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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:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0045958

## About the designated centre

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

Youghal and District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, the centre can provide care for low, medium, high and maximum dependency residents. The centre can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. Admissions to Youghal and District Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. To enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary.

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

Number of residents on the date of inspection:	54
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## 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
Wednesday 12 February 2025	08:35hrs to 17:00hrs	Siobhan Bourke	Lead
Wednesday 12 February 2025	08:35hrs to 17:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

From what residents told the inspectors, and from what the inspectors observed, Youghal and District Nursing Home was a pleasant and comfortable place to live. The overall feedback from the ten residents the inspectors spoke with, was that they were supported by staff, who were kind and caring and residents enjoyed a good quality of life. On the day of the inspection, the inspectors saw that there was a friendly, warm atmosphere throughout the centre. It was evident that residents were well cared for by a committed and dedicated team of staff. Residents told inspectors that they felt safe living in the centre.

Youghal and District Nursing home is a two-storey centre, located near Youghal in East Cork. There were 54 residents living in the centre on the day of inspection. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Residents' accommodation comprised 42 single bedrooms with en-suite toilet and shower and 12 rooms with en-suite toilets. Bedrooms on both floors were observed to be clean and spacious, with plenty of storage for clothing and belongings. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms.

There was a variety of communal spaces available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly. Finishes, materials, and fittings in the communal areas and resident bedrooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. Flooring had been replaced in the sitting and day rooms since the previous inspection. The main day room on the ground floor was designed for comfort, warmth and social engagement. At the heart of the room was a realistic electronic screen resembling an open fireplace, which was surrounded by comfortable couches and armchairs.

The area near reception was decorated with a Valentine's theme. The receptionist warmly greeted visitors, on arrival to the centre, and was well known to residents and visitors alike. Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents' bedrooms, where appropriate. Visitors whom the inspectors spoke with were also complimentary of the care and attention received by their loved ones.

An inspector observed the lunch time meal in the centre and saw that it was a sociable dining experience. In one of the two interconnecting dining rooms, 12 residents were seated at a long family-style dining table, which encouraged social engagement at mealtimes. Staff told inspectors that this had been put in place for Christmas and resident fed back that they liked the layout, so it was maintained for mealtimes since. Residents gave positive feedback regarding the choice and quality of meals provided in the centre. The inspector saw that texture modified meals were

well presented on the day of inspection. Residents were offered a choice of main course and dessert. Residents who required assistance were provided with this in an unhurried and respectful manner. Residents told inspectors that they had a choice of having their meals in their bedrooms and could have breakfast in bed, if they wished.

Ancillary facilities supported effective infection prevention and control. The main kitchen was clean and of adequate in size to cater for residents' needs. There was a dedicated treatment room on the first floor for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff also had access to dedicated housekeeping rooms on each floor for storage and preparation of cleaning trolleys and equipment and a sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes. Ancillary areas were well-ventilated, clean and tidy.

A laundry service was provided in the centre for residents. All residents' said that they were happy with the laundry service. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

Alcohol-based hand-rub wall mounted dispensers were readily available along corridors. However, dedicated clinical hand hygiene sinks were not available within easy walking distance of all residents' bedrooms. Inspectors were informed that sinks within residents' rooms were dual purpose used by both residents and staff. Details of issues identified are set out under Regulation 27.

The weekly activity schedule was displayed in residents' bedrooms and in communal areas. Residents' spoken with, said they were happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. Residents confirmed that there was a wide range of activities taking place, seven days a week and residents were encouraged to engage in meaningful activities throughout the day of the inspection. During the morning time a large group of residents participated in flower arranging with the activity co-ordinator. The displays created were used to decorate the lunch time dining tables. In the afternoon of the inspection, a large number of residents were seen enjoying live music and singing in the dayroom. Additionally, small group Sonas sessions were facilitated for a number of residents upstairs.

Throughout the day, staff were observed engaging with residents in a respectful and friendly manner and being kind and courteous to residents at all times. Some residents were living with dementia and were unable to detail their experience of the service, however, they were also observed by the inspectors to be content and relaxed in their environment and in the company of other residents and staff. Residents' meetings were held regularly in the centre to seek residents' views on the running of the centre as well as a recent survey. Residents had access to independent advocacy services if required.

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, one day inspection, by two inspectors to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of March 2024. The inspectors found that this was a well-managed centre, where residents were supported and facilitated to have a good quality of life. Some actions were required to come into full compliance with the regulations, which are detailed under the relevant regulations.

The centre is owned and managed by Gortroe Nursing Home Limited, who is the registered provider. There were two company directors, who were actively involved in the day-to-day running of the centre. There was a clearly defined overarching management structure in place. The person in charge (PIC) was full-time in position was supported on site by two clinical nurse managers and a team of nurses, health care assistants, domestic, activity, catering, maintenance and administration staff. Staffing levels were appropriate, having regard for the size and layout of the centre and the assessed needs of residents.

The provider ensured that staff had access to both face-to-face and online training appropriate to their roles. Oversight of uptake of training was monitored by the centre's administrator to ensure staff attended mandatory training including fire training, safeguarding vulnerable adults, dementia and responsive behaviour and manual handling.

The inspectors found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection. From a review of staff files, it was evident that all files had the required documents, two files indicated that garda vetting was not in place for staff prior to commencement of employment in the centre. This is detailed under Regulation 21; Records.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. A range of environmental and clinical audits were carried out by nursing management to ensure there was adequate oversight of the quality and safety of care delivered to residents. Issues that were audited on a regular basis included infection prevention and control, care planning, medication management, restrictive practices, call bells, dementia and continence care. Audits were scored, tracked and trended to monitor progress. Audit reports included time bound action plans to address any issues identified. The high

levels of compliance achieved in recent audits was reflected on the day of the inspection.

The person in charge held monthly governance meetings where audits and key performance indicators such as hospital admissions, wound care, antibiotic usage, falls and complaints were discussed. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. The provider also held regular health and safety committee meetings where risks and any safety concerns were discussed and actioned. A fire safety meeting was also held quarterly in the centre to ensure any fire safety issues were monitored and actioned.

A record of incidents occurring in the centre was maintained electronically. From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

A complaints procedure was displayed in the centre. The provider had a nominated complaints officer and review officer in line with regulations. Records of complaints were maintained electronically in the centre.

#### Regulation 14: Persons in charge

The person in charge was full time in post in the centre. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

#### Regulation 16: Training and staff development



Staff had access to training appropriate to their role. Staff had completed mandatory training in fire safety, safeguarding, managing behaviours that are challenging and infection prevention and control. The person in charge and clinical nurse managers were supernumerary to the nursing complement in the centre and ensured that staff were appropriately supervised in their roles.

Judgment: Compliant

### Regulation 21: Records

From a sample of four staff files reviewed, the inspectors found that while all files had evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, dates on vetting disclosures for two staff members were after commencement of employment, which is not in line with good recruitment practices.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspectors found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable.

There were effective management systems in place to ensure the service was safe, appropriate and effectively monitored. Clinical audits were routinely completed and scheduled. These audits informed ongoing quality and safety improvements in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A records of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in Youghal and District Nursing Home enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services, a comfortable living environment and opportunities for social engagement. Some actions were required in the areas of healthcare and infection control which will be detailed under the relevant regulations.

There were no visiting restrictions in place. Visits and outings were encouraged with practical precautions were in place to manage any associated risks.

Resident care plans were accessible on a computer based system. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents had access to a mobile x-ray service referred by their GP, which reduced the need for some hospital assessments. Residents also had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. From a review of residents' records, action was required, in relation to

documentation of wound assessments to ensure they provided a high standard of evidenced based nursing as outlined under Regulation 6 Healthcare.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, a dedicated fridge was not available for specimens awaiting transport to the laboratory.

Inspectors identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a very low level of prophylactic antibiotic use within the centre, which is good practice. Inspectors were informed that, where possible, alternatives to prophylactic antibiotic treatment were used to prevent urinary tract infections. For example, staff reported that the use of crambiotics (a combination of cranberry based product and probiotic supplements) to help prevent urinary tract infections had reduced prophylactic antibiotic use and been effective for several residents.

Inspectors identified some examples of good practice in the prevention and control of infection. Waste and used linen was segregated in line with best practice. Equipment was clean and well maintained. Appropriate use of personal protective equipment (PPE) was observed over the course of the inspection.

The centre was bright, clean and tidy. Improvements had been made to the premises since the previous inspection. For example, floor coverings had been replaced in some communal rooms. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard.

The centre had not experienced any outbreaks of notifiable infection in the past year. Rapid antigen tests to detect respiratory viruses including COVID-19, influenza and respiratory syncytial virus (RSV) were used where residents showed symptoms of respiratory infection. Where residents had positive antigen tests these were confirmed by PCR testing. Early detection of several isolated cases of infection had enabled prompt controls to prevent onward transmission and subsequent outbreaks.

Proactive infection prevention measures had also been taken to reduce the risk of catheter associated urinary tract infections and other complications. Inspectors were also told that residents were assessed to ensure indwelling catheters are removed promptly when no longer required. Appropriate infection prevention and control procedures were followed by nursing staff when collecting urine samples from indwelling urinary catheters.

However, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, there were a limited number of dedicated clinical handwashing sinks available in close proximity to resident bedrooms to facilitate effective hand hygiene. Furthermore sharps, bedpan washers and sterile dressings were not consistently managed in a way that minimised the risk of transmitting a healthcare-associated

infection. These and other findings are detailed under Regulation 27; Infection control.

The provider also had implemented a number of Legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly. Some testing for Legionella in hot and cold water systems had been undertaken to monitor the effectiveness of these controls. However, samples had not been taken from any resident en-suite facilities.

Staff working in the centre were provided with both online and in-person training in safeguarding of vulnerable adults and were knowledgeable in this regard. There were effective systems in place for the management and protection of residents' finances, where the provider acted as a pension agent for a number of residents.

An inspector reviewed fire safety management records. The provider had actioned the findings of a review by the local fire officer to improve fire safety in the centre. Personal emergency evacuation plans were in place for residents. There was evidence of appropriate certification of emergency lighting and fire fighting and detection equipment. A number of external fire escape stairs and evacuation chairs had been replaced.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Electronic prescribing and medicine administration software had recently been implemented. The system was used by the pharmacy, GPs and staff in the centre. Staff told inspectors that it had streamlined medication management within the centre by improving efficiency in prescribing, dispensing and administration, reducing the potential for medication errors and facilitating greater oversight of medication management practices.

Residents' rights were protected and promoted in the centre. Individuals' choices and preferences were seen to be respected. Regular residents' meetings were held which ensured that residents were engaged in the running of the centre and residents had access to independent advocacy if they wished. There was a varied programme of activities provided to residents led by the activity coordinator 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 through out the centre.

Judgment: Compliant

<b>Regulation 17: Premises</b>
<p>The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6, Health Act Regulations 2013.</p>
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
<p>It was evident to inspectors that residents were offered a choice at mealtimes and the lunch time meal appeared to be wholesome and nutritious. Residents who required assistance, were provided with it, in an unhurried and respectful manner. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Where required, referral was made to dietetic services and speech and language therapy services.</p>
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
<p>The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document was integrated into the electronic care record and contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.</p> <p>Upon residents' return to the centre, the staff made efforts to ensure that all relevant information was obtained from the hospital and follow-up appointments and referrals were attended.</p>
Judgment: Compliant
<b>Regulation 26: Risk management</b>
<p>There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as required under the</p>

regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

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;

- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment outlining appropriate controls to support this practice.
- Soap dispensers were topped up/ refilled. Local audits required dispensers to use disposable single-cartridges of soap to prevent contamination.
- A full range of safety engineered needles were not available. Some hollow bore needles were used. This increased the risk of needle-stick injury.
- Legionella controls were in place and water samples had been tested to assess the effectiveness of local legionella control measures. However, inspectors were informed that only samples from the kitchen had been tested. This was not a representative number of samples based on the number of outlets in the water system.
- The detergent in two bedpan washers had expired. This may impact the effectiveness of decontamination.
- A dedicated specimen fridge was not available for the storage of microbiology samples awaiting collection. This may impact the viability of the samples.
- Several single use wound dressings were observed to be open and partially used. This may impact the sterility and efficacy of these products.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at recommended intervals and annual certification was available to review. There was a weekly sounding of the fire alarm and daily checks of escape routes. Evacuation chairs had been replaced throughout the centre. Records reviewed indicated that simulation evacuation drills of the largest

compartment, with minimum staffing levels were completed at regular intervals to ensure staff could safely evacuate residents in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. There was a centre specific policy in place to guide staff on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centre's guidelines. Records showed that controlled drugs balances were checked as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred care, to meet the assessed needs of residents. However, improvements were required in the recording of wound care in care plans. Findings in this regard are presented under Regulations 6; Healthcare.

Judgment: Compliant

### Regulation 6: Health care

Action was required to ensure that a high standard of evidence based nursing was provided at all times as evidenced by the following;

- From a review of residents' records, observations were not consistently recorded in line with the centre's falls policy

- Wound assessments did not consistently include wound measurement to ensure staff appropriately assessed if a wound was improving or deteriorating.

These may result in errors in care.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with 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). The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

## Regulation 8: Protection

Staff were provided with safeguarding training in both online and face-to-face training formats. Allegations or incidents of abuse were investigated by the person in charge in line with the centre's policy. The registered provider was a pension agent for a number of residents. Inspectors found that there were robust systems in place for the management and protection of residents' finances and in the invoicing for care.

Judgment: Compliant

## Regulation 9: Residents' rights

All residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents' rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. There was a schedule of varied and interesting activities available to residents over seven



days a week. Residents who spoke with inspectors were aware of the schedule and could choose to attend ones they liked. Residents were supported to go on outings with their families if they wished.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	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	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0045958

Date of inspection: 12/02/2025

## 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:  We will ensure that the Garda vetting reports are back before any staff member starts duty. Once Garda vetting has returned the person responsible for staff rostering will be notified.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:  I. Four new dedicated handwashing sinks will be installed where needed on corridors. This will eliminate resident's sinks being used for dual purpose. (31st August) II. We will change the soap dispensers throughout the building. These new soap dispensers will use single use cartridges. (1st of June) III. All of the old type needles have been removed and safety engineered needles are now available. (Complete) IV. Legionella testing will now also include two random bedrooms water supply. This will be more representative of our overall water supply system (Complete) V. Detergent for bedpan washers has been replaced. (Complete) VI. A new dedicated specimen fridge has been sourced to store microbiology samples awaiting transfer to lab. (Complete) VII. Opened dressings removed. Communication sent to all Nurses that opened dressing must be discarded. (Complete)	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>I. Post fall observations will be completed as our policy clearly indicates. A sample audited since inspection confirms correct recordings are being taken.</p> <p>II. On inspection a wound was found to have no measurements recorded. A picture of the wound was available for comparison purposes. We will ensure that all wounds have both pictures and measurements for wound comparisons.</p>	

## 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	12/03/2025
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	31/08/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	12/03/2025

	<p>provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
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