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

Name of designated centre:	Darraglynn Nursing Home
Name of provider:	Darraglynn Nursing Home Limited
Address of centre:	Carrigaline Road, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	13 February 2025
Centre ID:	OSV-0000220
Fieldwork ID:	MON-0043475

About the designated centre

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

Darraglynn Nursing Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 26 residents. It is a single storey building with a basement that accommodates the laundry, storage and staff facilities. The centre is set out in two wings named Lucey and Féileacháin (butterfly). Bedroom accommodation comprises 22 single bedrooms and two twin bedrooms; 20 single bedrooms and one twin room have full en suite facilities of shower, toilet and wash-hand basin; one single and one twin room have wash hand basin facilities in their bedroom. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the sitting room, dining room conservatory and quiet visitors' library room. Darraglynn Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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
Thursday 13 February 2025	08:45hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. All residents and visitors spoken with on the day of inspection were very complimentary of the service provided. The inspector met with many residents during the inspection and spoke with eight in more detail to gain an insight into their experience of living in the centre. All reported of the kindness of staff; one resident said that they usually wake during the night and that staff 'always come' and 'help me' and are 'so helpful and kind'.

There were 26 residents living in Darraglynn Nursing Home on the day of inspection. The centre is situated on a sloped site with resident accommodation on the ground floor, and facilities such as the laundry and storage in the lower ground floor, with secure access to this level. The main entrance was wheelchair accessible. HIQA registration certification, the main fire safety panel with associated information, complaints procedure, suggestion box, advocacy services and CCTV information, were all located at reception.

There were 22 single rooms and two twin rooms for residents, with 20 single rooms and one twin room having en-suite facilities of shower, toilet and wash hand sink. The twin room and two single rooms without en suites had access to a bathroom and shower facilities in close proximity. Bathroom and shower facilities are available near communal areas of the centre also.

The nurses' station is located at reception and the day room used by the majority of the residents is easily accessible here. The main day room is bright and comfortable with a large television screen, book shelves, ornaments, residents' art work, and photographs on display. There is comfortable seating area at reception where residents could sit and relax. There are two more rooms which are used by residents as a quiet space and also for visitors when they came to the centre. Many of the areas were decorated for Valentine's Day with hearts of all shapes, sizes and colour.

On the walk around residents were seen meeting in the dining area for breakfast. The inspector spoke with residents here who said they liked to stay and chat with their friends after breakfast and catch up with the news. Residents reported that they were looking forward to the spring and summer, and hopefully better weather, as they loved having their meals outdoors in the garden and sitting out there reading a book and enjoying the long summer evenings.

Mid morning and afternoon snack rounds were observed where staff offered residents a choice of tea or juices with snacks. Lunch time was observed and residents were served and assisted in a relaxed and social manner. Choice was available to residents; meals were well presented, looked appetising and residents all reported that the quality of food was excellent. The dining room was a large bright conservatory with views of the enclosed garden. Prior to residents coming to

the dining room for their meal, tables were set for residents with cutlery and condiments.

Throughout the inspection staff were seen to actively and positively engage with residents. Residents were observed to be well dressed with co-ordinated accessories and residents reported that staff helped them and took special attention with their clothes and make-up.

On the morning of inspection, the activities co-ordinator held choir practice where most residents attended and practiced a variety of songs from musicals; as part of the choir, they all wore their sashes and the activities person ensured that all residents had their individual copy of the words of each song. In the afternoon many of the residents took part in an interactive exercise session. Staff were seen calling to residents in their bedrooms to ensure they were OK and providing comfort rounds to ensure the wellbeing of residents.

Residents bedrooms were personalised and decorated in accordance with residents' choice and preference. Residents had brought in furniture such as extra large screen TVs, salt lamps, and armchairs to personalise their rooms. Bedrooms were further personalised with pictures and ornaments belonging to the residents. Residents had a minimum of a double wardrobe and bedside locker in their bedrooms for personal storage, some had an additional chest of drawers in accordance with their choice. One resident's bedroom had a lovely wicker basket full of miniature soda cans which they enjoyed during the evening. Most televisions in bedrooms were wall-mounted; some were seen to be large, while others were small and would be difficult to see.

The sluice room was secured by keypad access, there were separate sinks for hand-washing and sluicing purposes. Catering staff had separate changing facilities to care staff in line with best practice. There was keypad access to the basement to the laundry, storage, staff dining room and staff facilities. Doors to the cleaners' room with chemicals, and the dry goods kitchen store were open and the key remained in the doors enabling unauthorised access.

Emergency evacuation plans were on display throughout the centre. Floor plans were colour-coded identifying individual compartments. A sample of fire doors were checked and released and seen to operated correctly and closed without any gaps. Some fire doors were upgraded since the last inspection as part of ongoing quality improvement.

There was a lot of COVID-19 signage displayed, for example, the 'two metre social distancing' was on the ground at reception, and respiratory etiquette relating to COVID-19 and FFP2 masks posters were displayed.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Darraglynn Nursing Home is a residential care setting operated by Darraglynn Nursing Home Limited. It is registered to accommodate 26 residents. The organisational structure comprised the nominated person representing the registered provider, person in charge and deputy person in charge. The person in charge and deputy person in charge were supported by a team of nurses, care staff, housekeeping, catering staff, administration staff and an activity coordinator. It was evident that staff positively engaged with residents in a kind and relaxed manner and a rights-based approach to care delivery was promoted.

The inspector found that there was an adequate number and skill mix of staff to meet the assessed needs of residents. The person in charge and the deputy person in charge were available to provide oversight and support to staff working at weekends.

Quality improvement meetings took place monthly. There was a schedule of audits in place, however, following review of a sample of audits, it was identified that these did not allow for a comprehensive review of the areas being assessed to enable quality improvement. Evidence of this is further discussed under Regulation 23: Governance and management.

The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. There was a complaints procedure displayed at the centre and residents who spoke with the inspector were aware of how to make a complaint. Nonetheless, a review of complaints records was required to ensure records complied with current legislation. A review of records maintained in accordance with Schedule 2 of the regulations required attention as issues were identified regarding staff files. This is discussed under Regulation 21: Records.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. He positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to meet the ongoing needs of residents. Additional staff were rostered for twilight hours between 6pm – 10pm each night as part of their ongoing quality improvement.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and the following deficits were identified in Schedule 2 records:

- two staff files had gaps in the employment histories; one had a gap of 20yrs and the second a gap of 3yrs.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to ensure the governance and management systems in place would enable effective monitoring of the service to ensure a safe and consistent service, as follows:

- oversight and monitoring of the service required action as some audits were ineffective, for example, the audit for care documentation only considered the care planning stage, and the assessment phase was not included so deficits identified on inspection regarding care records were not recognised
- the infection prevention and control audit did not comprehensively consider the requirements as set out in the mandated national standards [further detailed under Regulation 27: Infection control]
- restrictive practices recording required action as alarm mats and low-low beds were in place but not identified as a restrictive practice, and not included in information submitted as part of notifications to the Chief Inspector.

Regarding risk:

- Doors to the dry goods store, cleaners room with chemicals and cleaners trolley were unsecured enabling unauthorised access to chemicals and food.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had been submitted as required by the regulations. Clarification was given on inspection regarding the requirement to submit NF40 notification at the end of each six months.

Judgment: Compliant

Regulation 34: Complaints procedure

A sample of complaints was examined and records demonstrated that while the person in charge followed up on issues raised, all the information required was not routinely recorded, for example, the outcome of the investigation was not included in three complaints reviewed.

Judgment: Substantially compliant

Quality and safety

In general, the inspector found that residents had a good quality of life in the centre. Residents spoken with during the inspection gave positive feedback about their care. The inspector saw that care and support of the residents was delivered in a person-centred and respectful manner.

Residents had good access to general practitioner services and medical notes showed regular reviews by their general practitioners (GPs). Multi-disciplinary team access for residents was evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to dietitian, tissue viability nurse and palliative care team for example.

A sample of residents' care documentation was reviewed. While validated assessments were used to inform care, these were not always completed within the

regulatory time-frame. Evidence of this is further outlined under Regulation 5: Individual assessment and care plan.

Each resident had a current personal emergency evacuation plan. Appropriate quarterly and annual fire certification was in place. Colour-coded emergency evacuation floor plans were displayed differentiating compartments. Regular fire drills and evacuations were completed.

Regulation 11: Visits

There was adequate space for residents to have visitors should they choose a quiet room for visiting. Residents were seen coming and going throughout the day and staff welcomed visitors and actively engaged with them in a social manner.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' personal storage space in their bedrooms comprised a minimum of a double wardrobe and bedside locker; some residents had an additional chest of drawers in accordance with their wishes. Some had display tables to hold photographs and other mementos. There was a laundry on site and staff were aware of the the appropriate temperatures necessary regarding personal laundry. Records showed that a few issues were raised regarding laundry, nonetheless, these were immediately addressed by the person in charge.

Judgment: Compliant

Regulation 17: Premises

The premises was homely, warm and there was adequate communal space for residents to relax, including a dining room, day room, a second sitting room and comfortable small prayer room. There was lovely art work displayed on corridors which enhances the premises.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents gave positive feedback about the quality of their meals and the choice offered to them. Mealtime was seen as a social occasion where residents met up with their friends, chatted with each other and staff. There were ample staff available to provide assistance in accordance with the needs of residents. Staff were seen to actively engage with resident when serving their meal; meals were seen to be well presented.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Following review by the inspector of the temporary absence letter template, the person in charge contacted the software company to update the software package to ensure details such as the name of the next of kin populated automatically when the letter was generated. This would ensure that the receiving healthcare provider had comprehensive information regarding the resident. In addition, other information included in the transfer letter was not precise and did not accurately reflect the medical and social care history of the resident; while residents had an end of life care plan this was not attached to the transfer letter to ensure the receiving facility was aware of their care wishes should their condition deteriorate further.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not meet some aspects of Regulation 27: Infection control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- clinical hand wash sinks did not comply with current guidelines
- the availability of clinical hand wash sinks required action to ensure there were adequate number, appropriately located, in accordance with national standard requirements
- COVID-19 advisory signage continued to be displayed throughout the centre and was no longer required
- boxes were seen to be stored on floors, so effective cleaning could not be assured in these rooms
- dry food goods were stored in the household general storage area rather than in the designated food store to ensure its validity

- there was inadequate storage in the sluice room to enable items to be stored appropriately; the shelf available for storage was detaching from the wall and could not hold any items and required replacement
- toilet facilities opposite twin bedroom 17 was seen to be used as en suite facilities by the residents occupying bedroom 17, as their toiletries and wash basins were kept here, however, as it was on the main thoroughfare, it was also used by other residents, increasing the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A sample of fire doors were checked and released and no gaps were found upon closing these doors. All escape routes had emergency signage and all were seen to be working. Residents had personal emergency evacuation plans in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and medications were administered in adherence with best practice guidelines. The records associated with controlled drugs were examined and records were seen to be maintained in line with professional guidelines. Photographic identification was available for all residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care documentation was reviewed and the following was identified that required action:

- assessments were not routinely completed within the regulatory time-frame of 48hrs after admission
- information included in the care documentation was not always in accordance with named medications, for example, one drug was recorded as the

manufacturer's name rather than the drug prescribed, and this may lead to drug error
- there was inconsistency in some information within assessments, for example, in one section it was reported that the resident was not at risk of pressure injury while another section indicated that the residents was at risk
- some assessments had no information to inform the care planning process to ensure the resident could be cared for in accordance with their individual needs
- records indicated that where a resident had a history of a community COVID-19 infection, this was incorrectly recorded as a health-care associated infection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and multidisciplinary team specialist services including physiotherapy, occupational therapy, dietitian, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' right and choices were promoted and respected in the centre. The notice board displayed an array of activities available to residents on a daily basis, for example, choir practice, exercise programmes, karaoke, movie evenings, market shopping on site. External activities were facilitated and staff were allocated to activities at times when these were not on site. Formal residents' meetings took place regularly where issues were discussed and actions taken to address these issues.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0043475

Date of inspection: 13/02/2025

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 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The gaps identified in two staff files are now made compliance with regulation 21 on 14.02.2025.

1. Immediate Actions:

• Review and Update Records: PIC will conduct a thorough review of all staff files to identify any other gaps in employment histories.
• Documentation: PIC will ensure that all gaps are documented with explanations provided by the staff members.

2. Policy Enhancement:

• Employment History Verification: PIC will implement a policy requiring detailed verification of employment histories during the hiring process.
• Regular Audits: PIC will schedule regular audits of staff files to ensure compliance with employment history documentation requirements.

3. Ongoing Monitoring: PIC will establish a system for ongoing monitoring of staff files to ensure continued compliance.

Time Frame for Completion:
Immediate Actions: Completed on 01.03.2025
Policy Enhancement: 31.03.2025

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Audit Improvement:
Comprehensive Audits: PIC will revise audit procedures to include all phases of care documentation, ensuring both assessment and care planning stages are covered.
Infection Control Compliance: PIC will align infection prevention and control audits with Regulation 27 requirements. PIC will ensure audits comprehensively cover all mandated standards.
Restrictive Practices Identification: PIC will update policies to accurately identify and record all restrictive practices, including alarm mats and low-low beds.
• Risk Management: Securing Access: PIC will implement measures such as awareness programs for all staff educating the importances to secure doors to dry goods store, cleaners' room, and cleaners trolley. Safety representatives will ensure their compliance through continuous monitoring.
• Training and Awareness: Staff Training: PIC will provide training to staff on updated audit procedures, infection control standards, and identification of restrictive practices.
• Monitoring and Reporting: Regular Audits: PIC will schedule regular audits to ensure ongoing compliance with updated procedures.
Reporting Mechanism: PIC will establish a reporting mechanism for staff to report any discrepancies or gaps in audits and risk management.

Time Frame for Completion:
Audit Improvement: Completed on 31.03.2025
Risk Management: Completed on 01.03.2025
Training and Awareness: Completed on 15.03.2025
Monitoring and Reporting: Ongoing

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
1. Immediate Actions:

• Review and Update Records: PIC will conduct a thorough review of all complaint records to ensure that the outcomes of investigations are documented.
• Documentation: PIC will ensure that all future complaints include comprehensive documentation of the investigation process and outcomes.
2. Policy Enhancement:

• Complaint Handling Procedure: PIC will update the complaint handling procedure to

mandate the recording of investigation outcomes.
• Checklist Implementation: PIC will introduce a checklist for complaint records to ensure all required information is included.
3. Monitoring and Reporting:

• Regular Audits: Schedule regular audits of complaint records to ensure compliance with the updated procedures.

Time Frame for Completion:

Immediate Actions: Completed on 10.03.2025
Policy Enhancement: 31.03.2025
Monitoring and Reporting: Ongoing

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
1. Software Update:
• Contact Software Company: The person in charge has already contacted the software company on the day of inspection to update the software package to ensure details such as the relationship of the next of kin are automatically populated when the transfer letter is generated.
2. Transfer Letter Accuracy:
• Review and Update Template: PIC will conduct a thorough review of the transfer letter template to ensure all information accurately reflects the medical and social care history of the resident.
• Include End of Life Care Plans: PIC will update the transfer letter template to include end of life care plans, ensuring the receiving facility is aware of the resident's care wishes.
3. Training and Awareness:
• Staff Training: PIC will provide training to staff on the updated transfer letter template and the importance of including comprehensive and accurate information.
• Awareness Campaign: PIC has already conducted an awareness campaign to inform staff about the new template and procedures.
4. Monitoring and Reporting:
• Regular Audits: Schedule regular audits of transfer letters to ensure compliance with the updated template and procedures.
• Reporting Mechanism: Establish a reporting mechanism for staff to report any discrepancies or gaps in transfer letter documentation.
Time Frame for Completion:
• Software Update: Completed on 13.02.2025
• Transfer Letter Accuracy: 10.03.2025

• Training and Awareness: 10.03.2025 • Monitoring and Reporting: Ongoing

Regulation 27: Infection control	Substantially Compliant

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

1. Clinical Hand Wash Sinks:

• A new clinical hand wash sink as per the guidelines was ordered and awaiting delivery.

1. COVID-19 Advisory Signage:

• Signage Removal: Removed all outdated COVID-19 advisory signage throughout the centre on 13.02.2025

2. Storage Practices:

• Elevate Boxes: PIC has implemented storage solutions to keep boxes off the floors. Dumped unwanted items to free up spaces.
• Designated Food Storage: Pic will ensure the dry food goods will be stored in the designated food store to ensure their validity.
• Sluice Room Storage: PIC will replace the shelf in the sluice room and ensure adequate storage for all items.

3. Toilet Facilities:

• The Clinical governance committee has decided to use the toilet between room 17 and room 18 as an ensuite for residents in both rooms. PIC has ensured there are no toiletries, and no wash basins are stored in that toilet. The toilet opposite room 17 will be used as a common toilet for all residents passing by the corridor to the dining area.

4. Training and Awareness:

• Staff Training: PIC will provide training to staff on updated infection control practices, proper storage procedures, and the importance of accurate documentation.
• Awareness Campaign: PIC will conduct an awareness campaign to inform staff about the new policies and procedures.

5. Monitoring and Reporting:

• Regular Audits: PIC will schedule regular audits to ensure compliance with updated procedures.
• Reporting Mechanism: PIC will establish a reporting mechanism for staff to report any discrepancies or gaps in infection control and storage practices.

Time Frame for Completion:

Clinical Hand Wash Sinks: 30.04.2025
Signage Removal: 13.02.2025
Storage Practices: 01.03.2025
Toilet Facilities: 01.03.2025
Training and Awareness: 15.03.2025
Monitoring and Reporting: Ongoing

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. Timely Assessments:

• Review and Update Procedures: PIC will ensure assessments are completed within the regulatory timeframe of 48 hours after admission.
• Monitoring: PIC has implemented a system to monitor the timely completion of assessments.
• Accurate Medication Information: PIC has contacted Clinical pharmacist to ensure the usage of the prescribed drug name instead of manufacturer's name.
• Training: Provide training to staff on accurate medication documentation practices.
2. Consistency in Assessments:

• Review and Correct Inconsistencies: PIC will conduct a thorough review of assessments to identify and correct inconsistencies.

• Comprehensive Assessments: PIC will ensure assessments include all necessary information to inform the care planning process.
• Training: PIC will provide staff training on the importance of comprehensive assessments and their role in care planning.
3. Correct COVID-19 Infection Recording:

• Review and Update Records: PIC will correct any inaccuracies in the recording of COVID-19 infection history.
• Staff Training: PIC will provide training to staff on updated procedures and the importance of accurate documentation.

Time Frame for Completion:
Timely Assessments: 01.03.2025
Accurate Medication Information: 15.03.2025
Consistency in Assessments: 31.03.2025
Informing Care Planning: 31.03.2025
Correct COVID-19 Infection Recording: 01.03.2025

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 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	31/03/2025
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	31/03/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	10/03/2025

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/03/2025

Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/03/2025
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	31/03/2025