Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Sonas Nursing Home Carrick-on-Suir |
| Name of provider: | Sonas Asset Holdings Limited |
| Address of centre: | Waterford Road, Carrick-on-Suir, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 July 2022 |
| Centre ID: | OSV-0007883 |
| Fieldwork ID: | MON-0037271 |

## About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.
Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated. Nursing care is provided to residents who require long term care, convalescent, respite or palliative care.

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

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| Number of residents on the date of inspection: | 32 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Tuesday 19 July 2022 | 09:00hrs to 17:00hrs | Mary Veale | Lead |
| Tuesday 19 July 2022 | 09:00hrs to 17:00hrs | Kathryn Hanly | Support |

## What residents told us and what inspectors observed

Residents were very positive about their experience of living in Sonas Nursing Home, Carrick-on-Suir. Respectful and person centred care was provided by a team of staff in a homely environment. The inspectors observed practices, greeted many residents during the inspection and spoke at length with eight residents and two visitors to gain an insight of the lived experience in the centre.

On arrival the inspectors were met by a member of the care team and were guided through the centre's infection control procedures before entering the building. Exit doors were key coded. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere.

Following a brief introductory meeting with the person in charge, the inspectors were accompanied on a tour of the premises. The inspectors spoke with and observed residents' in communal areas and their bedrooms. This centre opened in December 2020 and there were 30 residents living in the centre on the day of inspection, with an additional two residents temporarily in hospital. The centre is a single storey building. The design and layout met the individual and communal needs of the residents' on the day of inspection. There was a choice of communal spaces that residents could use including, one room which had a dual dining and sitting room function, a dining room, sitting room, a hairdressing room, an oratory, and a small opened plan space. There was suitable seating throughout and easy to read directional and location of room signage with symbols across the centre. Easy to read information was available in framed poster format in the centre; for example the staff uniform colour role allocation and complaints procedure. Corridor walls were decorated with art works created by local artists and residents.

The centre was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared well decorated and clean. Residents spoken with were happy with the standard of environmental hygiene.

31 bedrooms were occupied in the centre on the day of inspection but all areas were accessible to residents who wished to walk around indoors. Bedroom accommodation was mostly single bedrooms all with full en-suites which promoted and protected residents' privacy and dignity. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Assistive handrails were available throughout the centre to assist residents with mobility and call bells were available in bedrooms, bathrooms and communal spaces. Hand wash sinks were available on each corridor for staff use. Ample supplies of personal protective equipment (PPE) were available. The layout of the laundry supported the separation of clean and dirty activities. All residents' who the inspectors spoke with on the day of inspection were happy with the laundry service and there were no

reports of items of clothing missing. Equipment was generally clean and well maintained.

The centre had four courtyard areas. All courtyards had garden benches, tables and chairs. One of the court yards had recently been renovated and was decorated with attractive potted plants and colourful outdoor furniture. All courtyard area was seen to be used throughout the day by residents and visitors.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspectors observed many examples of kind, discreet, and person- centred interventions throughout the day. The inspectors observed that staff knocked on residents' bedroom doors before entering. Residents very complementary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspectors that staff were always available to assist with their personal care.

Residents' spoken to said they were happy with the activities programme in the centre. The weekly activities programme was displayed in the day room and dining room areas and group activities were observed taking place in the sitting room area during the day. The inspector observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members.

The inspectors observed visits in the centre and the garden areas throughout the day of inspection. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complementary of the staff and the care that their family members received. Visits knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that there was always a choice of meals and the quality of food was excellent. Many residents told the inspectors that they had a choice of having breakfast in the dining room or their bedroom. The inspectors observed the dining experience at lunch time. The lunch time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

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

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in December 2021. Improvements were found in relation to Regulation 5; individual assessment and care planning, Regulation 6; health care, Regulation 15; staffing, Regulation; 23; governance and management and Regulation 26; risk management. On this inspection, actions were required by the registered provider to address Regulation 27; infection prevention and control, and areas of Regulation 16; training and staff development, Regulation 17; premises, and Regulation 28; fire precautions.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by clinical nurse managers, a team of nurses and healthcare assistants, a social practitioner, an activities co-ordinator, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a senior quality manager and by shared group departments, for example, human resources. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, and clinical nurse managers. A member of the nursing staff on a rotational basis was nominated to provide additional support out of hours in the event of a fire.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a established staff team since opening in 2020. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, nursing documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. For example; falls management audits identified a number of residents who had a number of recurrent falls. The action plan identified a requirement for falls management education. It was evident in the centre's annual quality review for 2021; that falls prevention management was a priority. In 2022, the centre introduced a falls awareness month and falls awareness education had been provided for staff and residents. Infection prevention and control audits covered a range of topics including waste and linen management and environmental and equipment hygiene. All areas were included on the daily cleaning schedule. A deep cleaning schedule had been introduced whereby all resident rooms received a deep

clean each month. Records of management meetings showed evidence of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting agenda items included corrective measures from audits, KPI's, fire precautions, and complaints.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The provider had nominated a senior staff nurse to the role of infection prevention and control link practitioner. Surveillance of healthcare associated infection (HCAI) and colonisation was routinely undertaken and recorded. Antimicrobial consumption was also monitored. However this information was not used to inform antimicrobial stewardship activities within the centre. Findings in this regard are further discussed under the individual Regulation 27.

The documentation reviewed relating to Legionella control did not provide the assurance that the risk of Legionella was being effectively managed. Findings in this regard are further discussed under the individual Regulation 27.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspectors throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of a complaint was viewed. There was evident that the complaint was effectively managed and the outcome of the complaint and complainants satisfaction was recorded.

## Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

## Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of one nurse on duty over 24 hours and contingency arrangements were in place should additional staff be required to provide cohorted care to residents in the event of an outbreak of COVID -19.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. The provision of mandatory training was up-to-date for all staff, in key areas such as infection prevention and control and safeguarding. However; further training and education on multi drug resistant organism (MDRO) infection prevention and control was required.

Judgment: Substantially compliant

## Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the front hall. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspectors viewed a complaint which had been managed in accordance with the centre's policy

Judgment: Compliant

## Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## **Quality and safety**

Resident's well-being and welfare was maintained by a good standard of evidence-

based care and support. There was a rights based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service. Improvements were required in infection prevention and control, and areas of care planning, and fire precautions.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

Apart from improvements required to fire doors and storage in some of the en-suite facilities in the centre, the premises was meeting the requirement of the regulations and appropriate to the needs of residents. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk registered contained site specific risks such as risks associated with individual residents, risks associtaed with working in the kitchen and maintance risks.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Appropriate use of PPE was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices. Used laundry was segregrated in line with best practice guidelines.

However overall inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in antmicrobial stewardship and infection prevention and control governance, guidelines, training, care planning, oversight and monitoring systems. Findings in this regard are further discussed under the individual Regulation 27.

Fire training was completed annually by staff. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment occupied. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. There was a system of daily and weekly checking , of means of escape, fire safety equipment, and fire doors. Due to the observed gaps between some compartment fire doors and the floor area, improvements were required in the centres system of compartment fire doors checks so as fire containment risks could be identified. Weekly activation of the fire alarm system included staff response to the alarm. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified

the different evacuation methods applicable to individual resident. Staff spoken to were familiar with the centres evacuation procedure. There was fire evacuation maps and compartments maps displayed throughout the centre. There was evidence that fire precautions was a standing agenda item at the governance meetings taking place in the centre.

The inspectors saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Most care plans viewed by the inspectors were comprehensive and person- centred. However, some care plans were not sufficiently detailed to guide staff on the care of residents with infections. This is discussed further under Regulation 5.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required an in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre weekly to provide individual assessments and group exercises. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in restrictive practice. Bed rail usage in the centre was low. Risk assessments were completed, and the use of restrictive practice was reviewed regularly.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices were respected and residents were actively involved in the organisation of the service. Minutes of resident meetings were available on the day of inspection. There was evidence of feedback from residents to inform the organisation of the service. For example; a later breakfast time was requested by some of the residents and more varied in the choice of breakfast cereals offered. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. There was a varied and fun activities programme. Newspapers and

books were available to residents and residents had access to televisions and radios.

## Regulation 11: Visits

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry.

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Some residents ensuite bathrooms did not have suitable storage for personal items.

Judgment: Substantially compliant

## Regulation 20: Information for residents

A guide for residents was available on corridor areas across the centre.This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, menu's, social activities and many other aspects of life in the centre. Specific information on additional fees was detailed in individuals' contract for the provision of services.

Judgment: Compliant

## Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Full details of MDRO status of two residents were not recorded on their transfer documentation. This meant that appropriate precautions may not have been in place when the residents were admitted to the acute hospital setting. Daily handover sheets did not include correct details of the MDRO colonisation status of three residents.
- Protected hours were not allocated to the role of infection prevention and control link practitioner.
- Formal reviews of the management of the outbreaks of COVID-19 did not include lessons learned to ensure preparedness for any further outbreaks as recommended in national guidelines.
- Infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or MDRO colonisation.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example; there were no antimicrobial stewardship audits, guidelines or training records available. There was no evidence that culture and susceptibility results were available or used to guide treatment options for residents colonised with MDROs.

Equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Excessive infection prevention and control signage on display in some areas of the centre. For example PPE signage was displayed outside the bedrooms doors of six residents rooms whom were being cared for with standard

infection control precautions.

- Clinical waste was disposed of within the treatment room. This increased the risk of cross infection.
- The frequency of routine flushing of unused and infrequently used showers and outlets in resident's bathrooms was insufficient. Water samples were not routinely taken to assess the effectiveness of local Legionella control measures.
- Soap dispensers were topped up/ refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination.
- There was ambiguity regarding the cleaning procedures for rooms accommodating residents with MDRO's. For example some rooms were not cleaned with a detergent solution followed by a disinfectant.
- Inspectors were informed that used wash-water was emptied down residents sinks which posed a risk of cross contamination.
- Inspectors observed that two needles in a sharps bin had been recapped before disposal. This practice increased the risk of a needle stick injury.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider did not have adequate arrangements for the containment of fire, for example;

- Large gaps were evident between compartment doors and the floor area .

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

While some of the care plans viewed by inspectors were generally and person centered, improvements were required in others. For example there was insufficient detail in care plans reviewed to effectively guide the care of residents colonised with MDROs.

Judgment: Substantially compliant

## Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre.

GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

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 there were daily opportunities for residents to participate in group or individual activities. 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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially 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 Sonas Nursing Home Carrick-on-Suir OSV-0007883

## Inspection ID: MON-0037271

## Date of inspection: 19/07/2022

**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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>Further training and education on multi-drug resistant organism infection control has been booked and will be delivered by an IPC expert. 30/09/2022. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>All residents ensuite storage has been reviewed and where required additional shelving has been provided. Complete. | |
| Regulation 27: Infection control | Not Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>The residents MDRO status is now included on the daily handover sheet. We are also adding an additional MDRO section to our computerised care recording software. 31/10/2022.<br><br>Super-nummary hours are now rostered for the infection control link nurse. Complete. | |

Our post outbreak review meeting did not record the lessons learnt – this was an agenda item. This has now been reviewed with the team and lessons learnt recorded. This will be further discussed at next month's quality and safety meeting. Complete.

The company infection control policy is under review in line with the new HSE guidelines which were recently issued. Transmission based precautions are clearly explained in the Covid-19, influenza and other respiratory illnesses policy and all staff have been assessed re. their donning ad doffing techniques however we will detail the specifics re. MDROs in the updated infection control policy. 30/09/2022.

The home had commenced antimicrobial stewardship and was logging and recording all antibiotic therapy prescribed. The next step is conduct audits of this data and to ensure clinical governance over same. New systems will be introduced to address this. 31/10/2022.

Excessive signage has been removed. Complete

Clinical waste bin in the treatment room was removed immediately. Complete.

There is a new schedule in place which will ensure adherence to legionella control requirements. Complete.

Training has been provided to housekeeping staff to ensure they are knowledgeable about the correct cleaning processes for rooms accommodating residents with MDRO's. Complete.

Waste water is now disposed of correctly. Complete.

Nurses have been mentored re. the correct and safe disposal of sharps. Complete.

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|---|---|
| Regulation 28: Fire precautions | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors have now been reviewed by the facilities manager and they will be adjusted to meet the fire regulations. This will be completed by 30/09/2022. In Progress

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|---|---|
| Regulation 5: Individual assessment and care plan | Substantially Compliant |

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|---|---|
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:<br>All care plans have been reviewed and updated accordingly. We are also adding an additional MDRO section to our computerised care recording software. 31/10/2022. | |

## 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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 30/09/2022 |
| 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. | Substantially Compliant | Yellow | 31/08/2022 |
| 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 | 31/10/2022 |

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| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 31/10/2022 |