The Marlay Nursing Home, OSV-0000108, 08 September 2020

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Marlay Nursing Home
Name of provider:	Brehon Care
Address of centre:	Kellystown Road, Rathfarnham, Dublin 16
Type of inspection:	Short Notice Announced
Date of inspection:	08 September 2020
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0030351

About the designated centre

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

The Marlay Nursing Home is located in Rathfarnham in South Dublin close to the M50 motorway. It is a purpose built centre containing 124 single bedrooms with full en suites over three floors. The centre opened in 2006. It is well serviced with amenities including a local park, restaurants, pubs, shops and churches. It provides long term 24-hour general care, convalescence and respite care to males and females over the age of 18 years. The centre has a team of medical, nursing, direct care and ancillary staff and access to other allied health professionals to deliver care to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	115

How we inspect

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 8 September 2020	09:00hrs to 17:45hrs	Deirdre O'Hara	Lead
Tuesday 8 September 2020	09:00hrs to 17:45hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Inspectors observed that staff treated the residents with warmth and gentleness and interacted with residents in a companionable way. Staff seemed to know residents well and chatted with them about their families and activities that were taking place that day. Staff were observed to respect resident privacy and were observed to knock on residents' bedroom doors before being invited in. Residents said they had enough to do and the premises met their needs and that they were warm and comfortable and they were happy with their rooms and enjoyed the garden. Staff were seen to redirect residents when they became agitated or confused and residents responded well to staff.

Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint.

Residents were seen to be engaged in activity groups, which were running in the different locations at the same time. Inspectors observed residents moving freely throughout the centre and noted there was access to an enclosed, outside garden which had been reorganised to allow for residents on each floor to access and to be able to social distance.

Residents reported they were glad to be able to leave their bedrooms to eat in the dining room and move about the centre again. Some residents told the inspector that although the food was of good quality it was not always hot enough to eat and that this affected their appetite. While social distancing arrangements had been put in place to protect residents, this was not fully observed in dining and sitting rooms. Visiting restrictions had eased and residents could receive a visitor for short periods each week. Some residents said that they found not seeing their loved ones during the lockdown difficult and were happy that things were returning to someway near normal, while others were content undertaking activities in their bedrooms.There were no volunteers coming into the centre on the day of inspection.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and were assisted with the safe donning and doffing of protective clothing and hand hygiene techniques.

Staff who spoke with inspectors were appreciative of the training they were provided with and support that management provided during the outbreak and could approach management if they had a problem.They said it was a very difficult time and when staff were unable to work due to illness, management had arranged extra staff to care for residents. They said that everyone pulled together to provide good care for the residents. They were saddened by the death of their residents and inspectors expressed their condolences on their loss.

Capacity and capability

The registered provider entity was a limited company called Brehon Care Limited. This company part of the Care Choice group which consists of a total of 11 nursing homes in Ireland. The group's management had proactively planned and prepared prior to the COVID-19 pandemic to acquire a supply of Personal Protective Equipment (PPE).

Prior to the recent COVID-19 pandemic, the centre had a good regulatory and compliance history. On previous inspections when issues had been identified, the provider had the capacity and willingness, to make all necessary changes to come into compliance with regulations.

The Marlay had experienced an outbreak of COVID-19, on 19 April 2020. During the outbreak 39% of the residents (32) and 32 staff members tested positive for COVID-19; 10 residents passed away which were confirmed as having COVID-19 and two other residents were suspected cases of COVID-19. There were no positive cases at the time of this inspection, the outbreak was declared over by the public health team on 29 May 2020. During the outbreak, routines and general activity of the centre had been disrupted by the necessary restrictions.

The centre was well managed by an established management team who were focused on improving resident's wellbeing. There were effective management structures in place that ensured care was provided in a safe and sustainable way. This inspection was announced on the evening of 7 September 2020 in response to the recent COVID-19 outbreak and an increased number of notifiable incidents received by the Office of the Chief Inspector. Inspectors were satisfied that all incidents notified to the provider had been managed appropriately. The provider discussed with inspectors their intention to carry out an analysis of trends in these types of notifications to ensure and enhance resident's safety.

The centre is part of the Care Choice group, and had both its own internal governance structures, as well as clearly defined links and relationships with the management structures of the Care Choice group. The governance systems in the centre included daily handover meetings and staff meetings. In addition, there were various management meetings and committees, which met regularly, including committees for infection control, activity, residents, maintenance, catering, care team meetings where residents care and needs were reviewed.

The service was led by a person in charge, who was suitably experienced and qualified for the role and was available full time in the centre. The service offered in the centre was clearly outlined in the statement of purpose.

There was a schedule of audits in place. Results of audits were discussed at different staff meetings. The suite of audits completed was comprehensive, to ensure audit results were fully actioned and monitored.

Staffing was sufficient to meet the residents' needs. The two assistant directors of nursing were supernumerary to staffing levels and oversaw the quality and safety of care for residents. Nurse managers on the units worked with staff and also had an administrative management function on each unit.

Staff were supervised in their work, and there was a system of performance appraisal and professional development in place for all staff. Having reviewed the training records, inspectors were satisfied that a culture of learning was promoted through training and professional development. Staff had access to a wide variety of training. Staff were knowledgeable regarding the needs and preferences of residents. Staff who spoke with inspectors reported that they felt supported in their role and were clear about the standards that were expected of them in their work.

The person in charge was appointed to the role of complaints officer. Complaints records seen were accurate and captured the satisfaction levels of the complainant.

Regulation 15: Staffing

Rosters showed that there were registered nurses on duty at all times in the centre. There was a clear allocation of staff to the different areas in the centre. Inspectors found that staff allocations were managed to meet priority needs and to ensure the safe and appropriate delivery of care and services for residents.

A sample of personnel files were reviewed for different categories of staff members. They were seen to be stored safely and were accessible in the centre. They were found to contain all documentation required under Schedule 2 of the regulations. This included vetting by An Garda Síochana and evidence of active registration with the Nursing and Midwifery Board of Ireland.

There were vacancies for one night time nurse manager and two nurses. Interviews were being held on the day of inspection for these roles. The recruitment process was almost completed for four vacant healthcare assistant positions.

While there was one night time nurse manager vacancy, a senior nurse had rotated into this role until this post is filled and one nurse was due to start working in the centre on 23 September 2020.

Staff were supervised to complete duties to the standards that was expected of them by clinical nurse managers on each unit.

Judgment: Compliant

Regulation 16: Training and staff development

There was a robust system in place to ensure that training was provided to staff in a timely manner. There was a rolling training programme for all staff. Staff records confirmed that staff had completed training on infection prevention and control, fire safety, safeguarding vulnerable adults and moving and handling.

Training was also available to staff on topics related to care including dementia, medication management, food handling, basic life support, wound management, nutrition and hydration, supervision and management skills. There were educational folders on each unit for staff to refer to with regard to caring for residents with COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the service offered and delivered to residents was in accordance with what was described in the statement of purpose. The management structure in the centre, and roles and responsibilities for all areas of care was clear. There were effective systems in place to monitor the service.

There were arrangements in place to monitor the quality and safety of care and the service delivered to residents. Records of completed audits reviewed by inspectors indicated that these audits had been analysed and action plans and time frames developed to implement change and quality improvement. However the service had not identified a trend in allegations of abuse and behaviours that challenge. The person in charge informed inspectors that the centre would undertake an analysis of these findings to identify any issues or gaps to inform ongoing service improvement and safety in the centre. Practice observed by inspectors had not been identified in audit with regard to infection prevention and control where improvements were required.

There was a COVID-19 emergency plan in place to guide staff. Records viewed showed communications that provided updates and information with resident families during the COVID-19 outbreak. An annual review had been completed which included resident and relative consultations and feedback.

A local Infection Prevention and Control Committee was in place and last met on 21 July 2020. Following the COVID-19 outbreak, the provider had completed a outbreak review as part of a post critical incident review process, to inform learning and the future management and ongoing preparedness of services for any potential further COVID-19 outbreaks.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. The procedure was on display on the residents' notice board. The records showed that matters were addressed in a timely way and that anyone who made a complaint was advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed. There were three complaints on-going at the time of inspection and these were being managed in line with the centres policy. Where learning was identified following the review of recent complaints there was a change in policy and training for staff in order to prevent a similar occurrence happening again. There were two people nominated to ensure that all complaints were appropriately responded to.

Judgment: Compliant

Quality and safety

On the whole residents care and welfare needs were being met through the delivery of appropriate support interventions. There were however improvements required in relation to the analysis of incidents in order to identify trends and to improve learning in this area. Improvements to the management of residents personal belonging were already implemented by the provider with new working practices adopted to ensure a more efficient service.

There were Infection prevention and control processes and procedures in place and overall the centre was clean and well maintained. However, there were weakness identified which required review particularly with regard to social distancing practices observed during the inspection and correct wearing of Personal Protective Equipment (PPE). These are discussed in detail under regulation 27: Infection Control.

Residents care plans were well maintained and subject to regular review. There were systems in place which monitored and ensured that care plans reflected residents current needs. Staff were well supported to maintain a high standard of care by attending regular training to enhance their skills in key nursing and care support interventions.

Inspectors found that the residents were well supported with their individual healthcare needs. There were arrangements in place for residents to receive support with their primary healthcare as well as access to more specialised care input such as palliation. Healthcare support for residents during the lock down period was maintained with the centre liaising with ancillary healthcare services via email or through other platforms such as zoom meetings to process referrals or to follow up

on aftercare arrangements.

Discussion with residents confirmed that they felt safe in the centre and that they were aware of how to raise a concern or a complaint. Records indicated that residents were supported to maintain contact with their families during the period of lock down. Visits had resumed with family members observed to visit their relatives in residents own rooms. Group activities were up and running with all sessions seen well attended by residents. Residents mentioned that they were happy with their room environments. On balance residents said that they liked the food provided although they also said that on some occasions the food was not hot and this affected their appetite.

There was a good appreciation of risks with an up to date risk management policy and procedure in place to guide and assist staff maintain a safe service. There were a range of both clinical and operation risk assessments in place to mitigate against risks with management oversight provided through a health and safety committee structure.

Regulation 12: Personal possessions

Overall resident bedrooms were of sufficient size for residents to be able to store and retrieve their personal items without hindrance. Residents who were spoken with during the inspection were happy with the support they were receiving with maintaining the cleanliness of the personal clothing items. Resident's clothes were laundered on a daily basis and contained residents individual identity tags to allow for easy recognition, this resulted in low instances of residents clothes going missing. Residents also confirmed that staff respected their rights to choose whatever attire they wished to wear.

Procedures in place for storing resident's valuables in a secure place and for the storage and transfer of resident's personal items were recently updated. This was due to a failure that had been identified with the previous protocols.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which detailed the responses the provider was required to undertake to reduce incidents of risk in the centre. This was done through process of risk assessment which evaluated risks and identified measures to mitigate risks from a clinical and operational perspective.

There was good oversight in place with the risk register updated and reviewed on a

regular basis. The centres safety statement was updated in June 2020.

There was a health and safety committee in place which reviewed the risk register and made recommendations regarding areas that required further review.

Judgment: Compliant

Regulation 27: Infection control

There were no positive cases of COVID-19 in the centre at the time of this inspection. The previous COVID-19 outbreak records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. Regular communication was seen in documentation between the centre and public health. The 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 was available in the centre.

There was on-going monitoring of residents and staff to identify signs or symptoms of COVID-19. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents baseline. There was a system in place for monitoring residents and staff for signs of COVID-19 infection and swabbing both residents and staff for COVID-19 infection, to align with national guidelines. Visitors to the centre were also checked for symptoms of infection before they could enter the centre.

There was appropriate infection prevention and control signs on display around the centre. Staff supported safe communication between residents and their loved ones. Social distancing measures were not always observed by staff in the staff room when they were on break, or at times when residents were in communal spaces such as dining areas and sitting rooms.

There were safe laundry arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. there was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift, reminders to staff was seen in records of communication in the centre.

There was a legionella management system and maintenance records for servicing of bedpan washers available on request during the inspection.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence. However, the person in charge was

informed that there were gaps in regard to the correct wearing of face masks by staff and one member of staff was wearing a wrist watch.

Hand hygiene practice was good on the day of inspection and records showed that a number of hand sanitizer wall dispensers were on order which were required along the corridors where bedrooms were located. A number of staff were observed carrying and using pocket hand sanitizers.

There were cleaning processes in place which was documented in cleaning sign off sheets. However, there were gaps identified in the labelling and the practice of 'topping up' of cleaning solutions. Spray bottles containing a detergent concentrate and tap water mixture used for general surface cleaning had not been emptied and washed out appropriately following previous cleaning sessions. Topping up spray bottles can encourage bacterial growth in the solution which may result in the dispersal of microorganisms in particular gram negative bacteria into the clinical environment. Local processes should ensure that spray bottles are emptied, washed out and allowed to air dry at the end of each cleaning session. Cleaning was overseen by the cleaning supervisor. Cleaning and nursing staff, who spoke with inspectors were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning and medication fridges and patient equipment were seen to be clean.

While 25% of carpets in the centre had been replaced with a washable surface, the remaining carpets were stained or marked in some areas around the centre, there was a plan to replace these carpets in the centre when a refurbishment of the centre would be undertaken.

The following areas for improvement were also noted:

- Appropriate storage of linen hamper frames in assisted bathrooms, and cleaning wipes stored on toilet cisterns and hoist slings and a mop and bucket in another bathroom. These practices could lead to cross contamination in the centre.
- The provision of splash backs behind clinical hand wash sinks and sluice hoppers, where walls were seen to be damaged and could not be effectively cleaned.
- One large clinical wheelie bin in the outside storage area contained clinical waste was not locked. This was addressed on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care records indicated that residents had a care plan in place which detailed their individual care and welfare needs and described the interventions that were required to meet those needs. All care plans reviewed during the inspection

were based on a comprehensive assessment of needs carried out by the centre prior to admission.

Residents were encouraged to participate in the construction of their care plans and where this was not possible a family member or friend were engaged for their input.

Care plans were subject to regular review and those reviewed were seen to be updated on a regular basis or as and when a significant issue required intervention. Care records were evidence based and were constructed on the basis of an appropriate assessment for example where a resident needed support with their eating and drinking, a nutrition and hydration assessment was in place and informed how the care plan was formulated.

On balance care plans were well written and easy to follow however a safeguarding care plan required more detail with regard to direct care interventions to meet the defined need, this was amended by care staff on the day. Daily care notes were observed to reflect the input of staff in meeting the care needs of residents as described in their individual care plans.

There was evidence of regular communication between care and nursing staff to achieve the goals set out in residents care plans.

Judgment: Compliant

Regulation 6: Health care

Residents were found to have access to a broad range of primary, specialist and allied healthcare professionals support to meet their individual healthcare requirements. The centre had access to GP input from four local surgeries which was supplemented by the centres allocated GP who attends the centre on Tuesdays and Thursdays. Ancillary healthcare support regarding dietetics, tissue viability nursing and speech and language therapy was supplied by an independent provider. Physiotherapist support was provided by fit for life who attended the centre on a bi weekly basis. Referrals for occupational therapy input were processed via the community. The provider informed the inspectors that where residents qualified for Health Service Executive (HSE) input referrals, were made to them in the first instance.

There were established links made with palliative care services which supported residents who were on an end of life pathway. Residents who required mental health support were able to access support from psychiatry of later life.

It was noted that healthcare support during the lock down period was mainly carried out remotely with meetings held over zoom platforms and referrals made via email systems.

Internal review of residents healthcare needs were carried out via Multi-disciplinary

team meetings (MDT) and through a review of key performance indicators which were reviewed and looked at a range of clinical indicators such as falls, medication, and wound management.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place regarding the safeguarding of residents from abuse. Policies were formulated in a manner that was consistent with the requirements of the regulations. A review of training records indicated that all staff had up to date training in this area. Discussion with staff on the day of the inspection indicated that staff were familiar with these policies and were aware of their role in protecting residents from abuse.

Residents also told the inspectors that they felt safe in the centre and had confidence in the provider investigating any issues of concern that they may raise.

Information received from the provider regarding alleged incidents of abuse were investigated by the provider in a timely manner with appropriate safeguarding plans initiated and implemented to protect the individual resident.

Although the provider had responded in an appropriate manner to each individual incident where an alleged abuse had occurred, a more robust analysis was required to identify trends and, or, learning that could prevent further such incidents. The provider informed the inspectors that this type of analysis was in the process of being started.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The majority of residents spoken with expressed the view that they were happy living in the centre. They mentioned that they felt safe in the home and that staff were approachable should they need to raise a concern or a complaint.

During the course of the inspection Inspectors observed many interactions between staff and residents and found that resident's rights in relation to privacy and dignity were respected by the staff team. Where residents had communication needs, staff interacted with them in an unhurried manner and staff deployed active listening skills to promote good communication.

Some residents mentioned that they found the period of lockdown difficult to deal with, especially with not been able to see their loved ones face to face. Other

residents mentioned that they did not find this period difficult to deal with as they were able to pursue their hobbies and interests in their rooms. Residents confirmed that the centre supported them communicate with their families during the period of lockdown with each unit in the centre having access to a video calls using a tablet.

There was evidence of residents families been kept up to date by the management team with regard to visiting arrangements and updates regarding the well-being of residents.

Residents were seen accessing an internal courtyard area which had been divided for use by each individual unit. This was to adhere to guidance with regard to social distancing.

Group activities had resumed throughout the centre. A well-attended activity sessions were observed by inspectors with residents encouraged and supported to participate by the staff team. Inspectors were informed that there were plans in place to develop an application for families to download which would enhance channels of communications with their loved ones and would include facilities to upload memorable information, and photo images.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Marlay Nursing Home OSV-0000108

Inspection ID: MON-0030351

Date of inspection: 08/09/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To begin we are going to collate all the information generated from the NF06 forms submitted in relation to any allegation, suspected or confirmed, of abuse of any resident This analysis will take into consideration the following areas: 1) Brief look at the Nursing Home Environment and culture 2) Qualitative and Quantitative approach to include review of training records, governance and management on the units where the allegations are centred, residents care plans and safeguarding plans in place, communication including care meetings records, measures put in place following the investigation into the allegations, group and national benchmarking where information is available. The review will be used to formulate a hypothesis from collected data in order to validate and find general answers 3) Use data to improve to reduce the incidence of NF06 and improve resident outcomes. Additionally, we will use this data to update the care planning process and staff education.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1) In regards to gaps in regards to the correct wearing of face masks the following is in place: • Staff are provided with on site and online infection control training and PPE Training to include hand hygiene, an introduction to Covid 19, standard precautions, PPE – donning and doffing, environment cleaning. Information leaflets and posters are placed	

throughout the building for staff awareness and knowledge. Staff are also sent e-mail notifications and updates for training and infection control guidance and protocol. New employees must complete an induction programme that includes the infection control module and the online infection control and PPE training.
• Infection Prevention refresher training provided on: Covid 19 s/s, Hand hygiene, PPE use completed in-house and self-directed study through use of electronic platforms or reading materials such as www.HSEland.ie which hosts the following resources: COVID-19 Infection Prevention and Control Guidance; Introduction to Infection Prevention and Control; Breaking the Chain of Infection
• Communication with staff via e-mail in relation to Dress Code and Uniform policy and use of PPE takes place on a regular basis

To have oversight in regards to compliance on the units the following is in place:
• Infection Prevention Control (IPC) 'Champions' are already in place however; a financial incentive will be attached to the role. Additionally, staff will be trained in QQI Minor Award Level 5 in Infection Prevention and Control.
• 2 staff members are completing the UL IPC Course NS6302 Infection Prevention and Control in Healthcare Course as part on the MSc programme with the University of Limerick.

• The Infection control Officer will initially carryout the IPC Audit Check List for Compliance (To be completed fortnightly) at a minimum.

• An IPC Walk Checklist will be initiated and carried out in the Morning shift, Afternoon and night time period.

2) A programme is in place to ensure that spray bottles are cleaned and air dried (See household Cleaning programme)
3) The carpets in the home will be replaced as part of the refurbishment plan with the new extension.
4) Linen hamper frames are removed and now stored appropriately
5) All mops and buckets removed from bathroom areas
6) Splash backs required in sluice areas and areas that could not be cleaned. Splash backs obtained for supply and fit.
7) Clinical wheelie bin now locked

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
To begin we are going to collate all the information generated from the NF06 forms submitted in relation to any allegation, suspected or confirmed, of abuse of any resident This analysis will take into consideration the following areas:
1) Brief look at the Nursing Home Environment and culture
2) Qualitative and Quantitative approach to include review of training records,

governance and management on the units where the allegations are centred, residents care plans and safeguarding plans in place, communication including care meetings records, measures put in place following the investigation into the allegations, group and national benchmarking where information is available. The review will be used to formulate a hypothesis from collected data in order to validate and find general answers 3) Use data to improve to reduce the incidence of NF06 and improve resident outcomes. Additionally, we will use this data to update the care planning process and staff education.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/11/2020
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.	Substantially Compliant	Yellow	08/09/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents	Substantially Compliant	Yellow	28/11/2020

	from abuse.			