



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

Issued by the Chief Inspector

Name of designated centre:	Cairnhill Nursing Home
Name of provider:	McMahon Healthcare Limited
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	12 January 2022
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0035409

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 Bray and has good access to local amenities including bus routes. The premises is purpose built and four floors are in use with bedroom accommodation located on the ground, first and second floor. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters for residents of all dependencies, low, medium, high and maximum, and can offer convalescence care, palliative care, respite and long term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor.

The basement area is used mostly for support services such as the laundry, maintenance room, hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area which is mostly used for movie afternoons and parties. Additional storage was also provided here.

According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents' privacy and dignity is respected and their individuality maintained. It aims to provide an environment which is safe, homely and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision making where appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

90

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
Wednesday 12 January 2022	10:20hrs to 17:40hrs	Liz Foley	Lead
Wednesday 12 January 2022	10:20hrs to 17:40hrs	Mary Veale	Support

What residents told us and what inspectors observed

The centre was experiencing an outbreak of COVID-19 and all residents were isolating in their bedrooms on the advice of Public Health. This was not the normal routine in the centre and therefore not a true reflection of the lived experience for residents. There were limited opportunities for inspectors to speak with residents due to isolation arrangements. Inspectors greeted many residents during the inspection and spoke at length with two residents to gain an insight into the lived experience in the centre.

On arrival inspectors were guided through the centre's infection control procedures before entering the building. Doors to the centre's floors were restricted and all staff carried electronic key cards. Residents required the assistance of staff to enter or exit. CCTV cameras monitored all exit doors and the corridors within the centre, there was a sign advising visitors and residents of this. Alcohol hand gel was available on entry at the front door and at regular points throughout the centre. Hand hygiene sinks were limited throughout the centre and were not available at the point of care for staff to clean their hands.

The centre had accommodation for up to 93 residents over four floors and was finished and maintained to a high standard. All bedrooms had en-suite bathrooms and there was mostly single occupancy rooms with five twin bedrooms throughout. Inspectors observed that the centre appeared clean to a high standard. Shared furniture in communal rooms appeared to be suitable for the residents, comfortable and clean. Corridors were wide and free from clutter with appropriate hand rails. There was access to outdoor spaces via communal rooms on the ground floor. If residents from the upper floors wanted to go outside during the outbreak staff would accompany them through the centre to avoid mixing with other residents. Three passenger lifts provided access to all floors.

There were many good systems in place around infection control, for example, laundering of staff uniforms on site, each floor had a separate staff entrance to reduce staff cross-over and storage and sluice rooms were clean and organised. The laundry was also well managed and staff had ample space to ensure good infection control procedures. Inspectors observed that both residents and staff had twice daily symptom monitoring for COVID-19. However some poor practices were observed which impacted on the safety of care provided, these are discussed in the quality and safety section of the report.

Staff were observed to be working very hard in a busy environment and the staff appeared to be very familiar with the residents and they were observed providing kind and respectful care. Some residents were observed wandering out of their isolation rooms and there were not enough staff to supervise and re-direct them to ensure all residents remained safe.

Residents on all floors were isolating in their bedrooms on the advice of public

health. Some residents on the ground floor were observed mobilizing on the corridors. Residents told inspectors they filled their time with Mass on the television, meals and individual activities like reading, art and prayers. Residents were highly complimentary about all staff who they stated were kind and helpful. Residents had been able to have indoor visits and go on outings up to the recent outbreak and looked forward to returning to some normality. Residents missed the normal routine of meeting friends for meals and activities and seeing their loved ones but understood the importance of isolating to prevent infection. One resident stated her relationships with staff and her trust in them was a comfort and assurance during periods of restriction. Residents were highly complimentary about the choice and quality of food provided and could have anything they liked. There were snacks and drinks available routinely throughout the day and residents could have additional snacks and drinks any time they chose.

While the centre was temporarily closed to indoor visits, residents were assisted with phone and video calls as they wished. Residents' care representatives were regularly updated about changes in visiting arrangements and restrictions as they occurred.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The centre was experiencing an outbreak of COVID-19 and the accumulated risks found required urgent action by the provider to ensure the safety and well being of all residents and staff. The centre had experienced an outbreak previously yet key learning had not been applied to the current outbreak. Poor infection prevention and control systems and poor supervision of staff resulted in ongoing risks to the spread of infection in the centre.

McMahon Healthcare Limited were the registered provider for Cairnhill Nursing Home. The company had three directors, one was the provider representative and another was a senior manager in the centre. The person in charge worked full time and was supported by a general manager and three support managers, an assistant director of nursing, three clinical nurse managers and a team of nursing, caring, catering, housekeeping, activities, administration, maintenance and laundry staff. The management structure within the centre was clear and staff were aware of their roles and responsibilities and the reporting structure. This centre had a good history of compliance and were responsive to the inspection process.

This was an unannounced risk inspection to monitor compliance. The centre had an outbreak of COVID-19 with 29 residents identified as positive on the day of

inspection. Risks were found which warranted an urgent action plan to be issued following the inspection with regard to regulations 27 Infection prevention and control, 23 Governance and management and 15 Staffing. The centre were not following their own contingency plan for managing an outbreak and the systems in place for supervising staff were poor. Audit systems for infection prevention and control required strengthening, as risks found on inspection had not been identified by the provider. The management structure required review to ensure there was suitable clinical governance in place in the absence of the person in charge. Several days preceding the outbreak there was no allocated centre manager on duty to guide staff and ensure that contingency plans and infection control procedures were being followed throughout the centre. This lack of oversight may have contributed to poor outbreak management at the offset. The accumulated risks were impacting on the safe care of residents and the provider took immediate steps to reduce the risks and come into compliance.

Staffing resources required review. The centre was divided and managed as three separate units, ground floor, first floor and second floor. Each unit had a clinical nurse manager and team of nurses, carers, housekeepers and activity staff. Staffing was a challenge as several staff were isolating due to COVID-19 and the centre were trying to cover all vacant shifts. In addition to this there was an increased staff requirement on two floors that were experiencing outbreaks. Staff had been redeployed to prioritise care, for example, activities staff were providing care. The staffing levels were not in line with the centre's contingency plan for managing an outbreak of COVID-19 and crossover of staff providing care may have contributed to the ongoing spread of infection in the centre. There was no agency staff employed in the centre.

There was an ongoing and comprehensive training programme in place for all staff. There was a blended approach to training with a mix of online and in house training with all learning evaluated. The centre had identified that some staff were overdue fire training and had scheduled training dates prior to the inspection. Assurances were required that staff were appropriately supervised to perform their respective roles. Inspectors observed examples of poor infection control practices, for example, doffing (removing) PPE on the corridor instead of in the isolation room, as per the national guidelines. Staff were doing their best to provide care during the outbreak however, there was very little supervision or support to ensure practices were in line with the national guidelines, this impacted on the containment of the outbreak.

Inspectors found that there were good systems in place to manage and deal with complaints. There was an open culture of reporting and lessons learned were shared and used to inform quality improvements in the centre.

For the most part the provider was submitting required notifications of incidents to the Chief Inspector within the required time frames. Although incidents were well managed, inspectors found that notifications were not submitted in line with regulatory requirements.

Regulation 15: Staffing

Staffing levels required review to ensure there were sufficient staff on duty to provide care to separate cohorts of residents, particularly at night time. Staffing levels during the current outbreak of COVID-19 were not in line with the centre's contingency plan and may have impacted on the management of the outbreak. For example, there were three staff rostered on the first floor at night time to provide care to two separate teams of residents, one positive team for COVID 19 and one negative. This allocation of staff was insufficient to avoid crossover of staff between the teams of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Oversight of staff supervision was poor. Inspectors observed poor staff practices with basic infection prevention and control as outlined under regulation 27. Unit managers and the senior management team were unaware of these poor practices which were impacting on the health and safety of care provided.

Judgment: Substantially compliant

Regulation 23: Governance and management

Systems in place to manage an outbreak of COVID -19 were not in line with the centre's contingency plan or their policy for managing an outbreak. The major impact of this was a failure to contain the spread of infection in the centre. There appeared to be a lack of expertise in infection prevention and control as outlined under regulation 27, this was also creating a risk to the safety and well being of residents and staff.

Staffing resources required review as staffing levels were not in line with the centre's contingency plan. Sufficient staffing had not been allocated to provide separate cohorted care and this may have impacted on the onward spread of COVID-19 in the centre as staff had to care for both positive and negative residents on the same shift. A number of staff were not available for work due to isolation and agency staff had not been sought.

The centre had experienced a previous outbreak of COVID-19 and had not implemented successful actions from the first outbreak, for example, the creation of an isolation zone and cohorting of all positive residents together. Learning had not

been transferred or used to help in managing the current outbreak.

The management structure required review to ensure there was a suitable person on duty to ensure the service provided was safe, appropriate, consistent and effectively monitored. For example, there was no senior nursing cover when the outbreak was first identified, this lack of clinical oversight and support may have impacted negatively on the management of the outbreak in the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all notifications were submitted within the required time lines. Inspectors found two examples of incidents of serious injury where residents required transfer to the acute hospital for assessment following a fall, were not notified to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints were promptly managed in line with regulatory requirements. The outcome of all complaints was recorded and the complainants level of satisfaction.

Judgment: Compliant

Quality and safety

Residents were well cared for in this centre and their rights and preferences were promoted. However, infection prevention and control risks identified on inspection were significantly impacting on the safety and welfare of residents. Lack of clear guidance on isolation and basic infection control procedures created a challenging environment for staff and risks to the ongoing spread of infection.

The provider had measures in place to keep residents and staff safe including, symptom monitoring, some good housekeeping procedures, laundering of staff uniforms on site and strict uniform policy for all staff. The centre appeared clean to

a high standard throughout and there was evidence of daily cleaning and regular disinfection of high touch areas. Floors were operating independent of each other and each had their own entry and exit points to prevent cross-contamination from staff. However, there were many examples where basic infection control procedures were breached and this was impacting on the ongoing spread of infection in the centre

Outbreak precautions were in place over two of the centre's three floors however, it was not evident to inspectors what areas of the centre were isolation zones. Residents had not been moved into isolation zones at the beginning of the outbreak, which is best practice in containing infection. Inspectors observed that residents who were positive and negative were in bedrooms next door to each other. Appropriate signage, bins and PPE were not always available outside the bedroom doors of positive residents to support good infection prevention and control practices. There was crossover of staff between residents who tested positive and those who did not have COVID-19 detected and other issues which are discussed under regulation 27.

There were good standards of evidence based health care provided in this centre. Two General Practitioners attended the centre on a weekly basis and when required. Residents were reviewed by a GP on site if they deteriorated or required a review during the COVID-19 outbreak and this supported appropriate care in line with each residents expressed preference. There was evidence of appropriate referrals, such as specialised consultants and health and social care professionals including speech and language therapists and dietitians. The centre directly employed a physiotherapist and a physiotherapist assistant which improved health outcomes and quality of care.

Care plans were evidence based and guided staff to provide person-centered care in accordance with residents' needs. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. All staff were familiar with residents needs and described individualised interventions.

Visiting restrictions were in place during the COVID 19 outbreak and compassionate visits were facilitated. There was evidence of on-going communication with residents and there were arrangements in place for consultation regarding visits with relatives and families.

Regular activities were suspended due to the current outbreak and dedicated activities staff had been redeployed to ensure care was prioritised. The centre normally had an extensive activities schedule and each of the three floors had its own dedicated activities staff. Resident's feedback was central to service provision and informed ongoing quality improvements. There was annual resident and care representative surveys, regular residents meetings and daily informal feedback from residents.

Regulation 11: Visits

At the time of inspection visiting was restricted due to the outbreak of COVID-19 and Public Health were advising the centre on managing visits. Visits on compassionate grounds were being provided for some residents based on a risk assessment. There were facilities available to continue window visits and outdoor visits in line with public health advice.

Judgment: Compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that procedures consistent with the standards for infection prevention and control were implemented by staff. This impacted on the safety and welfare of residents. Inspectors observed many examples of poor practice on two floors where there were active COVID-19 cases. For example,

- Staff observed leaving an isolation room in full PPE and later returning to the room, doffing PPE on the corridor, using alcohol hand gel on gloved hands, not performing hand hygiene between taking off and putting on FFP 2 masks and one staff member wearing a surgical mask where they should have worn an FFP 2 mask.
- The measures in place to mitigate against the risk of transmission were inadequate. There were no dedicated isolation zones. Some bedroom doors were left open, PPE stations were not readily available outside bedrooms of positive residents, there were no bins on the corridor outside isolation rooms for doffing masks, and there was not always access to alcohol hand gel at the point of care outside rooms where residents were isolating.
- There were no PPE stations at the points of entry and exit from the floors with outbreaks and no signage to alert other residents and staff about isolation areas.
- Each floor had a dedicated housekeeper. Arrangements during the outbreak

were that each staff member would remain on their floor for their entire shift. However, housekeeping trolleys were stored centrally in the basement of the centre and all trolleys were returned by housekeepers at the end of their shift. This had not been risk assessed in relation to potential for cross contamination to other equipment and clean supplies in the store room where they were kept.

- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, and some were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be dual purpose - used by both residents and staff.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate person-centered interventions were in place to meet residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. Residents also had access to consultant Geriatrician and the Frailty team from the local acute hospital which supported residents who were unwell to be cared for in the centre when appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs and preference of residents and normally there were daily opportunities for residents to participate in group or individual activities. The regular activities schedule was on hold during the current COVID outbreak and activities staff had been redeployed to provide care.

Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0035409

Date of inspection: 12/01/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Cairnhill Nursing Home (CHNH) has completed a review of the requirements of Regulation 15 and has implemented the following changes.</p> <p>1. Staffing Levels: Staffing levels within CHNH have been reviewed in line with Resident’s dependency levels and holistic needs. CHNH staff that were not available for work due to exposure to Covid 19 (close contact) or positive PCR test results have now returned to work which has resulted in a return to full staffing complement. This is monitored daily by CHNH Management Team – completed and ongoing.</p> <p>2. Recruitment: CHNH increased its recruitment advertising campaign though national and local newspapers and engaged with a recruitment agency. The efforts have resulted in additional staff and will be utilised in the event of an infection outbreak or emergency – completed and ongoing.</p> <p>3. Staffing Lookback Review and Staffing Risk Management: A staff banking system has been introduced. The decision to employ banking staff instead of agency staff was to enhance continuity of care for the Residents and ensure appropriate training, familiarity with the facility and systems. The listing of banking staff is available on each shift, and it is the role and responsibility of the Clinical Nurse Manager’s (CNM) to approve the use of staff based on the Resident requirements and extent of outbreak.</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Cairnhill Nursing Home (CHNH) has completed a review of the requirements of Regulation 16 and has implemented the following changes.</p> <p>1. Supervision Arrangements: The Management, oversight, and supervision arrangements in CHNH were reviewed by Senior Management. Completed 26th January 2022.</p> <p>Senior Management with deputising arrangements is in place 7 days per week. The Director of Nursing, Assistant Director of Nursing and the Clinical Nurse Managers are all responsible regarding management supervision of the multidisciplinary teams. Completed 26th January 2022.</p> <p>A review of skill mix has been completed. A CNM is rostered 7 days per week. It is the responsibility of the CNM to oversee/supervise the activities of staff working in their area. Completed 13th January 2022.</p> <p>The observation and feedback provided to staff forms part of the staff members training programme, development, and annual appraisal. Completed and ongoing.</p> <p>Resources including CHNH staffing plan are discussed monthly at the Management Team meetings. Where staffing issues are identified, this is overseen and actioned by the Registered Provider Representative and Director of Nursing. Completed and ongoing.</p> <p>2. Comprehensive Staff Training for all staff: IPC training has been completed by all staff IPC Social care March 2021, hand hygiene Olive training platform May 2021, IPC Olive media June 2021, Prevention and management of COVID 19 in Residential care facilities, June 2021. All staff have now completed refresher training in IPC via online (HSE land). Specifically;</p> <ul style="list-style-type: none"> • Personal Protective Equipment • Basics of Infection Prevention and Control <p>Completed 26th January 2022.</p> <p>All updated guidelines have been issued to staff and are available on each floor. Completed 26th January 2022.</p> <p>To supplement the online training, practical demonstration sessions on donning and doffing of PPE are provided daily by the Assistant Director of Nursing. Completed and ongoing.</p> <p>The oversight and monitoring mechanisms to assure Senior Management of safe practice are included in the response Regulation 23: Governance and management.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Cairnhill Nursing Home (CHNH) has completed a review of the requirements of Regulation 23 and has implemented the following changes.</p> <p>1. Review of Covid contingency Plan: The Covid contingency Plan was reviewed by Senior Management following the subject outbreak. The comprehensive review included a review of all systems in place to manage an outbreak of COVID -19. Expert external advice and CHNH IPC lead has been previously available. Completed 26th January 2022.</p> <p>2. An Outbreak Control Team has been previously in place. The OCT has been reconvened to review the efficacy of current measures and the Covid Contingency Plan has been amended which includes:</p> <ol style="list-style-type: none"> a. Management Team. b. IPC Lead. c. GP. d. Multi-disciplinary Care Team. e. Multi-disciplinary Support Team. <p>3. Changes to the Covid Contingency Plan include.</p> <ul style="list-style-type: none"> • Management Arrangements (Outbreak Team) • Staffing arrangements • Deputising arrangements • Contact details for Bank Staff • Cohorting and Zoning of Residents <p>Completed 26th January 2022.</p> <p>3. Oversight and Monitoring: The IPC Audit tool has been revised to include a triangulation approach including: Observation of staff practices and implementation of the IPC policies. procedures and Covid contingency Plans. Completed and ongoing.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Cairnhill Nursing Home (CHNH) has completed a review of the requirements of Regulation 31 and has implemented the following changes:</p> <p>1. Incident Reporting</p> <p>All incidents reported within CHNH are notified to the Assistant Director of Nursing / Nurse in Charge and communicated to the Director of Nursing as required. The Director of Nursing and in her absence, the Assistant Director of Nursing, are responsible for ensuring all notifications are submitted within the required time frame.</p> <p>Completed and ongoing 26th January 2022.</p> <p>As per Regulation 23, all notifications submitted are trended, analysed, and discussed at the Management Team meetings monthly. Any variances identified to be overseen and actioned by the Registered Provider Representative and Director of Nursing.</p> <p>Completed and ongoing.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure that staff adhere to Cairn Hill Nursing Home (CHNH) Procedures consistent with the standards for infection prevention and control (IPC) the following has been completed:</p> <p>1. All staff have received refresher training on IPC policy's procedures and best practice. Monthly audits have been reviewed to adhere to best practice and are continuing to be completed by the CNM's to ensure that procedures consistent with the standards for infection prevention and control are implemented by staff.</p> <p>The Covid Contingency Plan was reviewed and revised following the subject outbreak. The experience and improvements were used to inform the new revision. The urgent action plan addressed the shortcomings regarding:</p> <ul style="list-style-type: none"> • Location and availability of PPE stations and appropriate use of PPE • Isolation Zones • Open bedroom doors • Accessibility of hand hygiene gels • Signage • Housekeeping workflow including storage of housekeeping trolleys in line with IPC guidelines 	

- Dedicated handwashing sinks and compliancy.

An Infection Outbreak Box is available to use in case of an infection outbreak. All staff have been appraised of the location and contents of the Outbreak Box.
Completed January 2022.

The contents include measures to mitigate against some of the risks for cross contamination and include:

- CHNH IPC Policy and Procedure
- Latest Guidance documents.
- Location/scenarios out outbreak and where to implement PPE stations and appropriate use of PPE for different infection routes
- Clarity on Isolation Zones
- Open bedroom doors
- Reminders for closing the doors.
- Signage for infection status of Residents.
- Housekeeping workflow including storage of housekeeping trolleys in line with IPC guidelines

Oversight and Monitoring:

Monthly audits will continue to be completed, trended, analysed and discussed at the Management Team meetings monthly. Any variances identified to be overseen and actioned by the Registered Provider Representative and Director of Nursing.
Completed and ongoing.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	15/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/02/2022
Regulation 23(b)	The registered	Substantially	Yellow	15/02/2022

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Compliant		
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	15/02/2022
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	15/02/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Substantially Compliant	Yellow	15/02/2022

	the incident within 3 working days of its occurrence.			
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