



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

## Issued by the Chief Inspector

Name of designated centre:	Portiuncula Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Multyfarnham, Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0035627

## About the designated centre

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

Portiuncula Nursing Home is a purpose built two- storey facility located in Multyfarnham Village, close to Mullingar town. The centre opened in 2004 and is under the management of Newbrook Nursing Home company. It is registered for 60 beds. The designated centre provides long term 24 hour general care, and short term convalescence and respite care to a range of male and female residents over 18 years of age with dementia, intellectual disability, acquired brain injury and palliative care. The accommodation is provided in 47 single rooms, five twin rooms and one three bedded room across the two storeys. All bedrooms have en suite facilities. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that residents can consider a 'home away from home'.

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

Number of residents on the date of inspection:	48
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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 5 July 2022	08:50hrs to 18:00hrs	Sinead Lynch	Lead
Tuesday 5 July 2022	08:50hrs to 18:00hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

The inspectors met with a number of residents who were happy to chat and talk about their life in the centre. This feedback was very positive and the residents reported how well they were looked after; they said that staff were 'kind and caring' and 'a bit of crack'. One resident informed inspectors that they had been living in the centre three years and they love to sit in their room with the door open and watch everyone going past. They said that they loved to attend bingo regularly and that any visitors were always so welcome to the centre. The resident described how the staff would be so kind to the visitors and that this made calling for them to the centre so much nicer.

Another resident described the centre as 'perfect' and that 'it's lovely here and the staff are grand'. One resident who was due to celebrate a big birthday soon was saying they were hoping to celebrate it in the centre with the staff, which they saw as family.

Inspectors observed very positive interactions between staff and residents; they were kind and calm in their approach.

Call bells were answered promptly and assistance offered if and when required. Residents were asked if they had to wait long for assistance if they required it and the overall feedback was that residents were attended to whenever they needed it.

Inspectors observed that residents' bedrooms were personalised with items they had brought in from home. Each bedroom had adequate storage facilities available and also a lockable space for safe keeping. Residents spoken with said they loved their rooms and were never asked to move or change bedrooms which made them feel reassured.

Inspectors observed that the interaction between residents and staff was kind and patient in approach. The residents knew the staff by their first names and appeared to have a trust built between them. Residents spoken with told inspectors that staff were very facilitating and gave examples about how some staff would go to shops to buy the things they needed, and how other staff watered the plants in their rooms and even assisted the residents in pruning them. Staff were seen to accompany residents in a reassuring way around the centre while also supporting their independence.

Residents were asked who would they go to if they had an issue or a complaint to make and they all said they could talk to any staff member and would have no problem in doing so. One resident said if there are any issues in the centre, no matter how small, they could chat at the residents meetings and 'iron them out'.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

## Capacity and capability

The current management systems in place at the time of the inspection assured the inspectors that there was a good standard of service provided to the residents. There were systems in place to ensure the quality, safety and oversight of the service to ensure compliance with the regulations, however further improvements were required in relation to infection control, notification of incidents and resident consultation. This centre has a good history of compliance and any outstanding actions from previous inspections had been appropriately followed up by the provider.

The registered provider is Newbrook Nursing Home Unlimited Company. There had been no changes in the governance and management arrangements in the centre since the last inspection. From an operational perspective the person in charge was supported by two clinical nurse managers, and there were effective deputising arrangements to ensure management cover was available at all times, including the weekends. The person in charge was not in the centre on the day of the inspection but the clinical nurse manager was available and facilitated the inspection.

There was a varied training programme in place to ensure staff were appropriately skilled. Most of the mandatory training was up to date, however eight staff members were due to complete their safeguarding training. This training was completed by the end of the inspection day.

The person in charge had submitted the required notifications regarding accidents and incidents in the centre to the Chief Inspector of Social Services, however she had not notified the Chief Inspector about the use of six sensor alarms for residents or environmental restraints such as key padded doors.

The registered provider had an audit and monitoring system in place to over see the service, for examples audits on; call bell response times, falls, complaints, medication and safeguarding. This was an effective system that identified areas for improvement including areas such as social and recreational activities for residents.

There was a comprehensive annual review in place but there was no resident consultation involved in this process. Although the centre had gathered information from residents on their experiences in the centre this was not incorporated in the annual review.

Complaints were well-managed in the centre. There was no open complaints in the centre on the day of the inspection although inspectors viewed previous complaints and noted that they were dealt with in line with the centres policy. The complaints procedure was placed in a prominent place in the centre.

Staff were facilitated to attend mandatory infection control training which was delivered through a blended learning approach of online and face-to-face training, with refresher sessions available throughout the year. The provider had recognised that current clinical hand hygiene sinks did not meet the recommended national standards and that additional hand hygiene sinks were required. In records seen, they showed that plans were in progress to replace or install additional clinical hand hygiene sinks.

The centre's contingency plan for infection outbreaks had not been updated since 3 February 2022. It contained references to outdated guidance from the Health Protection Surveillance Centre (HPSC) and contacts for staff who were not working in the centre. The provider had completed a review of a recent COVID-19 outbreak. It identified good practice and areas for further development. The provider had engaged the services of a private counselling service to support staff and made alternative accommodation available to staff who lived with other staff in efforts to prevent spread of COVID-19.

Management were responsive in addressing issues found on the day of inspection. For example:

- While there were good systems to monitor healthcare-associated infections and antimicrobial stewardship, there was a lack of clarity among staff with regard to residents who were colonised with multidrug resistant organisms (MDROs). This meant that the appropriate measures may not be in place to prevent onward transmission of an infectious agent. There was no care plan for one resident with a MDRO to guide care. The registered provider was proactive in addressing this finding. Staff were informed immediately of residents who had MDROs and their care plans were developed on the inspection day.
- Retractable lancet holding pens for monitoring blood sugar levels were used for multiple residents. This practice may lead to blood borne infection. This was addressed immediately where individual pens were made available for each resident.
- While there were in-date wall mounted alcohol based hand rubs available in the centre, a high proportion of portable alcohol based hand rubs had expired. These were removed on the day of inspection.

Inspectors found that the provider had not taken all the necessary steps to ensure compliance with Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). Barriers to effective hand hygiene and gaps in supervision and oversight of safe equipment use, cleaning and decontamination practices in line with the centres own infection control

guidelines were identified during the course of this inspection. These findings are discussed further under Regulation 27.

### Regulation 15: Staffing

The registered provider had the number and skill-mix of staff appropriate to the needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had not ensured that staff were appropriately supervised in their role for example;

-Supervision and oversight of safe equipment use and staff practices in general as further detailed under Regulation 27: Infection control

-Cleaning and contamination practices

Judgment: Substantially compliant

### Regulation 21: Records

The registered provider had all the records in place in the centre as set out in Schedules 2, 3 and 4 of the Health Act.

Judgment: Compliant

### Regulation 23: Governance and management

There was an annual review of the quality and safety of care delivered to the residents in the centre, however this was not completed in consultation with the residents.



The management systems in place did not assure inspectors that the service provided was safe and effectively monitored, for example;

- the contingency plan was not updated since February 2022
- there were gaps in supervision in relation to cleaning and decontamination practices
- portable hand rubs were in use but expired
- five staff were seen to wear face masks inappropriately below their nose which may result in possible onward transmission of droplet or airborne infections to residents or staff. This had been a finding on a previous inspection, and consequently the supervision of staff required to be strengthened as referenced in Regulation 16.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident a contract for the provision of services in line with the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted the notifications of incidents in most cases, however, there was no notification submitted for the use of restrictive practice in relation to alarm mats.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had provided an accessible and effective complaints procedure detailing the process and the appeals process.

The procedure was clearly displayed around the centre.

Judgment: Compliant

## Regulation 4: Written policies and procedures

There was a suite of Schedule 5 policies in place, however they did not guide practice in relation to;

-Restraint

-Staff training and development

Judgment: Substantially compliant

## Quality and safety

Overall the inspectors were assured that the residents received a good standard of service. Residents told inspectors that they felt safe living in the home. Some improvements were required in relation to premises, visits and infection control practices.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. General Practitioner's (GP's) attended the centre and ensured that residents had regular medical reviews. All residents were reviewed by the physiotherapist if they experienced a fall or a change in their level of mobility. There was good evidence of regular reviews by allied health professionals, for example, dietitian, chiropodist, occupational therapist, optician and speech and language therapist. Where residents needed to attend appointments off-site they were supported to do so. Residents were referred to these specialists as needed and a prompt assessment was completed. There was a good standard of care planning in the centre.

Throughout the day inspectors observed the staff treating the residents with kindness and compassion. The staff appeared to know their residents well. Staff were seen assisting residents in a dignified manner. Call bells were answered promptly and assistance was provided by the staff.

The registered provider had made great progress in the management of clinical assessments and care planning process. Residents were assessed within 48 hours of admission and a resident specific care plan was developed. Residents were involved in their care plan development.

Visitors were welcomed to the centre, however they were not checked for symptoms of COVID-19 in line with the most up to date guidance.

The residents were seen dining in the main ground floor dining room. This was a very spacious dining room which residents described as 'hotel like'. The room provided residents with adequate space and ventilation to enjoy their meal in a calm environment. Residents were given various foods and many different choices of varied consistencies were seen being served. The kitchen staff had a copy of the residents' required consistency of food as per the speech and language recommendations.

Most bedroom accommodation was suitable to the needs of the residents, however two bedrooms needed review. The registered provider was very proactive in ensuring the centre met the residents' needs and assured inspectors they would prioritise these rooms and re-configure the layout.

The centre had experienced one significant outbreak during the course of the COVID-19 pandemic. The outbreak was effectively managed with support by the local hospital infection control and HSE teams. There was a successful COVID-19 and influenza vaccination program which was available to residents and staff. Residents and staff were monitored regularly for signs of infection to allow for early identification of infection, so that preventative measures could promptly be put in place to prevent onward transmission of infection.

While there was evidence of good infection control practice, there were issues fundamental to good infection prevention and control practices which required action to comply with Regulation 27: Infection Control in areas such as;

- Provision of surfaces that could be effectively cleaned, such as walls and furniture.
- Appropriate safe storage of clean linen, nutrition supplements and cleaning chemicals.
- Effective standard and transmission based precautions with regard to hand hygiene, appropriate wearing of personal protective equipment (PPE), safe use and storage of sharps and appropriate use of single use dressings.
- Appropriate disposal bedpan and urinal contents and safe equipment decontamination.

## Regulation 11: Visits

A directory was maintained of all visitors to the centre. However, visitors were not checked if they had any symptoms of COVID-19 infection or any other infection before being admitted into the centre. This did not align with national guidance at the time of inspection.

Judgment: Substantially compliant

## Regulation 17: Premises

The registered provider was required to review two bedrooms in the centre. Although these rooms had the required floor space their design and layout negatively impacted on residents' privacy and dignity, for example;

- In one double room a resident would have to enter the other resident's private space to access the bathroom. This room had single occupancy on the day of the inspection.

-The layout of one double room did not allow for each resident to have the space beside their bed for a chair. The inspectors acknowledged that on the day of inspection, this double room was occupied by only one resident.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider had not taken adequate precautions to ensure that practices for effective infection prevention and control are part of the routine delivery of care to protect people from preventable health care-associated infections. This was evidenced by:

- Hand hygiene practice was generally good, however, it was not effective as five staff were seen to wear hand jewellery. Hand hygiene facilities were not in line with best practice and national guidelines. Taps were not wall-mounted or had single-lever-action or sensors. Soap dispensers in a sluice room and laundry were topped up with soap from another container which could result in cross contamination.
- Staff were seen emptying the contents of commodes and urinals into resident toilets and manually decontaminating them on the first floor. Used continence wear were disposed of in bins that were not hands free. These practices could result in a risk of environmental contamination and cross infection.
- Two sharps bins did not have the temporary closure mechanism engaged when they were not in use and safety-engineered sharps devices were not available for staff use. This increased the risk of needle stick injuries in the centre.
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings which could result in them being re-used.
- Nebulisers were not rinsed with sterile water and stored dry after use in line with best practice.

- Staff were not aware of residents' healthcare-associated infection or multi drug resistant organism (MDRO) status to ensure that correct measures were in place to safely care for them.
- The findings of this inspection identified a need to access an infection control specialist for education and advice.

The provider did not ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- There was some inappropriate storage in the centre which could result in contamination of items. For example, clean linen was stored uncovered on corridors, nutrition drinks were stored in boxes on the ground in one store room and bottles of cleaning chemicals were stored on the edge of cleaners' sinks.
- Nine chairs in the reception, Snoezelen room and staff rooms were cloth covered and were stained and one reclining chair was in a poor state of repair. Walls behind the sinks in the staff room, one cleaners' room, the laundry room and at the entrance of the laundry were damaged. This meant that surfaces could not be effectively cleaned between uses, which presented an infection risk.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

There was a pre-admission assessment completed on all residents prior to admission to the centre.

Care plans were developed for each resident no later than 48 hours after admission. Reviews of these care plans were within the required time frame and sooner if the needs of the residents' changed.

Judgment: Compliant

### Regulation 6: Health care

There was a medical practitioner (GP) made available to all residents who visited the centre regularly. The centre had timely access to other health care services as required.

Judgment: Compliant

## Regulation 8: Protection

All staff had received their training in relation to the detection and prevention of and responses to abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had appropriate facilities for occupation and recreation for the residents in the centre. Residents had access to activities in the centre but also could undertake personal activities in private.

The layout of two bedrooms required review to ensure the residents' dignity and privacy was maintained as detailed under Regulation 17: Premises. At the time of the inspection, both these double rooms were only occupied by one resident in each.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Portiuncula Nursing Home OSV-0000084

Inspection ID: MON-0035627

Date of inspection: 05/07/2022

## 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: <ul style="list-style-type: none"> <li>• A review of the training matrix has taken place. All staff will receive up to date infection control training which a focus on cleaning and contamination of equipment.</li> <li>• Additional infection control training hubs set up to support staff working on the floor and to provide onsite refresher training.</li> <li>• We have recently hired an addition Clinical Nurses Manage (CNM), who will enhance the supervision of staff on the floor.</li> <li>• CNM and DON to attend handovers throughout the day highlighting the importance of correct IPC measures.</li> <li>• All house keeping staff to complete clean pass training.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Contingency plan has been updated and is available on Epicare. All staff have access to the contingency plan.</li> <li>• CNM and the DON will attend handovers and team meetings to discuss IPC measures.</li> <li>• Monthly IPC audits are in place and all actions are discussed with staff at handovers and team meetings.</li> <li>• All hand sanitizers have been replaced with unit dispensing hand sanitizers which are checked daily. Part of the house keeping daily check is to ensure that all hand sanitizers and PPE are in date and well stocked.</li> </ul>	

- All staff have been reminded of the importance of the correct usage of PPE particularly face masks. This has been highlighted by the training coordinator and is discussed with staff daily at all team meetings/ handovers. Signage is visible to instruct staff on the correct position of face masks.
- Senior members of staff have and requested by the DON to correct staff if they are seen to be using PPE inappropriately.
- The skill mix of staff is review daily and is discuss with management team.
- Continued training is provided to ensure all staff have adequate skills and knowledge of roles and responsibilities.
- Annual review will be discussed at the next residents meeting. Resident and family surveys will be carried out before the end of September which will contribute to the 2022 annual review.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- DON has completed quarterly notifications including alarm Matts, window restrictors and door locks.
- Notifications are discussed at management meetings. DON, Clinical operations manager, and the CEO are in attendance.
- Policy and procedures are reviewed regularly to ensure clarity and ensure all regulations are met.
- Audits and reviews are carried out to ensure notifications of incidents are carried appropriately.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- All policies and procedures have been reviewed by the clinical operations manager.
- Policy and procedures will be discussed with all staff at training/ team meetings and handovers.
- All Policies and procedures have been uploaded to Epicare. All staff has access to same.

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> <li>• The receptionist has been assigned to check all visitor's infection status at time of visit. In the event the receptionist is not present the staff nurse will oversee all visits. A list of symptoms to check is clearly displayed in the reception area. If a visitor has such symptoms, they are asked to visit when symptoms resolve.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A review of the curtain rails in the multi occupancy rooms was carried out. Curtain rails will be altered to ensure that all residents have adequate privacy and can independently access the bathroom avoiding entering another resident's personal space.</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Additional supervision to ensure all staff are adhering to the correct IPC measure.</li> <li>• The skill mix on each shift has been reviewed. The CNM is responsible for the allocation of staff to ensure good skill mix on each day.</li> <li>• Additional audits have been carried out to ensure that staff are adhering to best practice.</li> <li>• The scheduling of IPC audits has been increased to monitor IPC practices within the home.</li> <li>• Hand hygiene audits have been scheduled to ensure staff are carrying out hand hygiene correctly. CNM is responsible for this.</li> <li>• All staff are reminded daily at handovers of the importance of IPC measures and that no jewelry is permitted below the elbow.</li> <li>• Clinical sinks have been ordered; nursing home is awaiting same to be installed at designated areas throughout the home.</li> <li>• House keeping staff have been instructed not to top up soap dispensers to avoid cross contamination. When required full bag of soap is placed in the dispenser.</li> <li>• All house keeping staff have been rostered to attend clean pass training.</li> <li>• Staff have been instructed not to empty contents of commodes and urinals into residents' toilets. Commodes and urinals to be emptied and decontaminated in the sluice</li> </ul>	

rooms only. Staff have been instructed not to use commodes for resident unless resident requests or requires same. All bedrooms have an ensuite therefore the need for a commode should be minimal within the home. This has been highlighted at training and at handovers throughout the day. CNM has a visible presence on the floor supervising staff.

- All hands-free bins to be removed and replaced with pedal bins.
- Staff nurses have been reminded to ensure temporary closure mechanism is engaged on all sharp bins. This is part of the nurses' daily checks.
- An audit was carried out in the clinical room, all opened dressings were discarded. All staff have been informed that only unopened dressings could be stored and used in the nursing home. Single use items to be used in line with best practice.
- Additional nursing checks/ cleaning schedules have been implemented to ensure that all nebulizers are rinsed with sterile water and stored dry after use in line with best practice.
- The infection status of each resident is discussed at each handover throughout the day. All care staff have access to residents the holistic care plan on epicare. Resident infections are highlighted clearly for all HCA to see.
- Daily cleaning checks for nurses, HCA's and housekeeping staff have been implemented ensure the correct storage of all items such as clean linen, nutritional drinks, and cleaning chemicals.
- Maintenance has carried out a review of all items of furniture and the premises to identify items that need repair. A schedule has been up in place to have this work completed as timely as possible.
- The DON has access to the HSE IPC specialist L.F. who is readily available when require for advice and support.

## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	19/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/09/2022
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	15/09/2022

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.	Substantially Compliant	Yellow	19/08/2022
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	19/08/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/09/2022
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	30/09/2022

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	19/08/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	19/08/2022