



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

## Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	08 March 2022
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0036391

## About the designated centre

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

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the other units. Within the Boyne and Barrow, there is a reminiscence town streetscape, where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting rooms, dining rooms, gardens and a cafeteria which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit also includes a range of hairdressing, beauty and spa services.

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

Number of residents on the date of inspection:	114
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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 8 March 2022	09:30hrs to 17:10hrs	Helena Budzicz	Lead
Tuesday 8 March 2022	09:30hrs to 17:10hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

There was a very welcoming and calm atmosphere in the centre. Inspectors observed a rights-based approach to care delivery, and residents reported choices in their care and living arrangements. The inspectors arrived unannounced in the morning to a homely centre, where a number of residents were up and moving around. Some residents were observed in the different sitting rooms relaxing while others chose to sit in smaller seating areas on the corridor, chatting to others or reading their newspapers. Residents were observed to be content and also had their individual style and appearance respected. The inspectors met most of the residents and spent time speaking with eight residents and some visitors.

At the time of the inspection, the centre had a significant outbreak of COVID-19, which saw more than 70 residents and more than 30 staff becoming positive with the virus. The inspectors acknowledged that this had been a challenging time for staff, residents and relatives. Some residents who spoke with inspectors about the outbreak said that the pandemic felt like a second coming to them, as they had grown up hearing stories from their parents about how they had survived the Spanish Flu. In contrast to that, one resident said that they felt 'terribly safe and particularly safe in the centre'. All residents praised the staff, who were 'very kind and lovely' and who went to great lengths to ensure they were well cared for.

The centre is a modern, single-storey facility with single or double occupancy bedrooms, full en-suite facilities and numerous bright communal spaces, including spacious day rooms and dining rooms. A coffee shop and a day spa facility are available to the residents; however, these facilities were closed due to the ongoing COVID-19 outbreak in the centre. There was clear written directional signage throughout the centre, which assisted residents to find their way through the centres. Framed photographs of residents enjoying day trips or various other activities were displayed in communal rooms and along the corridors. Residents had access to different garden areas with safe pathways and garden furniture with parasols for residents to enjoy the outdoor space safely. Inspectors observed that residents' bedrooms were tastefully decorated and suitable for the needs of the residents. Rooms were of sufficient size for residents to be able to store and retrieve their personal belongings without hindrance.

Mealtime was observed by inspectors who found this to be a pleasant and comfortable experience for people dining independently or with assistance from staff. The daily menu was displayed, offering wholesome and nutritious food choices. Residents were asked at the time of the meal what choice they preferred. Modified diets for residents with swallowing difficulties were seen to be well-presented and appetising. There was access to snacks and drinks throughout the day.

Residents who spoke with the inspectors praised the staff and said that they were very committed and provided excellent care. One resident said that they could live

exactly how they wished and could go out when they wanted to or visit their friends in the community. They said that they felt safe and happy living in the centre and felt like living in a first-class hotel. Overall, residents spoken with were confident that if they had any concerns or complaints, they were dealt with quickly and that they were comfortable highlighting any such issues to staff members.

Visitors who spoke with inspectors said the staff treated residents as though they were their own family members. While feedback from all residents and visitors was unanimously positive in respect of care, access to healthcare, activities and communication with the management team, a number of them mentioned that they were worried about how the language barriers that were evident among some of the nursing and care staff impacted the care that their loved one received.

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

Overall, this was a well-run service with good governance arrangements to support the residents in living a good quality of life. The centre had a good history of regulatory compliance, and there had been a low number of unsolicited information received for this centre. While measures had been put in place to promote positive outcomes for the residents and a safe living environment, improved oversight of staff practices and enhanced supervision to ensure they consistently adhered to local protocols and infection prevention and control practices was required.

Parke House Nursing Home Limited is the registered provider for Parke House Nursing Home. There was a clearly defined management structure with identified lines of accountability and responsibility for the service, and overall, the inspectors found that the service was provided in line with its statement of purpose.

The COVID-19 outbreak was being managed with support from public health and the dedicated community crisis response team, who provided advice and guidance in the management and mitigation of COVID-19 risk associated with transmission. The Chief Inspector had been timely and appropriately notified of the outbreak in line with regulatory requirements. Staff had online access to policies and procedures as well as the latest guidance from Health Protection Surveillance Centre. All residents and the vast majority of staff had received their vaccination against the virus, including the booster.

A dedicated red zone area had been identified for the cohorting and isolation of residents who had tested positive for the virus, and at the time of inspection, it accommodated 10 residents. Dedicated teams of staff identifiable on the roster provided care only to these residents. While effective systems had been put in place to limit the crossover of staff as part of the centre's contingency plan for the

management of COVID-19, the inspectors found that they have not been consistently implemented in practice, as further described in regulations 23 and 27.

The centre was appropriately resourced, and there were sufficient staff to meet the assessed needs of the 114 residents present in the centre at the time of inspection. Inspectors spoke with a number of staff and found them knowledgeable and committed to providing a high standard of care to the residents. Records showed that staff had attended a suite of training courses both online and on-site. A schedule of mandatory and relevant training courses was in place for the year ahead, with fire safety training taking place on the day of inspection. An on-site infection prevention and control training session had been delivered to staff the previous week, with a further session scheduled for the next day.

Management systems to oversee the service included a collection of key performance indicators and a schedule of comprehensive audits, which were completed by the management team, as well as external auditors, contracted to provide independent support. There were regular management meetings, including operational review meetings, quarterly quality review meetings, monthly multidisciplinary meetings and other various committees which met on a regular basis, such as falls management or infection control committee. Records evidenced frequent communication with staff, which included the sharing of learning lessons from audits or other incidents. Inspectors found there was a comprehensive and ongoing schedule of audits completed in the centre. Audits were objective and informed continuous quality improvements.

An annual review had been completed for 2021, which included consultation with residents and families.

The number of complaints in the centre was very low, and there were no open complaints at the time of inspection. A complaints log was maintained distinct from residents' care records which showed that all complaints were promptly and appropriately investigated and responded to. A suggestion box was in place.

## Regulation 15: Staffing

A review of the records showed that the registered provider had ensured that appropriate number and skill-mix of staff were in place to ensure a safe service with regards to the assessed needs of the resident. Appropriate nursing staffing levels were maintained, with a minimum of four nurses present on-site at any time. There was only one vacancy at the time of inspection, which was being actively recruited for.

There were dedicated teams of nursing and care staff providing care only to COVID-19 positive residents. Housekeeping hours had been increased, with a dedicated housekeeper working 8 am- 8 pm in the isolation unit during the outbreak.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a suite of relevant training courses to enable them to provide care in line with the designated centre's local policies. Evidence showed that all staff had completed mandatory training in fire safety and safeguarding vulnerable adults, with further training dates planned for additional courses. There was a mixture of online and on-site training provided. Throughout the inspection, staff were observed to be knowledgeable and consistently applying the principles of training in their practice.

Appropriate induction, appraisal and supervision arrangements were in place, and staff had access to the latest infection prevention and control guidance.

Judgment: Compliant

### Regulation 23: Governance and management

While there was evidence of good governance and management arrangements in place to oversee the provision of service and quality of care, enhanced oversight of staff practices to ensure adherence to local protocols and implementation of local policies was required to provide appropriate assurance that the service was safe and effectively monitored at all times.

- For example, ensuring that the internal arrangements and the contingency plan for the management of COVID-19 was consistently and thoroughly known and implemented by all staff. Inspectors found that some of the allocated staff that should have been only working in the isolation area used the same staff changing facilities and passed through the designated centre, despite being assigned separate entry and exit points and changing rooms. This risk had not been identified by the provider and posed an ongoing risk of further transmission.
- Improved oversight to ensure that cleaning schedules were implemented.
- Unsecured oxygen cylinders were found inappropriately stored in a storage area at the back of the laundry facility.

Frequent environmental walkabouts and enhanced oversight of staff's practices in respect of adherence to infection prevention and control would ensure that issues identified on this inspection and, as further listed under regulation 27, are timely picked up and effectively addressed by the management team.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The registered provider and person in charge had appropriately and timely submitted to the Chief Inspector the required notifications of incidents and the quarterly notifications.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Overall, it met the requirements of the regulation in that it included an appeals process, a designated complaints officer and a nominated overseer. From the sample of complaints reviewed, the inspectors were assured that complaints were being managed and appropriately responded to in line with policy. Complaints were maintained separate from the residents' records, and the outcome and complainant's level of satisfaction was documented. There was evidence to show that where improvements were identified on the foot of a complaint, appropriate measures were put in place to prevent a recurrence.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies were available in the centre and had been reviewed and revised in the past three years. Most policies had been updated with relevant information specific to COVID-19.

Judgment: Compliant

## Quality and safety

The inspectors observed good practice in relation to the quality and safety of the care provided to residents. The ethos of care was one where the residents' independence was promoted, and their rights were upheld. Inspectors observed residents making choices about how they lived their lives in the designated centre. Residents received a good standard of health care, and services were provided in

line with their assessed needs. Improvements were required in the area of infection prevention and control, which is discussed under relevant regulation.

A number of residents' care plans were reviewed, and these records indicated that comprehensive assessments and care plans were developed within 48 hours of admission to meet residents' assessed needs and reviews from the residents' GP. Residents also had good access to allied and specialist services such as physiotherapy, occupational therapy, dietitian services and speech and language therapy, chiroprapist and psychiatry of later life.

The inspectors carried out a thorough walkabout of the centre with the person in charge and found that the centre was clean and bright. There was good signage to alert of the risk of COVID-19 and frequent wall mounted hand sanitisers along the corridors and in each residents' bedroom. Appropriate clinical hand washing facilities were in place, and staff were observed to wash their hands frequently, correctly and adhere to the World Health Organisation's 5 Moments of hand hygiene. The sluice rooms were suitably fitted out, including bins for hazardous waste, a bed-pan washer, and a hand wash sink. However, while shared equipment was on a deep cleaning schedule, improvements were required to ensure that the equipment was cleaned and stored appropriately in the centre.

Visiting was seen to be taking place on the day of inspection. Inspectors were informed that visiting took place in the centre's visiting room or in resident bedrooms. Residents were also facilitated to use video calls and mobile phones to keep in touch with their families and friends who were not able to visit in person.

Advanced care plans were in place for all residents, and it was evident that residents and their families, where appropriate, were consulted about their wishes, and this was incorporated into a person-centred care plan.

Appropriate processes were in place to protect residents from abuse, and these were being implemented. Residents reported they felt safe in the centre, and staff had completed training and understood the principles of safeguarding vulnerable adults. Social assessments were carried out in order to highlight the residents' likes and dislikes, past hobbies and occupations, and family history. This helped staff to get to know residents as individuals and to create meaningful activities for each resident. There were corresponding social care assessments and individualised care plans for each resident. The activities schedule was displayed on the notice board. The activity coordinator informed the inspectors that an 'isolation pack' was created for each resident to support them during the COVID-19 outbreak in the centre. There were daily opportunities for residents to participate in activities.

## Regulation 11: Visits

Visits were facilitated in line with the current guidance. Inspectors observed that the visitors were risk assessed prior to entering the centre. The visitors who spoke with the inspectors said that they were happy with the visiting arrangements in the

centre during the pandemic and were always well received in the centre.

Judgment: Compliant

### Regulation 13: End of life

End-of-life care plans reviewed showed that residents were frequently asked their wishes and preferences regarding advanced decisions should their condition deteriorate. There was evidence that the nominated next-of-kin was informed of the resident's progress and were supported to spend time with the resident during their last days.

Judgment: Compliant

### Regulation 26: Risk management

A risk management policy was in place, which included all the specified risks as per regulatory requirements. A serious incident review had been completed following the previous outbreak of COVID-19, and there was evidence that learning from accidents and incidents was shared with staff and used to continuously improve the service. Evidence of regular servicing of equipment was reviewed.

Judgment: Compliant

### Regulation 27: Infection control

While overall, there were good standards of hygiene and cleanliness in the centre, the following issues, important to good infection prevention and control practices, required improvement:

- Inappropriate storage and segregation practices led to a risk of cross-contamination. For example, communal slings and belts used for residents' mobility support were left on the corridors, some equipment such as unused mattresses, foot pedals from the wheelchairs or other boxes were observed stored on the floor which prevented the floor to be effectively cleaned. Staff belongings were observed in an assisted bathroom used by residents.
- The property store was not accessible as the rollator was blocking the door.
- Single use disposable items were observed to be washed and reused.
- Out-of-date yogurts were observed on the medication trolley; they were disposed off on the day at the request of the inspectors.

- The practice of topping up hand sanitisers was not appropriate.
- Not all sharps boxes were dated and signed to support contact tracing.
- Improvements were required in respect of the cleanliness of the resident's medical equipment; for example, the checklist for oxygen nebulisers was signed as cleaned and reviewed; however, the equipment was visibly unclean. A temperature record checklist for the specimen fridge was missing, and the refrigerator in the medication room was not clean.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Mobility management, wound care plans, and personal care plans were reviewed by the inspectors on the day of the inspection. All care plans reviewed provided a comprehensive plan of care for all of the resident's current needs, were personalised and updated regularly and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical and allied health care services. There was evidence that appropriate referrals were made where required. Residents' general practitioners (GPs) made site visits on a regular basis.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A review of residents' care plans in relation to responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) found that behaviour which is challenging was appropriately managed within the centre. Behavioural assessments were completed and used to assist staff to identify and determine any underlying emotion or unmet need which could trigger the behaviour. The care plans identified the distraction techniques to eliminate the risks associated with responsive behaviours and subsequently guided the staff on how to continue to support residents' dignity and privacy.

Judgment: Compliant

### Regulation 8: Protection

Staff had access to and were provided with training in safeguarding vulnerable adults and demonstrated awareness of the safeguarding procedure in the centre. Residents who spoke with the inspectors said they felt safe in the centre. Inspectors observed that residents were relaxed and had freedom of movement.

The provider was a pension-agent for three residents. The process in place was in line with the guidance from the Department Social of Protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had opportunities to participate in activities and were complimentary of the varied schedule of activities available. The inspectors observed the activities provided on the day of the inspection, and residents said that they were supported to spend their day well. Inspectors saw polite and respectful interactions between residents and staff.

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	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 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0036391

Date of inspection: 08/03/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Parke House Nursing Home monitors, develops, and strives to continually improve the quality and safety of care provided to residents on an on-going basis to assure that the service is safe, appropriate, and consistent.</p> <ul style="list-style-type: none"> <li>• COVID-19 contingency plan developed and approved by Parke House Management Team. A regular review of this plan is completed, and all updates approved by the Management Team in line with national and evidence-based guidance and best practice – Completed March 2022 and Ongoing.</li> <li>• COVID-19 contingency plan available to all staff members via Parke House electronic document control management system – Completed March 2022.</li> <li>• COVID-19 contingency plan discussed with all relevant staff through Parke House Nursing Home’s internal communication forums, including but not limited to: Care/Service Meetings and shift handover – Completed March 2022 and Ongoing.</li> <li>• Senior Management immediately completed a review of staff changing room allocations and clearly assigned exit and entry points – Completed March 2022</li> <li>• Director of Care and Assistant Director of Care deliver daily Infection and Prevention Control education to specific staff working in the outbreak area – Completed March 2022 and Ongoing (as required).</li> <li>• Infection Prevention and Control information and education re-enforced through internal electronic messaging service with all staff members - Completed March 2022 and ongoing.</li> <li>• Shared equipment cleaning schedules developed – Completed March 2022.</li> </ul>	

- Senior Nurse allocated responsibility to ensure all shared equipment cleaning scheduled are reviewed weekly for completion – Commenced March 2022 and Ongoing.
- The Management Team has completed a thorough review of the storage of oxygen concentrators within Parke House Nursing Home. A well-ventilated suitable storage area has been designated for the storage of oxygen concentrators. All oxygen concentrators have been moved to the designated area – Completed March 2022.
- Quality Walkabouts and Infection and Prevention Control audits are incorporated as per Parke House Nursing Home internal audit scheduled – Commenced and Ongoing.
- Quality improvements identified from Quality Walkabouts and audits are discussed through Parke House Nursing Home’s internal communication forums, including but not limited to: Management/Care/Service Meetings and shift handover. Quality improvement plans (QIPs) identified are assigned to responsible staff members, risk rated and allocated a suitable time frame for completion – Commenced and Ongoing.
- Data on Key Performance Indicators (KPIs) with regard to Infection Prevention and Control is collected and analysed on a monthly basis. This information is trended, analysed and discussed at Senior Management level on a quarterly basis, with lessons learned communicated to staff - Commenced and ongoing.

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

Parke House Nursing Home endeavours to provide care in a manner, and in an environment, that reduces the opportunity for the transmission of infection. Parke House Nursing Home ensures that infection prevention and control is held central throughout the governance processes and that appropriate resources are made available to ensure effective processes to ensure resident and staff safety.

- The Assistant Director of Care and Physiotherapist completed a review of manual handling equipment used in Parke House Nursing Home. Residents have been allocated a personal sling or handling belt, if required. The use of communal slings/ belts is not a practice within Parke House Nursing Home. Additional manual handling equipment has been removed from general areas, cleaned, and stored appropriately - Completed March 2022.
- All mattresses are now appropriately stored. A storage facility has been developed for the storage of mattresses within the Rye storage room – Completed March 2022.
- Unused air mattresses are decontaminated and placed in an air mattress storage bag

until they are required. All mattresses are decontaminated and stored in the designated storage area until they require use. All mattresses will be further decontaminated prior to being used by the resident - Commenced March 2022 and ongoing.

- A monthly review shall be completed by the Physiotherapist and Maintenance staff to ensure foot pedals are returned to the chairs and are not inappropriately stored throughout the nursing home - Commenced March 2022 and ongoing.
- The Management Team in conjunction with cleaning staff completed a review into the inappropriate storage of items such as cardboard boxes of PPE throughout the nursing home on the day of inspection and these were removed where required - Completed March 2022.
- The property store has been reviewed and tidied. All obstructions have been removed - Completed March 2022.
- Quality Walkabouts and Infection and Prevention Control audits shall incorporate a review of appropriate storage of mattresses, foot pedals, PPE and the property storage area – Commenced and Ongoing.
- Parke Home Nursing Home is rolling out an additional Infection Prevention & Control Programme for Health Care Assistants – April 2022
- The single use disposable item that was observed to be washed and reused was discarded on the day of inspection. Education was provided to care staff regarding the inappropriate reuse of single use items - Completed March 2022.
- Nursing staff to ensure all food and drink related products are in date - Completed March 2022 and Ongoing.
- The process of topping up hand sanitisers stored on the medication trolleys has been reviewed. Hand sanitisers will be removed from all medication trolleys and shall be replaced with new hand sanitiser dispensers that do not require manual refilling - To be completed April 2022.
- Dating and signing sharp boxes to support contact tracing has been addressed at the Multidisciplinary Care Team Meeting – Completed 29/03/22.
- Education has been provided to nursing staff in regard to the management of clinical waste in line with PHNH's policies and procedures - Completed March 2022.
- As per Regulation 23, Shared equipment cleaning schedules will be reviewed on a weekly basis by senior nursing staff. The focus of this review is to ensure that environmental cleaning standards are met to reduce the risk of cross contamination. Commenced March 2022 and ongoing.
- A temperature record checklist has been implemented for the specimen fridge - Medication fridges will be reviewed on a weekly basis as part of the weekly Electronic Medication Administration Record checks (EMAR) completed by the nursing staff -

Commenced March 2022 and ongoing.

As outlined in Regulation 23 Governance and Management:

- Quality Walkabouts and Infection and Prevention Control audits are incorporated as per Parke House Nursing Home internal audit scheduled – Commenced and Ongoing.
- Quality improvements identified from Quality Walkabouts and audits are discussed through Parke House Nursing Home’s internal communication forums, including but not limited to: Management/Care/Service Meetings and shift handover. Quality improvement plans (QIPs) identified are assigned to responsible staff members, risk rated and allocated a suitable time frame for completion – Commenced and Ongoing.
- Data on Key Performance Indicators (KPIs) with regard to Infection Prevention and Control is collected and analysed on a monthly basis. This information is trended, analysed and discussed at Senior Management level on a quarterly basis, with lessons learned communicated to staff - Commenced 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/04/2022
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.	Substantially Compliant	Yellow	30/04/2022