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:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	05 August 2025
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0047819

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

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
Tuesday 5 August 2025	08:00hrs to 16:10hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspector spoke with residents, visitors and staff to gain insight into what it was like to live at St Louis Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents.

The inspector met numerous residents living in the centre and spoke with 8 residents in more detail to gain a view of their life in the centre. All were very complimentary in their feedback and expressed satisfaction about the care provided. Resident feedback included 'I'm very happy here the food is great and the staff are lovely'. Another said 'they could not do more for us'. Further feedback heard 'food is brilliant, the chef's are amazing'. Resident relative feedback included 'I'm so happy with the care here' and another said 'if I need a nursing home I want to be here'.

There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate appeared to be generally comfortable throughout the day.

St Louis Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate a maximum of 25 residents in single and double bedrooms. There were 25 residents living in the centre on the day of the inspection with no vacancies. The centre is located in the town of Tralee, County Kerry. It is a two storey building, with residents accommodation located on the ground floor and staff facilities located on the first floor.

The inspector was met by the nurse in charge on arrival at the centre and began walking around the centre, shortly afterwards the person in charge (PIC) arrived and walked around the centre with the inspector giving an opportunity to review the living environment and to meet with residents and staff. The inspector observed residents relaxing in their bedrooms and communal rooms, eating and mobilising in the corridors.

During the walk around staff were seen to be responsive and attentive without any delays attending to residents' requests and needs. Several of the residents spoke of exercising choice over their day and being satisfied with activities available.

The daily menu was displayed in the dining room. The inspector observed the main lunch time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times. The main kitchen appeared adequate in size to cater for resident's needs. However, there were not separate staff changing

rooms and toilets for catering staff. This means that catering staff, who handle food preparation and food service, are using the same restroom facilities as other staff members. Using the same restroom facilities for both food handlers and other staff can pose a hygiene risk.

Residents' bedrooms that were viewed by the inspector were all clean, contained plenty of storage, and decorated with personal items, such as photographs, and soft furnishings. Televisions, internet and call bells were provided in these bedrooms. However, there was a lack of storage for toiletries in the double rooms. Several of the double rooms had toothbrushes and toiletries not marked but left on the shared resident wash sink. This is a risk that residents may not use their own items.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control (IPC) , which are interdependent. For example ancillary rooms such as the sluice, laundry and storage facilities for wheelchairs did not facilitate effective IPC measures. The décor in some areas of the centre was showing signs of wear and tear. Findings in this regard are further discussed under Regulation 17 . Despite the infrastructural and maintenance issues identified, a good standard of cleaning was observed on the day of inspection. Overall the equipment viewed was generally clean with some exceptions. For example several commodes were rusty .

The centre provided a laundry service for residents. Residents whom the inspector spoke with were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry did not support the functional separation of the clean and dirty phases of the laundering process. Additionally, there was no dedicated hand hygiene sink in the laundry. There was inappropriate storage seen in this room, which may become contaminated whilst laundry procedures are taking place. Similarly, there was a sink unit in the laundry used for the preparation of cleaning trolleys, equipment and decanting of used cleaning water, as there was no dedicated housekeeping room in the centre. This posed a risk of cross-contamination to and from stored laundry items in this room.

There was a sluice room for the reprocessing of bedpans, urinals and commodes which was functioning. There was a hose pipe attached to the taps in the sluice sink. Signage on the walls directed staff to use this for rinsing of commode pans. The inspector was informed that this was not done and the signage was out of date. This practice has the potential to cause cross contamination and was unnecessary when the centre had fully functional bedpan washer. The floor was not clean and contained a very small non-compliant hand hygiene sink, which had an increased risk of water splashback on the staff member and flooring.

Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms. There were hand-wash sinks available in the centre which were accessible, but were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware.

There was a dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. There was a sink

available but again not compliant with national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with IPC oversight, practices and processes.

Overall, this was a centre with a commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 6: Health care, Regulation 23: Governance , Regulation 25: Temporary absence or discharge of residents, and Regulation 27: infection control. However further action is required to be fully compliant. But did not meet the standards for Regulation 17; premises. Findings will be discussed in more detail under the respective regulations.

Saint Louis Nursing Home is owned and operated by a sole trader, who works full time in the centre. The clinical management of the centre was led by the person in charge (PIC) who was supported by an assistant person in charge, and a team of nursing, administration, care, maintenance and kitchen staff.

The inspector followed up on the provider's progress with completing the actions they had committed to in a compliance plan submitted following the last inspection on 15th October, 2024. The majority of actions committed to by the provider had been completed. For example; a new call bell system was in place, a lip to the door leading to the garden had been removed, bed pan washer had been serviced. The electrical cord extensions found in the bedrooms had been replaced with wall plugs, although one extension cord remains in place in the laundry.

A senior nurse had completed the IPC link nurse training with the Health Service Executive (HSE). Helping to focus and structure compliance with infection prevention and antimicrobial stewardship practices within the centre. Protected hours were allocated to the role of IPC link practitioner and they demonstrated a commitment and enthusiasm for their role. For example, completing regular IPC audits and face to face hand hygiene auditing and support.

National Guidelines for IPC were available in the centre and accessible to staff. Regular hand hygiene audits were taking place to encourage good practice, but the

audit form, did not allow a percentage to be calculated. IPC training was in date. However, it was online instead of a preferred blended learning approach that includes face to face sessions and e-learning.

Infection prevention and control audits were undertaken and covered a range of topics including, equipment and environment hygiene, waste management, hand hygiene and the use of personal protective equipment (PPE). Audit reports did not included time bound action plans to address any issues identified. Surveillance of multi drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. Findings in this regard are further discussed under Regulation 27.

Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme needed to be further developed, strengthened and supported in order to improve antimicrobial use and combat antimicrobial resistance.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre.

The provider ensured there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Information was shared appropriately with residents and staff. Meeting records included improvement actions and the responsible person.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 15: Staffing

From a review of staff rotas, the observations of the inspector and from speaking with residents, visitors and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of infection control were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored: This was evidenced by:

- Surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded.
- Ineffective management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene. For example; the sluice room was not cleaned in line with the centre's own policy for cleaning.
- Action plans following audits were not always in place and allocated to staff to ensure closure of issue.
- The presence of outdated instructions in the sluice room indicating unsafe practices like manual decanting and washing of commode pans.
- The hot and cold water supply was not routinely tested for *Legionella* to monitor the effectiveness of controls.
- A review of the pre-admission assessment process was required to include a robust assessment in respect of Infection prevention and control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of outbreaks of any notifiable infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. Both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had opportunities to participate in group or individual activities. These included arts and crafts, gardening and music therapy.

Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents. These meetings were run with the help of a dedicated resident advocate whom visited the centre very regularly. From a review of minutes of these meetings, it was evident that issues such as food and activities were discussed. Action plans were completed to address any issues or requests from residents from these meetings.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

There was an absence of a full Infection Prevention and Control (IPC) assessment as part of pre-admission process.This could lead to a lapse in recording of a residents MDRO status. This omission could mean residents could be admitted without a thorough evaluation of their infection risk. Resident care plans were accessible on a paper based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by the inspector were generally person-centred and descriptive to the care needs of the resident.

The centre were using their own transfer form when transferring residents into other health care settings, this form only identified MRSA as a MDRO. The National Transfer Document and Health Profile for Residential Care Facilities should be used when residents are transferred to hospitals. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

There were plenty of supplies of PPE (Personal Protective Equipment) and the inspector did observe some good practices of wearing PPE but also instances of inappropriate wearing of gloves. Staff were seen by the inspector wearing gloves when there was no reason to do so for example when supporting residents with handing out drinks and walking along corridors. The overuse of glove wearing

inhibits hand washing and increases the risk of cross contamination during care procedures.

The provision of hand hygiene sinks and alcohol gel at the point of care was not sufficient. There were hand wash sinks in the centre but not enough along resident corridors for easy staff access. None of the hand hygiene sinks were compliant with national standards. Cloth tourniquets (A tourniquet is a band that is wrapped around the upper arm tightly to restrict blood flow before taking a blood sample) were present in the clinical room. These items are very difficult to clean and disinfect in these settings so should be replaced with single-use tourniquets to reduce the risk of cross infection between residents and staff.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, corridors, ancillary areas such as the sluice and laundry was showing signs of wear and tear, impacting on the ability to clean the surfaces.
- Lack of storage for toiletries in the double rooms.
- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Cleaning trolleys were stored and prepared within the laundry. This posed a risk of cross contamination.
- The infrastructure of the on-site laundry did not supported the functional separation of the clean and dirty phases of the laundering process. There was inappropriate storage of supplies seen in this room, which may become contaminated whilst laundry procedures are taking place.
- The sluice room contained a hose for washing equipment. The use of a hose may lead to environmental contamination and the spread of infection.
- There was no hand wash sink in the laundry.
- Storage under stairs for wheelchairs was in need of painting and removal of damp patches which could transmit infection to the stored wheelchairs.

- No separate catering changing rooms and toilets available to reduce the risk of cross contamination.
- Hand wash sinks available were not compliant with national standards

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The centres own transfer document only discusses one MDRO status. The National Transfer Document and Health Profile for Residential Care Facilities should be used as contains details of health care-associated infections and colonisation to support the sharing of and access to information within and between services.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- The storage of opened single use items were seen. For example; opened and stored ready for re-use sterile dressings. Single use items are intended to be used on an individual person during a single procedure and then discarded due to the risk of contamination.
- The provider had not substituted traditional unprotected sharps/needles with a safer sharps devices that incorporates a mechanism to prevent or minimise the risk of accidental injury.
- Alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
- Sharps bins were not signed on assembly which helps accountability and

trackability.

- Cloth tourniquets seen in clinical room if not effectively cleaned and disinfected can harbour micro organisms and increase the risk of cross-contamination and health care-associated infections.
- Inappropriate use of gloves, for example; when handing out drinks and walking along corridors. The overuse of glove wearing inhibits hand washing and increases the risk of cross contamination during care procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The centres admission assessment did not include a comprehensive health care infection and MDRO colonisation assessment.

There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. However, a review of care plans revealed a need for more detail to ensure that all resident files accurately reflect their current MDRO colonisation status.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care specialists.

Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted about the management of the designated centre through participation in residents meetings. Residents had access to an independent advocacy service.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0047819

Date of inspection: 05/08/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: MANAGEMENT HAVE TAKEN RESPONSIBILITY FOR THE NON-COMPLIANT AND SUBSTANTIALLY COMPLIANT FINDINGS IN THE RECENT HIQA INSPECTION 5-08-2025 AND HAVE ALREADY STARTED TO INTRODUCE AND IMPLEMENT NEW PRACTICES AND CHANGES TO EXISTING PRACTICES TO MAKE THEM MORE ROBUST AND STRENGTHEN INFECTION CONTROL POLICIES IN THE HOME. THESE INCLUDE 1. REGULAR WALK-AROUNDS, REPORTING AND IDENTIFYING AREAS AND DUTIES WHICH HAVE NOT BEEN COMPLETED TO AN ACCEPTABLE STANDARD, ENSURING THE EMPLOYEE RESONSIBLE AS BEEN MADE AWARE OF SAME AND PROBLEM RECTIFIED WITHOUT DELAY. 2. SET UP OF EFFECTIVE SURVEILLANCE SYSTEM FOR ANTIMICROBIAL ADMINISTRATION IN THE HOME TO INCLUDE IDENTIFYING THE DRUG, FREQUENCY AND EFFECTIVENESS OF ALL ANTIMICROBIAL MEDICATIONS PRESCRIBED AND ADMINISTERED IN THE HOME (THIS IS CURRENTLY BEING RESEARCHED TO FIND A USER FRIENDLY SURVEILLANCE FORM) 3. SETTING UP SURVEILLANCE AND TRACKING OF MULTI-DRUG RESISTANT ORGANISMS (MDROs). THE TRANSFER LETTERS TO OTHER MEDICAL INSTITUTIONS HAVE BEEN ADAPTED TO INCLUDE ALL MDRO'S AND A SECTION TO IDENTIFY IF THE RESIDENT HAS A HISTORY/OR CURRENTLY ACTIVE MDRO WHICH THE RECEIVING FACILITY SHOULD BE MADE AWARE OF.THIS WILL ALLOW THEM TO INTRODUCE THE NECESSARY INFECTION CONTROL PRECAUTIONS AND PROVIDE A SAFE ENVIRONMENT FOR RESIDENT AND ALL OTHER PATIENTS. WE HAVE ADAPTED OUR PRE ADMISSION ASSESSMENT FORM TO INCLUDE A SECTION WHICH IDENTIFYS HISTORY OR ACTIVE MDRO SO WE CAN ACCESS PRIOR TO ADMISSION IF WE CAN ACCOMMODATE THE INFRECTION CONTROL NEEDS OF A POTENTIAL RESIDENT. THIS WILL HELP US TO MAINTAIN A SAFE ENVIRONMENT FOR ALL OTHER RESIDENTS BY IMPLEMENTING THE NECESSARY MEASURES TO ENSURE INFECTION IF CONTAINED AND ALL RISKS REDUCED. 4. ALL DRESSINGS IN THE HOME THAT ARE IDENTIFIED AS 'SINGLE USE' WILL BE DISPOSED OF ONCE THE STERILE PACKING IS OPENED. DRESSINGS WILL BE INCLUDED IN THE MONTHLY MEDICATIONS, MDA AND FRIDGE CHECKS TO ENSURE DRESINGS ARE USED ACCORDING TO MANUFACTURERS	

INSTRUCITONS. 5. SHARPS BINS WILL BE IDENTIFIED INITIALLED AND DATED WHEN OPENED AND CLOSED. WHEN NOT IN USE THE SHARPS BINS WILL BE TEMPORARILY CLOSED AND THE CONTENTS WILL NOT BE EXPOSED. SHARPS BINS WILL BE CLOSED, DATED AND INITIALLED WHEN THREE QUARTERS FULL AND PUT OUT FOR CLINICAL WASTE COLLECTION. 6. WE ARE CURRENTLY AWAITING DELIVERY OF SAFETY RETRACTABLE NEEDLES AND SYRINGES TO REDUCE THE RISK OF NEEDLE STICK INJURY. 7. ONE USE DISPOSABLE TURNIQUETS ARE NOW USED IN THE HOME. 8. THE OVERUSE OF GLOVES IN THE NURSING HOME HAS BEEN ADDRESSED WITH ALL HEALTH CARE STAFF WHO KNOW THE OVERUSE OF LOVE WEARING REDUCES HAND WASHING AND INCREASES THE RISK OF CROSS CONTAMINATION. 10. NEW SINKS WITH 'HAND FREE' OR ELBOW ONLY TAPS ARE BEING SOURCED FOR ALL CLINICAL AREAS INCLUDING THE SLUICE ROOM WHICH WILL HAVE A LARGER SINK INSTALLED IN THE NEAR FUTURE. 11. ALL OUTDATED FORMS AND SIGNS HAVE BEEN REMOVED FROM CLINICAL AREAS INCLUDING THE SULICE ROOM WHICH DISPLAYED MISLEADING SINAGE. 12. THE CLEANING TROLLEY IS NOW HOUSED IN THE STORE AT THE END OF EACH DAY SO THE RISK OF CONTAMINATION OF REDUCED. 13. STORAGE HAS BEEN REMOVED FROM THE LAUNDRY AREA. HAND WASHING SINK WILL BE INSTALLED IN THE LAUNDRY IN THE NEAR FUTURE AND THE INFRASTRUCTURE OF THE LAUNDRY HAS BEEN REARRANGED TO SUPPORT CLEAN/DIRTY PATHWAYS. WALLS IN LAUNDRY WILL BE FITTED WITH SMOOTH AND WASHABLE SURFACES TO ALLOW EASY CLEANING AND DISINFECTING. THIS WILL REDUCE INFECTION RISK. 14. STAFF NURSE IS PRESENTLY IN TRAINING FOR I.P.C. CERTIFICATION (6th – 10th October). WE WILL THEN HAVE TWO STAFF NURSES QUALIFIED AS LINK INFECTION CONTROL PRACTITIONERS AND HAND WASHING TRAINERS. THIS WILL BE A GREAT ADDITION TO OUR INFECTION PREVENTION AND CONTROL EFFORTS IN THE HOME. 14. SURVEILLANCE FOR LEGIONELLA DISEASE HAS BEEN SET UP IN THE NURSING HOME. THIS INCLUDES WEEKLY RUNNING AND DOCUMENTATION OF ALL UNUSED WATER OUTLETS AND SHOWERS AND A REGISTERED PLUMBER/ENGINEER WILL INSPECT THE WATER SYSTEM ANNUALLY AND PROVIDE A CERTIFICATE TO STATE THAT THE HOME IS FREE FROM LEGIONELLA DISEASE. THIS CERTIFICATE WILL BE AVAILABLE FOR INSPECTION. 15. AFTER EACH AUDIT IS COMPLETED A C.A.R.s WILL BE WRITTEN UP TO IDENTIFY THE PROBLEMS WHICH AROSE FROM THE AUDIT AND TO PROPOSE AND SET A TIME FRAME FOR RESOLUTION. 16. STORAGE AREA FOR WHEELCHAIRS WILL BE REPLASTERED AND INSULATED TO ENSURE ALL DAMP AND MOULD WHICH CAN CAUSE INFECTION IS ERADICATED.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
WE ACKNOWLEDGE THE PREMISES IS A VERY OLD BUILDING AND REQUIRES CONSTANT UPGRADING AND REDECORATION TO BRING IT IN LINE WITH HIQA REQUIREMENTS. WE HAVE MADE HUGE STRIDES TO IMPROVE THE PREMISES IN THE LAST YEAR WITH FULL REWIRING//NEW CALL BELL SYSTEM/INSTALLATION OF AUTOMATIC GAS SHUT OFF VALVES IN KITCHEN AND LAUNDRY/PURCHAE OF NEW

BEDS A NEW FLOOR COVERING ON THE GROUND FLOOR OF THE HOME. WE ARE CURRENTLY INSTALLING A SEPARATE CHANGING/REST ROOM FOR THE KITCHEN STAFF ONLY. A REVAMP OF THE KITCHEN IS CURRENTLY UNDERWAY AND A PLANNED REVAMP OF THE DINING ROOM WILL BE COMPLETED BEFORE CHRISTMAS. NEW HAND WASHING SINK WILL SOON BE INSTALLED IN THE LANUDRY ROOM AND ALSO NEW LARGER SINK WITH 'HANDS FREE' TAPS WILL BE INSTALLED IN THE SLUICE ROOM. THIS WILL REDUCE RISK OF SPREADING INFECTION FROM 'SPLASH BACK.' ALL SINKS IN CLINICAL AREA WILL BE FITTED WITH 'HANDS FREE' OR 'ELBOW TAPS' TO COMPLY WITH REGULATIONS AND REDUCE THE RISK OF INFECTION. CONTINUOUS PAINTING AND REDECORATING TAKES PLACE IN THE HOME AND MAINTENANCE STAFF ENSUREVT ANY BREAKAGES IN RESIDENTS ROOMS ARE MENDED/REPLACED IN A TIMELY FASHION. CLEANING TROLLEY IS NOW HOUSED IN THE STORE- ROOM AND THIS ALLOWS FOR SEPARATE PREPARATION OF CLEANING TROLLEYS AND EQUIPMENT. HOSE FOR RINSING REUSABLE EQUIPMENT BEFORE STERILISING PROCESS IS NOW REMOVED FROM THE SLUICE ROOM REDUCING THE POSSIBLE SPREAD OF INFECTION FROM 'SPLASH BACK' AND CONTAMINATION. THE STORAGE IN THE LAUNDRY ROOM HAS BEEN REMOVED AND THE INFRASTRUCTURE OF THE AREA HAS BEEN RESTRUCTURED TO ALLOW CLEAR CLEAN/SOILED PATHWAYS. LAUNDRY COLOUR CODED COLLECTION TROLLEYS ARE NOW IN USE TO REDUCE THE RISK OF CROSS CONTAMINATION.

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:
NEW TRANSFER LETTER HAS BEEN PRINTED TO INCLUDE HISTORY/COLONISATION/ACTIVE STATUS OF ALL MDRO'S WHEN A RESIDENT IS BEING TRANSFERRED TO ANOTHER MEDICAL FACILITY. THIS WILL ALLOW PROMPT AND TIMELY INTRODUCTION OF ALL NECESSARY INFECTION MEASURES TO ENSURE INFECTION IS CONTAINED AND REDUCE THE RISK OF SPREAD. WE HAVE ALSO REDESIGNED OUR OWN PRE ADMISSION ASSESSMENT FORM TO INCLUDE ALL THIS INFORMATION PRIOR TO AN ADMISSION IN THE HOME. THIS WILL ALLOW US TO DETERMINE IF WE CAN/CANNOT PROVIDE THE INFECTION CONTROLS NECESSARY FOR A POTENTIAL RESIDENT AND ULTIMATELY DECIDE IF ADMISSION CAN BE ALLOWED/DISALLOWED.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
WE WILL COMPLY WITH INFECTION CONTROL REGULATIONS BY IMPLEMENTING THE FOLLOWING:
1. ALL STAFF NOW CARRY A HAND SANITISING DISPENSER ON THEIR PERSON. THIS ALLOWS FOR THE DECONTAMINATION OF HANDS AT THE BEDSIDE
2. ALL SINKS IN THE CLINICAL AREA WILL BE FITTED WITH 'HANDS FREE' TAPS.
3. INFECTION STATUS OF RESIDENTS DISCHARGED/ADMITTED TO THE NURSING HOME WILL BE CLEARLY INDICATED SO RECEIVING FACILITY CAN PUT CORRECT INFECTION CONTROL MEASURES IN PLACE
4. PERSONALISED BAGS WILL BE SOURCED FOR ALL SHARING ROOMS SO TOILETERIES WILL BE FOR IDENTIFIED RESIDENT ONLY.
5. NEW I.P.C NURSE TRAINING IN INFECTION CONTROL AND HAND- WASHING TECHNIQUES. TOTAL OF 2 TRAINED NURSES IN THE NURSING HOME.
6. SMALL SINK AND HOSE REMOVED FROM SLUICE ROOM
7. OVER- USE OF DISPOSABLE GLOVE WEARING DISCONTINUED
8. INDEPENDENT REST/CHANGING ROOM FOR KITCHEN STAFF
9. HAND WASHING SINK INSALLED IN LAUNDRY ROOM AND WASHABLE WALL SURFACES TO ENABLE EASY CLEANING.
10. REPLACE COMMODES THAT SHOW SIGNS OF RUST AND WEAR
11. REGULAR WEEKLY RUNNING OF UNUSED WATER SYSTEMS AND ANNUAL INSPECTION BY CERTIFIED ENGINEER/PLUMBER TO PROTECT AGAINST LEGIONELLA DISEASE.
12. SEPARATE STORAGE ROOM FOR CLEANING TROLLEY/CLOTHS/CHEMICALS
13. DISPOSABLE TURNIQUETTES FOR USE IN THE HOME
14. SAFE RETRACTABLE NEEDLES AND SYRINGES TO REDUCE NEEDLE STICK INJURIES
15. SHARPS BINS TO BE INITIALLED AND DATED WHEN OPENING/CLOSING. WHEN NOT IN USE BIN WILL BE TEMPORARILY CLOSED.
16. MONTHLY CHECK TO ENSURE ALL DRESSINGS COMPLY WITH MANUFACTURERS GUIDELINES
17. SURVEILLANCE OF ALL MDRO'S AND ANTIMICROBIAL ADMINISTRATION IN THE HOME.
18. REGULAR WALK AROUNDS TO ENSURE NURSING HOME IS CLEAN AND CLEANING IS OF A HIGH STANDARD. REGULAR WALK AROUND WILL IDENTIFY REPAIRS AND REPLACEMENTS.

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:
WE TAKE GREAT PRIDE IN OUR INDIVIDUALISED CARE PLANNING. WE HAVE REDESIGNED OUR PRE ADMISSION ASSESSMENT CHECK LIST TO INCLUDE INFORMATION ON HISTORY/COLONISATION/ACTIVE MRDO'S STATUS AND WE HAVE

ALSO REDESIGNED OUR TRANSFER LETTERS TO INCLUDE THIS INFORMATION. THIS WILL ALLOW CARE FACILITIES TO IMPLEMENT INFECTION CONTROLS WITHOUT DELAY AND TO INFORM THE NURSING HOME OF POTENTIAL INFECTION RISKS.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2026
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person	Substantially Compliant	Yellow	10/10/2025

	in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/11/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2025