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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:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	16 March 2021
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0031595

## About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 March 2021	10:00hrs to 16:30hrs	Helena Grigova	Lead
Tuesday 16 March 2021	10:00hrs to 16:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Overall, residents reported good quality of life in a homely environment, and they were highly complimentary of the care in the centre. They also said that they had plenty of choice in their daily lives. Inspectors met a majority of the residents present in the centre and spoke in more detail to 15 residents.

Inspectors arrived unannounced in the morning, and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, face covering and temperature check. Following an opening meeting, inspectors took a tour of the premises accompanied by the deputy person in charge. The centre was a three-story period building retaining many original detailing within the residents' rooms in the main building, including decorative fireplaces and high ceilings. Inspectors saw that the centre was located in Bray town centre within walking distance of the promenade and a town park. Residents told the inspectors that the central location was important to them because, before the pandemic, they could walk into town to visit the post office, restaurants and shops. Residents expressed relief to have recently received their first COVID-19 vaccinations and hoped that they would be able to go back to normal life as they lived before the pandemic started.

The centre was largely clean, bright and welcoming throughout. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. Inspectors observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were photographs on display in the centre which had been taken at events both inside and outside the centre. There were adequate privacy screening curtains in shared bedrooms. Residents had access to information and news, selection of daily and weekly local newspapers, radio, television, and Wi-Fi were available. Inspectors saw that some residents' nails were painted, and their hair was done. One of the care staff had taken on the role of hairdressing in the absence of the hairdresser being able to come into the centre.

Inspectors saw that the residents had access to the enclosed sunny garden, with mature trees with suitable seats and walkways for resident's use. One resident had his two bicycles displayed in the garden. The deputy person in charge said that the resident loved to cycle around the beach prior COVID-19 pandemic. Residents told the inspectors that they had used the garden on a very regular basis during summer months, and inspectors observed many residents sitting in the garden during the day, or using the smoking area.

All residents spoken with on the day of the inspection mentioned that they found the staff team to be very supportive and caring. They said that they felt safe and well-cared for and that staff did their best to ensure that they had everything they

required. Residents reported that staff had time to listen to them and to reassure them. Residents were complimentary about the professionalism and dedication of staff. They were aware of the complaints process and were able to name staff members with whom they could confidently express their concerns.

Inspectors also observed staff and residents interactions and found them to be positive, with staff demonstrating good insights into the needs of the residents. Residents were in good form and were chatting among themselves, relaxing alone with magazines or newspapers, strolling around the premises or going outside. Residents looked relaxed and comfortable and described the centre as their 'home'. Staff were observed to knock and wait for permission before entering the resident's bedroom and before commencing a care intervention.

During the recent COVID-19 outbreak in the centre, records showed that management and staff had worked as a team to provide person-centred care to the residents and support anxious relatives whilst managing an unprecedented situation and associated workload. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. Staff expressed empathy with the residents and acknowledged that the recent outbreak of COVID-19 and the associated deaths had been a difficult and anxious time for the residents. The provider had employed an extra activities coordinator to promote active living, support residents to monitor their interests and hobbies, ensuring that they were now taking their overall wellbeing into consideration. There was evidence of on-going consultation with residents via meetings, which were held, and facilitated by the person in charge.

Visiting was currently restricted due to level five restrictions. Some residents spoken with found these restrictions had a negative impact on their quality of life; however, they understood the reasoning for the decision. A temporary visiting facility had been erected at the front of the building as the visitors' lounge had been changed into a single isolation room (zone A) for suspected or confirmed cases of COVID-19. Visiting on compassionate grounds was accommodated as per national guidelines. Staff said that they regularly communicated with relatives and informed relatives as much as possible about the situation in the nursing home during the recent outbreak. Inspectors saw evidence of weekly emails and newsletters going out to families informing and reassuring them about current clinical updates and news in the centre's life.

Residents were satisfied that their religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions, and some listened to mass on the local radio stations. Some resident groups recited the rosary on a daily basis.

Residents were offered a choice of meals, and meal options appeared appetising and nutritious. All residents reported that the quality and quantity of food was excellent. Inspectors observed that modified diets were attractively presented. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

Inspectors saw that the centre provided a clean, homely environment for residents. The fabric and infrastructure of the period home presented on-going challenges to the maintenance and upkeep of the building. The provider endeavoured to improve the facilities, and the physical infrastructure at the centre through gradual upgrading, and on-going refurbishment plans. Inspectors observed that several of the surfaces and finishes, including wall paintwork, were worn and required attention. Facilities for and access to hand wash sinks in the centre did not ensure they could be accessed easily when needed. Overall a good standard of cleaning was consistently observed on the day of inspection. Inspectors acknowledged that the maintenance work was postponed during the outbreak and the imposition of the current COVID-19 level 5 restrictions; however, it was apparent that many of the issues identified during the course of the HIQA inspection including storage and the wear and tear of furniture and fittings preceded the COVID-19 pandemic.

Residents and families were very complimentary about the management team and said that 'The outbreak was managed extremely sensitively. They were like a rock behind the staff and stayed here day and night.' Another family member said that 'They have a great appreciation for all staff of their steering efforts and dedication in fighting the COVID-19, so bravely and tirelessly and called them angels in disguise.' Residents who spoke to inspectors said that 'We lived through it, we had to stay in our rooms, but we were never alone. People were cleaning the rooms, but they stopped and talked to us. If we were not able to eat our meals, they brought us a bowl of fruit, and their kindness kept us going.' The staff said that 'They are very proud to be associated in their small way with such devoted team.'

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in the centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose, and improvements required from the previous inspection had generally been addressed and rectified. The management ethos emphasised a person-centred care approach in line with the centre's statement of purpose, aims and objectives.

The registered provider entity is Atlanta Nursing Home Limited. One of the two company directors is the deputy person in charge, and she works in the centre on a daily basis. The centre had a good regulatory and compliance history.

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in January 2021. During this outbreak 35 residents and 25 staff members tested positive for COVID-19. At

the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 01 March 2021.

Inspectors found that the dedicated management team consisting of the person in charge (PIC) and the deputy person in charge (DPIC) provided leadership and direction to the staff team during the COVID-19 outbreak. The person in charge had responsibility for the operational management of the centre. She was supported in her role by the ADC, a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear, and all staff were aware of the management structure and were facilitated to communicate regularly with management.

The registered provider had put adequate resources in place in response to the COVID-19 pandemic. Records seen on the inspection indicated that the provider had actively engaged with Public Health and had followed the advice given. There were well established relationships between GPs and allied health professionals. As part of the centre's COVID-19 contingency planning, senior staff had developed links with the local public health team, who provided advice, and support during the recent COVID -19 outbreak. A review of the management of the outbreak had also been completed in conjunction with Public Health. A local review of outbreak management was in progress to include lessons learned and ensure preparedness for any further outbreaks.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions. A review of training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend training relevant to their role. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education. However, not all staff completed some of the mandatory training. This is outlined under Regulation 16: Training and staff development.

Staffing levels were sufficient to provide care and meet the needs of the residents, and reflected the layout of the building. The centre had been divided into three zones A, B and C. Separate staff groups were rostered to work in each zone. Each zone of the building had its own staff nurse and care staff at night time. Arrangements to replace staff to fill unexpected absences were in place. There were no volunteers working in the centre in the months prior to the inspection.

Staff records showed that newly employed health care assistants had completed an induction booklet, and newly employed staff nurses completed a competency assessment. Staff members spoken with were knowledgeable of residents' needs. In respect of COVID-19, the staff met were knowledgeable of typical and non-typical presentation of COVID-19, and what symptoms and signs to look out for in residents, should they become unwell. The provider had ensured there were sufficient supplies of PPE in the centre, with all staff seen to be wearing the appropriate PPE on the day of the inspection. A sample of staff files reviewed

showed that all staff were Garda vetted prior to commencing employment.

Inspectors reviewed audit reports and saw the audits covered a range of topics, and their format provided an action plan to inform required improvements. Inspectors noted some disparities between the recent health and safety audit findings and observations on the day of the inspection. Audit tools required review to ensure that all aspects of the physical environment, facilities were audited to minimise the risk to residents, staff and visitors acquiring a Healthcare-Associated Infection. In addition, a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. This is further discussed under Regulation 27: Infection Control and Regulation 17: Premises.

Residents had access to medical and allied health care services such as physiotherapy, dental, occupational therapy (OT) and dietitian services. These services were provided either in person or by video call, depending on the restrictions at the time of referral. Residents' records confirmed the chiropodist attended residents on a monthly basis.

Complaints were well managed in the centre. A clear policy was available to guide complaint management, and records were well maintained separately from any resident file or information. Residents' complaints and concerns were listened to, and acted upon in a timely, supported and effective manner.

A comprehensive annual review for 2020 had been carried out by the management team, and it included residents feedback and identified quality improvement initiatives for the year ahead.

### Regulation 15: Staffing

The staffing levels and skill mix were appropriate to meet the needs of residents and taking into account the layout of the designated centre. Inspectors observed staff to be responsive and attentive without any delays with attending to residents' individual needs. Staff were supervised and were aware of the line management reporting arrangements. Rosters confirmed that there was no requirement to use agency staff in the centre at the time of this inspection. The provider showed a proactive approach to the staff contingency arrangements and employed nine extra staff in 2020 as part of the COVID-19 preparedness plan.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed fire safety training. In response to the COVID-19 pandemic,

training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE) and COVID-19 information sessions. This training was supplemented by visual demonstrations in the centre.

However, the COVID-19 pandemic had interrupted the training programme due to the restrictions on groups of people congregating and placed restrictions on external people visiting the centre. As a result, the training programme had fallen behind schedule. Not all staff were up to date with training in key areas such as managing behaviour that is challenging, safeguarding and moving and handling. The provider provided the scheduled dates for relevant training in 2021.

Judgment: Substantially compliant

### Regulation 23: Governance and management

An audit of antimicrobial use had been undertaken in November 2020. This was an example of good practice. However, inspectors found that governance arrangements at the centre could be strengthened to ensure that accurate information is produced through local monitoring and data used to identify potential risks and opportunities for improvement.

For example

- Health and safety audits did not identify a number of maintenance issues highlighted on the day of the inspection.
- Infection control audits required review as they failed to pick up on some of the risks associated with the infection control procedures and practices identified by the inspectors.
- The oversight of equipment hygiene was weak. Inspectors found single use medicine pots were reused and shared clinical equipment was not effectively cleaned and decontaminated after use.

The details for this are further discussed under Regulation 17: Premises and Regulation 27: Infection control.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All statutory notifications of incidents and quarterly monitoring notifications had been appropriately submitted to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, the investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Information regarding how to make a complaint was accessible to inform residents, relatives and visitors, and there were arrangements in place for residents to access advocacy services as required.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies were available on inspection and had been reviewed in November 2020. A number of other relevant policies had been updated to include changes relating to the current COVID-19 pandemic.

Judgment: Compliant

## Quality and safety

Inspectors found that overall residents received appropriate care and interventions that met their needs. During the COVID-19 outbreak, residents who were ill received appropriate care to ensure their recovery and rehabilitation needs were met. Residents had opportunities for social engagement, and the activity programme provided a choice of interesting things for residents to do during the day. The activity coordinators were well-known to the residents, who all commented on their dedication to ensure there was something fun to do every day.

On the day of inspection, visiting restrictions were in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends, and scheduled window visits, telephone and video calls were facilitated.

Inspectors were informed that there were sufficient cleaning resources to meet the

needs of the centre. Overall, the centre was clean and decorated in a homely way. However, further improvements were required in respect of premises, storage and infection prevention and control, which were interdependent. These deficits were significant in the context of reducing the potential for transmission of infection and should be a particular focus for improvement. This is further discussed under the individual Regulations 17: Premises and Regulation 27: Infection control.

Overall, the registered provider had arrangements in place against the risk of fire, including fire fighting equipment, means of escape, emergency lighting, and regular servicing of equipment, and fire safety lighting. Fire safety checks were recorded daily and weekly. Residents' support needs were clearly documented in their personal emergency evacuation plans, which were up-to-date. All staff had received annual fire safety training and confirmed their knowledge of evacuation procedures. The person in charge provided evidence of regular fire drills, including one which simulated the evacuation of the biggest compartment with night duty staffing levels. However, the fire drill sheet required improvement in order to record any leanings from the drill and actions taken. Further improvements in fire safety arrangements are further outlined under Regulation 28: Fire precautions.

The use of restrictive practices was closely monitored, and the centre was working towards a restraint-free environment in line with national policy.

### Regulation 11: Visits

The centre had an up to date policy on visits which had been reviewed and referenced COVID-19. Exceptions to the restrictions were permitted on specified grounds based on the needs of the individual residents. The provider was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email, and other video and telephone calls as appropriate.

Judgment: Compliant

### Regulation 13: End of life

There were clear policies and procedures in place to guide staff when a resident's condition deteriorated, and the resident was assessed as requiring end-of-life care. Residents had a COVID-19 end-of-life care plan in place, which outlined the physical, psychological and spiritual needs of the resident, and contained person-centred information in relation to their specific wishes. These decisions were reviewed regularly and updated as necessary, including during the COVID-19 outbreak. From communication with the nursing staff and a review of available documentation, the inspectors were assured that residents who died in the centre received appropriate and dignified end-of-life care.

Judgment: Compliant

### Regulation 17: Premises

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

- Some surfaces, finishing and furniture, was worn and poorly maintained, and as such, did not facilitate effective cleaning. The relationship between the infrastructure and the cleaning function must be recognised and be a proactive one. Ongoing maintenance and other facilities management issues must be prioritised.
- Efforts had been made to de-clutter the centre. However, there was a lack of storage space in the centre resulting in the inappropriate storage of equipment and supplies, particularly in toilets and shower rooms.
- Clinical supplies were stored on the floor in a bathroom and the clinical room, which could lead to floors not being cleaned adequately, and contamination of supplies.
- Staff changed in a staff toilet, which was also used as a storage area for staff personal belongings. Toilets should be located separately to changing facilities. Such separation is necessary to avoid the risk of contamination.
- The fabric covers of several resident chairs were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- Overall equipment inspected was generally clean with some exceptions. For example, red staining was noted on a tourniquet and on a sharps tray indicating that they had not been decontaminated after use. This was brought to the attention of the person in charge to be addressed immediately.
- Ancillary rooms such including the 'dirty' utility and clean utility rooms, were small-sized, poorly ventilated and did not facilitate effective infection prevention and control measures. There was only one dirty utility room which was located on the first floor. The location of dirty utility rooms should minimise travel distances for staff from resident rooms to reduce the risk of spillages and cross-contamination, and increase working efficiencies.
- The infrastructure of the laundering area did not support the functional separation of the clean and dirty phases of the laundering process.

Judgment: Not compliant

### Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. The

risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. The information included in this register outlined control measures with responsibilities assigned. They were subject to ongoing monitoring to ensure their effectiveness.

Judgment: Compliant

### Regulation 27: Infection control

Facilities for and access to hand wash sinks in the areas inspected did not promote effective hand hygiene. As a result, efforts to prevent and control infections at the centre were severely restricted. For example;

- There were no dedicated clinical hand wash sinks within easy walking distance of each bedroom for staff use in the centre. The provider had planned to install additional sinks.
- There was one sink in the 'dirty' utility room which was designated a hand wash sink. A separate sink for washing patient equipment was not available so it was difficult to determine if the hand wash sink had a dual function. Using sinks for both hand-washing and the cleaning of equipment should be discouraged as this will significantly increase the risk of hand and environmental contamination.
- There was no hand hygiene sink in the clean utility room. Clinical hand-hygiene facilities are required in the clean utility room where drugs and lotions may be stored and prepared, a supply of clean and sterile supplies may be held, and dressing trolleys prepared.
- Several staff members were wearing wrist watches. Wearing a wrist watch prevents proper hand washing.

Inspectors were informed that resident's wash-water was emptied down residents' sinks. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection.

Inspectors observed that staff did not maintain physical distancing measures while having lunch.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

A full fire door audit was completed in 2020, and found that significant improvements were required in relation to the fire doors to ensure that they were fit for purpose. For example; some doors had significant gaps, they were not latching,

some frames required repairs, and some doors required a full replacement. Inspectors observed that some door frames were currently being replaced. The provider assured inspectors that this was currently addressed by a new fire safety assessor.

There was a smoking shelter available for the residents. Residents were risk assessed for their capability to smoke independently, and this was documented in care plans. A fire blanket and a fire extinguisher were located in the shelter. However, there was no call bell available for residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system. Residents were assessed prior to admission, and they had a comprehensive assessment on admission. Care plans were developed within 48 hours of admission to meet residents assessed needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, pressure-related skin damage, personal care needs and the supports they needed regarding their mobility needs. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection. Inspectors reviewed a sample of these plans and found that they reflected the information obtained in the clinical assessments and provided sufficient information to guide care delivery. There was evidence of ongoing consultation with the residents, and where appropriate, to their families.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a choice of general practitioner (GP), and there was evidence of regular review. There was also access to out-of-hours GP services. The medical needs of all residents were under constant review at the peak of the outbreak, with daily assessments for residents by their GP when they presented with symptoms. Allied health professionals also supported the residents on-site, where possible, and remotely when appropriate such as dietetics, speech and language therapy (SALT), and tissue viability nurse. Psychiatry of old age was also available through a virtual clinic to review specific residents on their caseload.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a person centred ethos of care in this centre and residents' rights and choice were respected. There were some residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The inspectors saw that staff were familiar with residents care needs, and had interventions in place that helped reduce these behaviours. The care plans reflected the resident's known behaviours and triggers that might cause agitation, or stress for the individual.

The centre had an up-to-date restraint register in place. Only three residents were using bed rails, and there was an appropriate risk assessment in place for this purpose. All residents who used low beds, crash mats, and/or alarm mats had appropriate risk assessment in place.

Judgment: Compliant

## Regulation 9: Residents' rights

Activity staff were on duty every day, and the activity schedule was informed by the interests and activity preferences of the residents. The activity coordinator demonstrated a commitment and enthusiasm for her role. A number of communal areas were available, and residents had a choice to socialise and participate in activities. Inspectors observed residents enjoying a variety of activities, including exercises, bingo, arts and crafts and music. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0031595

Date of inspection: 16/03/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All mandatory training has now been scheduled for delivery.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Training taken on Auditing. New suite of audits scheduled /introduced. All audits have dashboard indicators and All audit outcomes will be discussed by the Senior Management Team at the meeting following the audit. Any issues arising are placed in a Quality Improvement Plan and then scheduled and time bound for delivery.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new shed is on order to store excess PPE. Temporary measures have been stood down and staff now have a separate changing area. Staff retrained on cleaning procedure and Laundry procedure reconfigured. With our Outbreak now over, we were able to resume	

our maintenance and decorating schedule and all worn chairs were re-covered. We are investigating where we can place a second utility room.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

As planned before Outbreak, new hand wash sinks have been installed in the first and second floor corridors, extension corridor, sluice room and in the Medication Room. Wrist watches are no longer worn. Wash water is disposed of correctly. Social Distancing among staff has been reemphasized and monitored and a new staff dining area has been set up.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A new Fire Consultant has been appointed (Phoenix Fire) and a time bound plan of action is being prepared. A call bell has been installed in the Smoking Area.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	27/04/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/04/2021
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	27/04/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2021