



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

Issued by the Chief Inspector

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| Name of designated centre: | Carthage Nursing Home |
| Name of provider: | Anvik Company Limited |
| Address of centre: | Mucklagh, Tullamore, Offaly |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 March 2025 |
| Centre ID: | OSV-0000021 |
| Fieldwork ID: | MON-0041782 |

About the designated centre

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

Carthage Nursing Home is a purpose-built facility located in Mucklagh, approximately 5kms outside Tullamore town. The centre is registered to provide residential care to 59 residents, both male and female, over the age of 18 years. The centre caters for residents with long term care, respite, palliative and convalescence care needs. The centre provides 24hr nursing care to residents. Residents with health and social care needs with all dependency levels are considered for admission. There are 39 single and 10 twin bedrooms. Most of the bedrooms have full en suite facilities. Residents have access to safe enclosed courtyard gardens.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 57 |
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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 4 March 2025 | 09:00hrs to 17:15hrs | Sean Ryan | Lead |

What residents told us and what inspectors observed

Residents spoke very positively about the quality of the service provided in Carthage Nursing Home. They described how staff were caring, responsive to their needs and treated them with respect and dignity. Residents felt that there was enough staff available to meet their needs, and that they always came to them when needed. Residents described how they had established a rapport with staff and this made them feel safe and comfortable in their care.

On arrival at the centre, the inspector was met by the person in charge and a person participating in the management of the centre. Following an introductory meeting with the management team, the inspector walked through the centre and met with some residents and staff. On the day of inspection, the centre had a number of residents that were diagnosed with gastric infection, and the provider had systems in place to control the spread of infection. A number of residents were isolating in their bedrooms. The inspector observed that the remaining residents spent their day in their bedroom, or communal areas if they chose to do so.

Residents were neatly dressed in accordance with their preferences. There were a number of spaces for residents to relax in, such as homely day rooms and pleasantly decorated lounge areas. These areas were comfortably furnished with an adequate amount of seating. The centre had an enclosed courtyard that was accessible to the residents.

Overall, the premises was warm, comfortable and mostly well-maintained. There were some signs of general wear and tear observed including, chipped paint work and splashes on walls from alcohol dispensers. However, these issues had already been identified by the management team and the person in charge confirmed they were on a maintenance repair schedule.

Areas of the premises occupied by residents, such as bedrooms and communal day rooms, were observed to be clean. Areas designated to care for residents in isolation has appropriate signage in place to alert residents and staff to a potential infection risk. The inspector observed that the bedroom doors of residents who were experiencing symptoms of gastric infection were wide open at periods during the inspection. Some equipment such as commode basins that had been identified as clean were observed to be visibly unclean and stored alongside other clean equipment such as basins and bins.

Bedroom accommodation comprised of single and shared bedrooms with ensuite toilet facilities. The inspector viewed a small number of bedrooms and saw that they were warm, homely spaces, and personalised with photographs and souvenirs which reflected the residents' life and interests.

The majority of residents attended the dining room for lunch. Residents reported that the food was very good and that they were happy with the choice and variety

of food offered. Some residents commented that they enjoyed the variety of foods offered and that they 'got something different every day'. Residents requiring a modified texture diet were provided with the same choice of meals. Staff were available to assist residents who required assistance and this was provided in a relaxed, discreet and unhurried manner. Outside of scheduled mealtimes, residents were provided with drinks and snacks at their request. The chef demonstrated the system in place to communicate residents' dietary needs and preferences. In addition, management updated the catering staff on residents who were losing weight or required a specialised therapeutic diet.

Residents were engaged in activities throughout the day. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. There was a detailed weekly activity schedule on display to support residents to choose what activities they would like to participate in. Residents were observed enjoying arts and crafts during the inspection. A live music event that was scheduled to take place in the afternoon had been cancelled as an infection control measure. However, residents were informed of this change and understood the rationale for this. Alternative activities were provided by the staff.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Visitors were informed of the infection control measures in place on the day of inspection. Visiting was not restricted and a small number of visitors were observed attending the centre on the day of inspection. Visitors expressed a high level of satisfaction with the quality of care provided to their relatives, and described the management and staff as approachable.

The following sections of this report details the findings with regard to the capacity and capability of the registered provider and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This one day unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The findings of this inspection were that Carthage Nursing Home was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoted their well-being. While there were management systems in place to support governance and oversight of the service, some of those systems were not fully effective to ensure records were maintained in line with the requirements of the regulations. In addition, the infection

prevention and control monitoring systems were not fully effective to ensure residents received care in an environment that protected them from the risk of infection.

Anvik Company Limited is the registered provider of Carthage Nursing Home. A director of the company represented the provider and was actively involved in the daily operation of the centre as a person participating in the management of the service. The person in charge was also supported by an operations manager who was also a person participating in the management of the centre. The structure was found to be effective to ensure the provider had oversight of all clinical and non-clinical aspects of the service, and to ensure it was adequately resourced.

Within the centre, there was a clearly defined nurse management structure that was responsible and accountable for the delivery of safe and person-centred care to the residents. The person in charge was supported by clinical nurse managers in the administration of the service. The clinical nurse management team were also responsible for supervising the quality of care, in addition to supporting the delivery of direct nursing care to residents.

The centre had adequate staffing resources available to ensure resident's care and support needs were met. On the day of inspection, staffing levels were appropriately maintained to meet the health and social care needs of the residents.

There were effective management systems in place to monitor the quality of the care provided to residents. This included weekly surveillance of resident incidents, wounds, infections and weight loss. The inspector reviewed a sample of completed clinical and environmental audits and found that the audit tools were effective to support the identification of risks and deficits, in the quality and safety of the service. Quality improvement action plans were developed in response to audit findings and actioned to improve the service.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at frequent intervals.

Record keeping and file management systems consisted of both electronic and paper-based systems. A review of staffing records found that all staff personnel files contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, not all files contained the information specified in Schedule 2 of the regulations. For example, some staff personnel files did not contain a full and satisfactory history of employment. While there were systems in place to record and investigate incidents and complaints, the inspector found that the reporting systems was not robust. For example, there were two reporting systems in use for incident management, and staff were unclear on which system to use. The lack of clear direction to staff on the appropriate reporting system to record incidents and complaints resulted in the failure of complete and consistent records being maintained, in line with Schedule 3 and 4 of the regulations.

A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. While staff had completed training relevant to infection prevention and control, staff knowledge of this area had not been evaluated by the provider. Some infection prevention and control practices observed by the inspector were not in line with best practice guidelines.

The inspector found that the arrangements in place to supervise and support staff were not fully effective. Staff were not appropriately supervised to ensure residents received care in an environment that protected them from the risk of infection.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not adequately supervised to carry out their duties effectively in protecting and promoting the care and welfare of all residents, particularly in relation to infection prevention and control. This included supervision of staff;

- to ensure implementation of the enhanced cleaning schedule and procedure during an outbreak.
- to fully implement standard and transmission-based precautions to reduce the risk of infection to residents. For example, poor hand hygiene and use of personal protective equipment (PPE) was observed by the inspector.

Judgment: Substantially compliant

Regulation 21: Records

The management of records was not in line with regulatory requirements, and records were not kept in a manner that was accessible. For example;

- Staff personnel files did not contain all the necessary information required by Schedule 2 of the regulations. For example, two staff file did not contain a full employment history, and one staff file did not contain a relevant professional qualification.
- Records of complaints did not always contain details of the action taken by the registered provider in response to a complaint, in line with Schedule 4(6) of the regulations.
- The records of adverse incidents involving residents provided for review did not always contain the details required by Schedule 3(4)(j) of the regulations. This included information pertaining to the names of the person(s) in charge of the centre, supervising the residents, and names and contact details of any witnesses, and results of investigations and action taken.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service did not ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- There was poor monitoring and oversight of infection prevention and control, and the quality of environmental hygiene to ensure residents were protected from the risk of infection.
- There was poor oversight of record management systems to ensure compliance with the regulations. For example, records pertaining to incidents and complaints were not appropriately documented. This impacted on the timely and effective oversight of incidents and complaints to identify opportunities for learning and improving the service.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents living in the centre were supported to enjoy a good quality of life through the provision of good quality nursing and medical care. Residents' rights were upheld by a supportive staff team who knew the residents individual needs and preferences. However, this inspection found that infection

prevention and control practices did not always ensure that residents received care and support in an environment that protected them from the risk of infection.

The provider had improved the facilities to support effective infection prevention and control through the installation of hand hygiene sinks in some corridors. Hand sanitisers were strategically located throughout the centre. Additional hand hygiene stations had been established outside the bedrooms of residents who were in isolation. The centre was found to be visibly clean and there was a cleaning schedule in place to support the systematic cleaning of all areas of the centre on a daily basis. However, the inspector found that the cleaning schedule had not been reviewed or enhanced in response to an outbreak of infection in the centre, in line with the centres' outbreak management plan. In addition, facilities such as a sluice room were not appropriately managed to reduce the risk of infection.

Arrangements were in place to assess the needs of residents prior to admission into the centre. On admission, residents' needs were assessed in further detail using validated assessment tools. The assessments were used to inform the development of person-centred care plans to guide staff on care delivery.

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, as required or requested. Arrangements were in place for residents to access a range of community and outpatient-based health care services such as mental health services, chiropodists, physiotherapy, occupational therapy, speech and language therapy and palliative care services.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor residents nutritional intake on a daily basis. Residents' weights were monitored on a monthly basis, or more frequently if indicated.

The centre was actively promoting a restraint-free environment and the use of physically-restrictive practices such as bedrails in the centre was kept to a minimum. Restrictive practices were initiated following an appropriate risk assessment, and in consultation with the resident, or where required, their representative. These procedures were in line with national guidance.

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records reviewed, it was evident that the person in charge recorded, investigated and responded to all allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

Residents were provided with a guide to the services in the designated centre, in an accessible format. The guide included all the information required by the regulations.

Residents had their rights promoted within the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires.

Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. The centre had religious services in-house every week.

Residents could receive visitors in the centre, and it was evident that visitors were welcome. Visitors and residents confirmed there were no restrictions on visiting.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 18: Food and nutrition

Validated assessment tools was used to screen residents for risks of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by a dietitian.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider prepared a guide for residents that contained the requirements of the regulation, which included a summary of the services and facilities in the centre, terms and conditions relating to a residence in the centre, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control procedures were not consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA.

Standard and transmission-based precautions were not effectively implemented to reduce the risk of cross-infection. This was evidenced by;

- effective transmission based precautions had not been fully implemented during the outbreak of infection. For example, the doors of isolation rooms were left wide open on numerous occasions. This increased the risk of cross-contamination of the environment.
- the inspector observed that masks were not always worn correctly and hand hygiene practices were not always completed in line with evidence-based practice. Oversight of these practices was not effective to ensure the safety of both residents and staff.

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

- the procedure for cleaning and decontamination of isolation rooms was not in line with best practice guidance or the centre's own outbreak management policy which stated that cleaning of affected areas must be increased to twice daily. Staff confirmed that they only cleaned these areas once a day.
- there were no clear cleaning schedules in place to guide the staff on the correct procedures for cleaning of frequently touch areas and surfaces, and the terminal cleaning and decontamination of rooms.
- The sluice facilities were not managed in a manner that reduced the risk of infection. Soiled toilet aids were stored alongside clean equipment. This increased the risk of cross-contamination.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following an assessment of residents needs, and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

The care plans reviewed were person-centred, and reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and GPs were visiting the centre, as required.

Residents were provided with timely access to a range of health and social care professionals. This included physiotherapy, dietitian services, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Behavioural support care plans were in place and reviewed at regular intervals to ensure staff had the required information to support residents to manage their behavioural needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider supported a small number of residents to access and manage their finances. There were arrangements in place to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity was respected.

Residents were consulted for their feedback on the quality and safety of the service. There was evidence that issues arising in residents forum meetings were appropriately actioned. This included requested changes to the activity schedule, menu, and the overall quality of the service they received.

Residents were provided with meaningful activities seven days per week. Records captured each residents involvement and level of participation in scheduled activities.

Residents were supported to exercise their religious beliefs and were facilitated to attend religious services in both the centre and in their community.

Information pertaining to independent advocacy services was prominently displayed in the centre. Residents could access the services independently through a system of referral or independently through telephone.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Not 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 Carthage Nursing Home OSV-0000021

Inspection ID: MON-0041782

Date of inspection: 04/03/2025

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 |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff continue to be supported in their role daily, however we acknowledge that increased supervision and management oversight is required. This is to ensure staff comply with IPC training and local and national policy.</p> <ul style="list-style-type: none"> • In the event of an outbreak enhanced cleaning measures will be implemented with immediate effect. • Further training in IPC practices in relation to outbreak management has commenced and will be completed with household staff. • Further training in IPC practices in relation to outbreak management has commenced and will be completed with nursing and care staff. • Nursing and Care staff will continue to be supervised, and best practice promoted in relation to standard and transmission based precautions. • IPC audits continue and feedback on same is communicated to all staff. • Results of IPC audits will inform the need for further training and development required by staff. | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff files have been reviewed and now contain all the necessary information required by schedule 2 of the regulations.</p> <p>The one staff member who did not have a relevant professional qualification on file i.e.</p> | |

copy of Bachelor of Nursing Degree, had nursing transcripts and registered nursing PIN. We have obtained a copy of Bachelor of Nursing Degree Certificate which is now on file. Going forward we have a detailed checklist to ensure that all necessary information required by Schedule 2 of the regulations has been received prior to commencement of employment.

Records of complaints at the time of inspection were being recorded on two systems. Complaints and actions are now recorded on one comprehensive system.

Records pertaining to incidents were at the time of inspection recorded on two systems, a detailed written log book and electronic system.

Electronic system will be fully utilised going forward for the recording, monitoring and auditing of incidences and complaints.

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| Regulation 23: Governance and management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

We acknowledge that increased supervision and management oversight is required particularly during an infectious outbreak, to ensure staff comply with IPC training and are competent in maintaining a safe, appropriate, consistent and effective service for all our residents, their family and friends.

- In the event of an outbreak enhanced cleaning measures will be implemented with immediate effect.
- Further training in IPC practices in relation to outbreak management has commenced and will be completed with staff.
- Staff will continue to be supervised, and best practice promoted in relation to standard and transmission based precautions.
- IPC audits continue as per schedule.
- We have included further auditing on staff IPC practices.

Records pertaining to incidents and complaints were at the time of inspection recorded on two systems, a detailed written log book and electronic system.

Electronic system will be fully utilised going forward for the recording, monitoring and auditing of incidences and complaints.

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| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Our outbreak management plan has been reviewed and updated. Going forward we will ensure that our outbreak management plan is implemented fully.</p> <ul style="list-style-type: none"> • All staff have received IPC training online and inhouse. • Further inhouse training in IPC practices in relation to outbreak management has commenced and will be completed with staff. • We will ensure oversight of staff regarding effective practices in their daily role by means of supervision and auditing. • Enhanced supervision of staff and staff practices e.g. hand hygiene practices, effective donning and doffing procedures. • Cleaning and decontamination of isolation rooms during an outbreak will be increased to twice daily cleaning as per policy. • Cleaning and decontamination of high touch areas such as handrails, door handles, switches will be increased to twice daily cleaning during an outbreak. • Cleaning schedules have been reviewed and updated to guide staff on the correct procedures for cleaning and decontamination of high touch areas, resident rooms and terminal cleaning. • Twice daily cleaning schedules have been implemented for sluice facilities. This will be audited to ensure compliance with effective IPC measures. • Outbreak management plan has been reviewed and updated. Management will ensure full implementation of plan during an infectious outbreak. | |

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)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 05/03/2025 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 18/03/2025 |
| 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 | 18/04/2025 |
| Regulation 27 | The registered provider shall ensure that procedures, | Not Compliant | Orange | 18/04/2025 |

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| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
|--|---|--|--|--|