred information and direction to ensure staff had clear guidance on the steps to take to support residents with responsive behaviours in the least restrictive, positive and dignified manner.

There were arrangements in place to safeguard residents from abuse. An up-to-date safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff had completed safeguarding training and staff who spoke with inspectors were clear about their role in protecting residents from abuse and to report any concerns, allegations or suspicions of abuse. Records of safeguarding investigations completed were provided to inspectors; these were found to be clear and comprehensive. A safeguarding leaflet was available in the centre to inform residents and relatives regarding the procedures in place.

There was a varied programme of activities on offer to meet residents' recreational and occupational needs. Residents also had access to TV, radios, newspapers and religious services. Residents' right to choose was supported in the centre with residents reporting they determined how they spent their day and their choice of food for example. Action was required however to ensure that multi-occupancy bedrooms were configured to support residents' right to privacy. This is detailed under Regulation 9, Residents' Rights.

On the day of inspection inspectors observed that residents could receive their

visitors in the privacy of their bedrooms or in the numerous communal areas around the centre. There was ongoing visitor symptom checks for COVID-19 and other respiratory conditions completed and personal protective equipment for visitors available at the centres' entrance. Although visiting restrictions had reduced, the arrangements in place were found to be overly restrictive and not fully in line with the Health Protection Surveillance Centre guidance version 1.9 dated 3 November 2022. This is detailed under Regulation 11, Visiting.

Inspectors found that further action was required to strengthen infection prevention and control measures in the centre. Inspectors were also not assured that all reasonable measures were in place to protect residents from the risk of fire. Issues identified are detailed under Regulation 27, Infection Control and Regulation 28, Fire Precautions respectfully.

Regulation 11: Visits

Inspectors were informed of a number of restrictions and requirements in order for visitors to attend the centre. Inspectors were informed visitors were required to book an appointment to see their loved ones via the online booking system or to call ahead to the centre to arrange a visit. Furthermore inspectors were informed that children were not yet permitted to visit the centre at the time of the inspection. This was found to be overly restrictive.

Judgment: Not compliant

Regulation 17: Premises

Inspectors identified the following issues which required attention:

- Inspectors were not assured that the layout of 13 multi-occupancy bedrooms provided adequate floor space, within the privacy curtains, for residents to undertake activities or access to their personal storage space in private. This was also identified on the last inspection in October 2021. Within seven of the bedrooms, there were privacy curtains that required reconfiguration to ensure that all residents occupying those bedrooms had sufficient space to carry out activities in private.
- Inspectors identified in six other multi-occupancy bedrooms that the current occupancy levels required review. Inspectors noted that two triple bedrooms were being used as twin occupancy and one double bedroom was being used a single bedroom at the time of inspection. Inspectors noted that these rooms were set up accordingly and that there was limited space within which an additional bed, chair, locker, table and adequate storage space for belongings could be positioned without impacting on the other occupants'

right to privacy and autonomy. For example within one of the triple bedrooms that was being used as a twin bedroom, inspectors were not assured that each resident could enter and exit the bedroom without entering the private space of the other occupants.

- In two twin bedrooms inspectors found that there was limited space for chairs to be placed without blocking access to either residents' lockers within the privacy curtains or wardrobes which were located outside the privacy curtains. In one of the four bedded bedrooms inspectors observed that there was limited space between beds and within privacy curtains to allow for a hoist to manoeuvre while maintaining residents' right to privacy and dignity.
- In many resident bedrooms and some communal areas, inspectors observed that areas of flooring and some furniture were heavily scratched and marked and required attention. For example; in one bedroom inspectors noted that the flooring had a large dip, potentially posing a hazard to those walking in the area. In a communal bathroom on the ground floor of the main house, there was water damage and staining observed on the flooring beneath the toilet and some missing tiles from walls. One sluice room had damaged flooring. Inspectors observed too that there was water damage to the surrounds of some hand wash basins throughout the centre.

Judgment: Not compliant

Regulation 27: Infection control

Oversight of infection prevention and control practices required strengthening to ensure practices were in line with the National Standards. The following are areas that require action:

- The centre's three sluice rooms did not support effective infection prevention and control. Each sluice had a bedpan washer and a small sink which did not comply with the recommended specifications for clinical hand wash sinks. There was no equipment cleaning sink.
- Some items of fabric upholstered furniture were noted to be stained. There was no cleaning schedule in place for upholstery covered furniture to ensure that each item was cleaned on a regular basis.
- Fittings and fixtures throughout the centre were observed to be damaged and worn and could not support effective cleaning. For example, inspectors observed badly damaged flooring in communal areas such as the main house dining room and badly damaged cabinetry supporting hand wash sinks. There were small holes in walls observed throughout the centre where items had been fixed to the wall and removed, and the area had not been mended. There was rust on items such as a shower grid and a rubbish bin. Some hand rails in en suite bathrooms were observed to be rusted.
- Oversight of storage practices required review. For example, inspectors observed that in a cleaners' room, there were items stored on the ground. This did not allow for effective cleaning. Inspectors observed a build-up of

dust and debris in this area.

Equipment was not decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Inspectors observed that some cleaning equipment was visibly dirty and worn; for example dust pans and brushes throughout the centre were observed to be frayed and visibly dirty. This posed a risk of cross-contamination.
- Inspectors observed that some items of equipment were visibly soiled with dust and dirt. For example; dust and dirt was observed on hoists and dust in containers and medicine crushers on medicine trolleys. Inspectors also observed that commodes in all three sluice room and one commode in a shared en suite were found to be visibly dirty. This posed a risk of cross-contamination.
- Inappropriate storage presented a risk of cross contamination. Inspectors noted that there was open linen trolleys storing clean linen and continence wear, which was out of its original packaging, located on some corridors. There were also drying racks on two radiators for drying residents' clothes. In one shared bedroom unlabelled personal hygiene products were stored on the wash hand basin.
- Adhesive tape was observed on trolleys and cabinets, these surfaces could not be cleaned effectively.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors were not assured that all reasonable measures were in place to ensure that residents living in Ashbury Private Nursing Home were safe and protected from the risk of fire. The following issues required action.

- Three fire doors were noted to require attention as they were not fully closing on release. This posed a risk to effective containment of smoke, fumes in the event of a fire.
- There was inappropriate storage practices in high risk areas such as the centre's communication and boiler rooms and fuse board store. On the day of inspection, inspectors observed these areas to contain combustible items such as cardboard boxes which were stored within them. Inspectors also noted the inappropriate storage of a medicines trolley in an escape stairwell.
- In the boiler room a hole was identified that penetrated into a roof space. This posed a risk to containment should a fire occur. Once identified by inspectors, the registered provider put plans in place for the closure of this hole and inspectors received assurances shortly after the inspection to confirm this issue had been addressed.
- Staff knowledge and training required review. Although the majority of staff

had received fire safety training and had participated in simulated evacuation drills, two staff who spoke with inspectors were unclear regarding the evacuation procedure.

- Some of the written records of simulated fire evacuation drills provided to inspectors did not contain sufficient detail regarding the evacuation drill completed; for example, the time taken to complete the drill. Recommendations for ongoing improvement were generic and non-specific in nature.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The sample of care plans reviewed by inspectors were found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was ongoing work to ensure that the use of restrictive practices were implemented in accordance with the national policy "Towards a Restraint Free Environment in Nursing Homes".

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse and there were records of safeguarding investigations completed and maintained for inspectors to review.

The registered provider acted as a pension agent for one resident. Inspectors found that there was a clear system in place to manage residents' finances and transparent records maintained.

Judgment: Compliant

Regulation 9: Residents' rights

The layout and configuration of thirteen multi-occupancy bedrooms required attention to ensure that residents' right to privacy and dignity were supported. Inspectors observed that with the existing configuration in seven of these bedrooms and the level of occupancy in six other bedrooms, residents' right to privacy and dignity while undertaking their daily activities was not supported. In many of these bedrooms inspectors observed that there was little or no space available, within the privacy curtains, for a chair to be placed in order for residents to sit in private if so wished and without limiting access to their locker. Furthermore residents had limited space within their privacy curtains within which to get dressed or undertake other activities independently or with support. One multi-occupancy room was also observed to lack sufficient privacy curtains to ensure residents' privacy at all times when drawn.

There was inappropriate storage of stock items in residents' rooms which impacted on residents' right to privacy and dignity. Inspectors observed in two different bedrooms that there were cupboards that contained items that did not belong to the residents occupying the rooms. For example in one bedroom a cupboard contained a large stock of unopened personal hygiene products. These did not belong to the residents occupying the room but were stored there and retrieved for other residents when required throughout the centre. In the other bedroom inspectors observed a wardrobe full of clothes that did not belong to either resident occupying the bedroom. A damaged recliner chair was also stored in this room.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ashbury Private Nursing Home OSV-0000007

Inspection ID: MON-0038564

Date of inspection: 15/12/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The roster will set out the planned hours of the PIC each week and how those hours are split between the two sites for which she is responsible for.</p> <p>The Health Act states "Nothing in these regulations shall prevent the person in charge filling that role for more than one designated centre within an agreed geographical area, once the Chief Inspector is satisfied that they are engaged in the governance, operational management and administration of all designated centers on a regular and consistent basis".</p> <p>The PIC is engaged with both nursing homes 7 days a week, 52 weeks a year, as is the RP and the GM. It is impossible to log the amount of hours actually worked but suffice to say, it is far more than the "planned hours" as set out on the roster.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Hole in boiler room ceiling repaired on day of inspection. Fire safety audit completed by independent competent Fire Safety Consultant 28/02/23. Any identified issues to be addressed within by 30/06/23. No areas denoted as HIGH RISK are outstanding.</p> <p>New maintenance personnel employed since inspection. Schedule of maintenance works underway.</p>	

The unsecured but locked medicine trolley during the inspection is now secured and will remain so at all times while not in use. Staff have been reminded of local and national policy in this respect.

The damaged cabinet belonging to a resident has been repaired with the resident's permission.

4 new cleaning trollies have been purchased which all contain lockable storage.

The views of residents and families is currently being sought in respect of the content of the annual review by way of survey, and will be included in the annual review for 2022 and each review thereafter.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 Whilst the Statement of Purpose contained all of the information required in Schedule 1 of the Regulations this was further amended (subsequent to the inspection) to include a detailed narrative list of all rooms and facilities within the centre in addition to the floor plans originally provided.

Regulation 11: Visits	Not Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:
 We plan to remove the booking system for visits. This will be done by 14 / 04 /23. This timeframe allows us sufficient time to communicate the new policy to residents, families and the staff who will be required to manage footfall within the nursing home.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Bed 106 and 314 have been removed and there will be no application for their reregistration. Therefore neither of these bedrooms require curtain reconfiguration.

Bedrooms highlighted in the report which required review of occupancy / reconfiguration:

110/111: The sink in this room will be relocated to the left hand side under the window. The cubicle curtains will be reconfigured to ensure that both residents in the room can carry out their personal activities whilst retaining privacy and dignity. The new curtain configuration ensures that both residents have easy access to their lockable storage space and chair within their privacy curtain.

112/115: The cubicle curtains will be reconfigured to support privacy and dignity for each of the residents, ensuring that all three residents can carry out their personal activities, sitting comfortably behind their privacy curtain.

204/207: The cubicle curtains in this room will be reconfigured to ensure privacy and dignity for all 4 beds by rearranging the cubicle curtains around beds 205 & 206. This alteration ensures that each bed space can comfortably facilitate a bed, bedside locker and chair for each resident and thereby supporting their privacy and dignity.

304/307: The cubicle curtains in this room will be reconfigured to ensure privacy and dignity for all 4 beds by rearranging the cubicle curtains around beds 305 & 306. This alteration ensures that each bed space can comfortably facilitate a bed, bedside locker and chair for each resident and thereby supporting their privacy and dignity.

310/311: The cubicle curtain spaces for both beds will be reconfigured in order to ensure both bed spaces have access to their lockable storage space, wardrobes and chair whilst supporting the privacy and dignity of each resident.

318/319: The cubicle curtains are to be reconfigured, which will offer both residents adequate space to sit comfortably within their private space behind their cubicle curtain, while ensuring they each have full access to their lockable storage space.

320/321: As previously advised the current resident occupies this room as a single room through their request, however the resident is aware that the bedroom is in fact a double room and has signed a Contract of Care to that effect. This room can be reinstated as a double with modifications to its pre-existing layout. In the reconfiguration the cubicle curtains will be readjusted to ensure that both residents have easy access to their lockable storage space and chair and unobstructed access to the bathroom.

322/325: The cubicle curtains of 2 bed spaces will be reconfigured to ensure that all four beds have a larger space within which to carry out their private activities, sitting comfortably beside their bed, with full access to their lockable storage space.

517/518: The cubicle curtains will be reconfigured to facilitate and support the privacy and dignity of each resident affording them sufficient space with easy access to their lockable storage space and chair.

620/621: The cubicle curtains will be reconfigured to facilitate and support the privacy

and dignity of each resident affording them sufficient space with easy access to their lockable storage space and chair.

We have identified 2 further bedrooms (208 / 208 & 308 / 308) which will benefit from a reconfiguring of their curtains in order to provide better comfort and privacy for those residents to sit comfortably within the private area and carry out personal activities.

During the COVID pandemic, more recently with huge inflationary costs and coupled with insufficient State funding through Fair Deal it had not been possible to carry out the full upgrading works required, however the following actions are currently in process:

There are now 4 full-time maintenance personnel working between the two nursing homes (1 newly employed since inspection). The maintenance team have commenced work on a full re-paint and refurbishment of the nursing home, including the replacement and repair of flooring, and the purchase of new curtains.

Areas that require improvement are monitored through management meetings and within the maintenance log and therefore the ongoing maintenance is being measured on an ongoing basis.

An audit has been undertaken in respect of flooring. 3 bedrooms and dining room flooring will be fully replaced by a flooring contractor. Works due to commence within the coming month. 4 further bedrooms and hallway will also have floors fully refurbished.

Damaged floorboards in 1 bedroom identified on day of inspection have been repaired.

Environmental audit by maintenance team to address surrounds of some wash hand basins is underway.

A full audit of all multi-occupancy rooms in respect of privacy curtain configuration has been undertaken. We have engaged a curtain rail contractor to address these 13 bed spaces immediately. The curtain contractor is currently drawing up plans to support the modifications and has given a lead in time of three weeks from the date of sign off. She has suggested that if any delay is envisaged, she will be happy to provide a letter to confirm that she has been engaged to carry out the works, should there be a delay in delivery of equipment from the UK. The date for the full completion of same is planned for 15/ 06 / 23.

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

control:

Reconfigured bathroom is located on the ground floor, main house, beside the sluice room. The bathroom has been decommissioned and the equipment cleaning room is in use. A key pad has been placed on the door and appropriate signage to inform and guide staff and residents as to the use of this room has also been placed on the door. This adjustment and reduction in toilet facilities on the ground floor leaves the residents with 2 bathrooms between 9 residents. The cleaning equipment room will be furnished and equipped with appropriate stainless steel shelving, and storage for its needs. No equipment will be stored in this room unless it is undergoing cleaning. Once the equipment has been cleaned it will be returned to its appropriate storage space. A cleaning schedule of this room has been updated accordingly to ensure that after it has been used by care staff to clean commodes the domestic staff are scheduled to attend to it immediately afterwards. The physical toilet has not yet been removed but has been decommissioned. In order to manage legionella risks this toilet remains on a flushing list by the domestic staff. Staff will wear appropriate PPE whilst carrying out their duties in this room. The equipping of this room with its clinically appropriate shelving will be completed by 30/04/2023.

3 equipment cleaning sinks for the sluice rooms across both wings have been purchased to support thorough equipment cleaning on a daily basis. We have decommissioned one bathroom and converted it into a large equipment cleaning sluice room.

The item identified on the day of inspection with a stain on the fabric which belonged to a resident has been removed with the resident's permission as the fabric could not be decontaminated. The resident consented to its removal.

Flooring / maintenance audit addressed above.

The shower grate identified has been replaced.

Enhanced shelving has been implemented in the cleaning storage area and cleaners store has been repainted.

Dustpan and brushes throughout the Centre have been replaced.

Enhanced auditing of oversight of cleaning practices and decontamination of equipment implemented with immediate effect.

Covers for linen trollies purchased and in place since inspection.

The 2 drying racks have been removed.

All personal hygiene products are stored in a personalised toiletry bag when not in use.

Smoking aprons will be labelled should a resident be assessed as requiring an apron and agree to wear one while smoking.

Adhesive tape has been removed from the trollies and cabinets.

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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The 3 fire doors, out of circa 150 doors, which did not fully close on release have been fitted with new door closers.

The hole in the boiler room was addressed and remedied on the day of inspection.

The temporary storage of any inappropriate items identified on the day of inspection were removed with immediate effect.

Additional training was provided to the 1 newly recruited staff member out of 47 staff on duty on the day of inspection.

Our fire training consultants who provided the written compartment evacuation reports have agreed to provide more detailed reports in the future which will include the detail of evacuation times. We have engaged a new fire management contractor who has agreed same.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Bedrooms highlighted in the report which required review of occupancy / reconfiguration:

Occupancy:

Bed 106 and 314 have been removed and there will be no application for their re-registration. Both of these bedrooms will have their privacy curtains reconfigured to ensure that the bed spaces are in line with the new registered bed numbers and will ensure privacy and dignity to each resident who occupy the bed areas.

110/111: Occupancy has been reviewed and current occupancy can be retained with some reconfiguration of the room. The sink in this room will be relocated to the left hand side under the window. The cubicle curtains will be reconfigured to ensure that both residents in the room can carry out their personal activities whilst retaining privacy and dignity. The new curtain configuration ensures that both residents have easy access to their lockable storage space and chair within their privacy curtain.

310/311: Occupancy has been reviewed and current occupancy can be retained with

some reconfiguration of the room. The cubicle curtain spaces for both beds will be reconfigured in order to ensure both bed spaces have access to their lockable storage space and chair whilst supporting the privacy and dignity of each resident.

318/319: Occupancy has been reviewed and current occupancy can be retained with some reconfiguration of the room. The cubicle curtains are to be reconfigured. These changes will offer both residents adequate space to sit comfortably by the side of their bed behind their cubicle curtain.

320/321: Occupancy has been reviewed and current registered occupancy can be retained with some reconfiguration of the room. As previously advised the current resident occupies this room as a single room through their request, however the resident is aware that the bedroom is in fact a double room and has signed a Contract of Care to that effect. This room can be reinstated as a double with modifications to its pre-existing layout. In the reconfiguration cubicle curtains will be readjusted to ensure that both residents have easy access to their lockable storage space and chair with comfort and dignity maintained.

Reconfiguration:

112/115: The cubicle curtains are being reconfigured to allow for each bed space to contain a bed side locker and a chair, both of which can be used with ease without impinging on access to the locker which will support privacy and dignity for each of the residents.

204/207: The cubicle curtains in this room will be reconfigured to ensure privacy and dignity for all 4 beds by rearranging the cubicle curtains around beds 205 & 206. This alteration ensures that each bed space can comfortably facilitate a bed, bedside locker and chair for each resident and thereby supporting their privacy and dignity.

304/307: The cubicle curtains in this room will be reconfigured to ensure privacy and dignity for all 4 beds by rearranging the cubicle curtains around beds 305 & 306. This alteration ensures that each bed space can comfortably facilitate a bed, bedside locker and chair for each resident and thereby supporting their privacy and dignity.

322/325: The cubicle curtains of 2 bed spaces will be reconfigured to ensure that all four beds have a larger space within which to carry out their private activities, sitting comfortably beside their bed, with full access to their lockable storage space.

517/518: The cubicle curtains will be reconfigured to facilitate and support the privacy and dignity of each resident affording them sufficient space with easy access to their lockable storage space and chair.

620/621: The cubicle curtains will be reconfigured to facilitate and support the privacy and dignity of each resident affording them sufficient space with easy access to their lockable storage space and chair.

Stock items have been removed from the unused storage compartments in the two bedrooms and additional storage space has been implemented elsewhere.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Orange	14/04/2023
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.	Not Compliant	Orange	15/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	14/04/2023

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	05/04/2023
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	31/03/2023
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	30/04/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Orange	30/06/2023

	building services.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	05/04/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/04/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	15/06/2023

	practical, ensure that a resident may undertake personal activities in private.			
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