

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

## Issued by the Chief Inspector

Name of designated centre:	Patterson's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 June 2025
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0047358

## About the designated centre

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

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and can accommodate 24 residents. There are grounds to the front with parking and a small enclosed garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a visitors' room for residents and visitors to meet privately. Communal accommodation includes a large living room and a separate dining room. Residents' accommodation comprises single bedrooms and multi-occupancy bedrooms. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care was provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care.

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

Number of residents on the date of inspection:	22
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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 11 June 2025	09:00hrs to 16:20hrs	Fiona Cawley	Lead
Wednesday 11 June 2025	09:00hrs to 16:20hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were very well cared for, and well supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were very complimentary about staff and the care and support they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and caring manner. There was a calm and welcoming atmosphere in the centre over the course of the inspection.

Patterson's Nursing Home is located approximately four miles from Roscrea, County Tipperary. The centre was a single-storey purpose-built facility which provided accommodation for 24 residents. This unannounced inspection took place over one day. There were 22 residents accommodated in the centre on the day of the inspection and two vacancies.

Following an introductory meeting with the person in charge, inspectors spent time walking through the centre, giving an opportunity to meet with residents and staff and to review the living environment. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, some residents were relaxing in the communal area, while other residents were having their care needs attended to by staff. A large dining room with an adjacent lounge was a hive of activity during on the morning. Staff were observed assisting a group of residents to get ready for an outing to a lawn bowling event followed by lunch in a nearby restaurant. The atmosphere was relaxed and cheerful, with residents and staff engaging in conversation. Feedback from the residents indicated that they looked forward to the regular outings facilitated by the provider.

Inspectors noted that significant refurbishment work had been completed by the provider since the previous monitoring inspection. The main communal area had been reconfigured to provide residents with a bright, spacious area for rest and recreation. The aesthetics and interior design of this space were of a high standard, with décor and an open plan design that created a welcoming, homelike and non-clinical feel. A number of areas, including bedrooms and bathrooms, had also been renovated to a high standard. Finishes, materials, and fittings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. On the day of the inspection, work was ongoing to complete refurbishment of a further two bedrooms. Two additional dedicated clinical hand wash sinks, which complied with the required specifications, had been installed in communal areas for staff use in the centre.

There was a sufficient choice of suitable communal spaces provided for residents to use, depending on their preference, including sitting room and a dining area. There was also adequate space available for residents to meet with friends and relatives in private should they wish to. Resident bedroom accommodation consisted of single and shared bedrooms, a number of which had ensuite facilities. The size and layout of bedrooms was appropriate for residents' needs and ensured their privacy and

dignity. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home.

The design and layout of the building was appropriate to meet the assessed needs of residents, and to encourage and support independence. Corridors were wide and maintained clear of items, with appropriately placed grab rails in place to allow residents to mobilise safely around the centre. Call-bells were available in all areas and responded to in a timely manner. The centre was very clean and tidy and all areas were styled and furnished to create a comfortable and accessible living environment for residents. The centre was bright and well-ventilated throughout. Many areas provided residents with views of the local countryside.

Ancillary facilities were available including a housekeeping room and a sluice room. However, these facilities did not fully support effective infection prevention and control. For example, the absence of a janitorial unit in the housekeeping room meant that mop buckets and chemicals were prepared within the sluice room. This practice posed a risk of cross contamination.

An enclosed garden was available which provided residents with access to fresh air and nature. This area included a variety of suitable garden furnishings and seasonal plants.

There was a designated outdoor smoking area which was adequate in size and well-ventilated. There were measures in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment.

Inspectors spent time observing staff and resident interaction in the various areas of the centre. There was a convivial atmosphere in the centre and residents were seen to be content as they went about their daily lives. Residents were observed to be relaxed and familiar with one another and in their environment. It was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. A small number of residents were observed enjoying quiet time in their bedrooms. There was a low level of residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated. Communal areas were appropriately supervised and those residents who chose to remain in their rooms were supported by staff. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. Inspectors also observed staff promoting and protecting resident's privacy and dignity when providing personal care. Inspectors observed that personal care was attended to in line with residents' wishes and preferences. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences.

Inspectors met with the majority of the 22 residents living in the centre, and spoke with seven residents in more detail to gain a view of their experiences in the centre. Residents were happy to chat with inspectors and spoke positively about life in the centre. Residents told inspectors that they were cared for by 'kind, unreal staff' who always respected their opinions and choices. One resident said that 'everyone is looked after, it's first class and I love it here'. Another resident confirmed that staff 'are onto you as soon as you call them'. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

Inspectors observed visitors being welcomed to the centre throughout the day of the inspection. Inspectors spoke with two relatives who were visiting on the day of the inspection. Both were very complimentary in their feedback and expressed satisfaction about the standard of care provided. They said that their family members had access to the equipment and environment they wanted.

Residents told inspectors that they had choice in how they spent their day. There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included exercise classes, baking and, arts and crafts. There were regular outings to nearby towns and places of interest. On the day of the inspection a number of residents went out on a planned trip for a game of bowling and lunch. Inspectors observed other residents participating in various activities throughout the day. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished. Residents were also provided with access to television, radio, internet, newspapers and books.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. A group of residents attended the dining room for their lunch, while some residents chose to have lunch in their bedrooms. There were adequate numbers of staff available to residents that required assistance and they were supported with their meal in a respectful and dignified manner. Residents said that they enjoyed the home cooked food provided in the centre.

In summary, inspectors found residents received a very good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced monitoring inspection carried out by inspectors of social services 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 also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes.

An inspection of the centre in April 2024 found a number of non-compliances with regulations. The compliance plan response submitted to the Office of the Chief Inspector by the provider following the inspection did not provide adequate assurance that the proposed actions in respect of Regulation 23: Governance and management would result in compliance with regulations. This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place which demonstrated a commitment to ongoing quality improvement that would enhance the daily lives of residents. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed a number of the non-compliances found on the previous inspection in respect of governance and management, records, notifications, complaints procedures, fire precautions, protection, premises and residents' rights. Notwithstanding the improvements made, the system of oversight in relation to assessment and care planning, and infection control was not fully in line with the requirements of the regulations.

The registered provider of this designated centre is Ormond Healthcare Limited, a company comprised of two company directors. The inspector found that the governance and management was well-organised, and the use of resources was efficient and effective to ensure that residents were provided with a good-quality, safe service. There was an established and clear management structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The person in charge demonstrated a good understanding of their responsibilities under the regulations. They were supported in their role by a clinical nurse manager and a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were arrangements in place to ensure appropriate deputising in the absence of the person in charge. The management team were a visible presence in the centre and provided effective leadership to all staff. Management support was provided by a regional manager and the directors of the company.

The registered provider had completed works in the centre to reconfigure the communal space since the previous inspection.

There were a number of management systems in place to monitor and review the quality and safety of the service. Key information relating to aspects of the service, including the quality of resident care, were collected on a weekly basis and reviewed at management team meetings. A range of clinical and environmental audits had been completed which evaluated practices such as infection prevention and control, nutrition, falls management, medicines management, fire safety and care planning.

Where areas for improvement were identified, action plans were developed and completed.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded in resident records. Infection prevention and control audits were undertaken and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected in the findings on the day of the inspection. A number of assurance processes were 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. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis.

However, inspectors found that some of the management systems were not robust and some of the known risks in the centre, identified on the previous inspection had not been identified and therefore not appropriately addressed by the provider. For example, inspector found repeated evidence of non-compliance with Regulation 5: Individual assessment and care planning and Regulation 27: Infection control.

The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

There was evidence of effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by inspectors showed that a range of relevant issues were discussed including incident management, audit results, complaints, clinical issues, training and staff issues.

The centre was well-resourced to ensure that the rights, health and wellbeing of residents were supported. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of care assistants. A review of the duty rosters found that staffing levels and skill mix were appropriate for the occupancy of the centre, and the size and layout of the building. There were adequate numbers of suitably qualified, competent staff available to support residents' assessed health and social care needs. Care practices were observed to be person-centred and respectful. Staff were observed working together as a team to ensure residents' needs were addressed.

The provider had nominated the director of nursing to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

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. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

Regulation 21: Records
The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.
Judgment: Compliant
Regulation 22: Insurance
Residents and their property was appropriately insured in the centre, in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
The management systems in place to ensure effective oversight of the service were not fully effective. For example, a review of care plans and infection control procedures found repeated non-compliances identified on a previous inspection.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

#### Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre.

Nursing and care staff were knowledgeable regarding the care needs of residents. A sample of residents' files were reviewed by inspectors. Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could provide the required health and social care to the resident. Following admission, a range of clinical assessments were carried out using accredited assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. Care plans were initiated within 48 hours of admission to the centre. Individual care plans contained person-centred information which provided guidance to staff on the supports required to maximise the residents' quality of life. However, a small number of care plans reviewed did not accurately reflect the needs of the residents. For example, the information reviewed within the care plans of residents with complex behavioural needs was not reflective of the high quality care observed to being delivered on the day of the inspection. Care plans are discussed further under Regulation 5: Individual assessment and care plan.

Residents received a good standard of nursing care and there was appropriate oversight of residents clinical care by the person in charge. Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure the best outcomes for residents.

The provider had implemented a number of Legionella controls in the centre's water supply. For example, unused outlets/ showers were run weekly, water temperature

was maintained at temperatures that minimised the proliferation of Legionella bacteria and shower heads were regularly replaced. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls. The management team were responsive to the issues identified during this inspection and the provider had acted immediately to source a company to undertake Legionella testing.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. Renovations were ongoing at the time of the inspection. However, the provider had not undertaken an aspergillosis risk assessment or implemented appropriate aspergillosis risk reduction measures, including dust control, to protect residents during the ongoing renovations within the centre. Findings in this regard are presented under Regulation 27; infection control.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste. Equipment viewed was also generally clean and well-maintained. Inspectors also identified some examples of good antimicrobial stewardship practice. The volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Notwithstanding the many good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, correct procedures were not followed when collecting urine samples from urinary catheters, managing used urinals and commodes or disposing of used wash water. In addition, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under Regulation 27; infection control.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. The provider had a system in place for residents who required a pension agent. Appropriate arrangements were in place, in line with best practice.

There was a rights-based approach to care in this centre. Residents told inspectors that their rights and choices were respected, that they were involved in their care. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines, for example, residents had choice in the time they wished to go to bed and when they could get up. All residents who spoke with inspectors reported that they felt safe in the centre and that their privacy and expressed wishes were respected. The service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week with regular group outings facilitated. There were sufficient staff

available to support residents in their recreation of choice. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings. Visits and social outings were encouraged and facilitated. The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

There was a residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective, by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of, and access to, information within and between services.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

## Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends. There was an up-to-date visiting policy in place.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

## Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as legionella were assessed and appropriate controls were implemented.

Judgment: Compliant

## Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). For example;

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, while antibiotic usage was monitored there was no evidence that this data was analysed to target antimicrobial stewardship quality improvement initiatives.
- Following infection outbreaks, the person in charge had prepared outbreak reports. Reports included a timeline of events and the number of residents and staff affected. However, details of infection control measures implemented or learning points/ recommendations to improve future responses were not included. This was a lost opportunity for learning.
- Effective dust controls were not in place to manage the risk of resident exposure to *Aspergillus* during the ongoing construction and refurbishment activities. For example, dust barriers were not used and dust was observed on the carpet outside of a room undergoing renovations.
- Inspectors observed used wash-water being emptied down residents sinks after personal hygiene. This practice increased the risk of environmental contamination and cross infection.
- Staff informed inspectors that commodes and urinals were manually emptied into the sluice prior to decontamination in the bedpan washer. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- There was no janitorial unit within the housekeeping room. Cleaning chemicals were stored and prepared within a sluice room (adjacent to the sluice hopper) This significantly increased the risk of environmental contamination and cross infection.
- The cleaning trolley did not have a physical partition between clean and soiled items. In addition, the trolley was not equipped with a locked

compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.

- There was ambiguity regarding effective environmental cleaning practices. Inspectors were informed that the same mop was occasionally used for more than one bedroom. This posed a risk of cross contamination.
- Clean and dirty linen was transported on the same trolley. This posed a risk of cross contamination.
- Nursing staff told inspectors that the dedicated sampling port was not used to collect urine samples from indwelling urinary catheters. Practices described increased the risk of catheter associated urinary tract infection.
- Toilets for catering staff were not in addition to, and separate from, toilets for other staff. This posed a risk of cross contamination, particularly during outbreaks.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed as required under Regulation 5. This was evidenced by:

- three residents, assessed as being at risk of falling, did not have falls prevention plans recorded in their care plans
- two residents' care plans did not contain accurate information regarding the management of 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)
- one resident's care plan did not contain guidance on the prevention of catheter-associated urinary tract infections such as routine bag changes, flushing regimes (where applicable) to prevent blockage and personal hygiene.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging
The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.
Judgment: Compliant
Regulation 9: Residents' rights
The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0047358

Date of inspection: 11/06/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC conducts a recorded daily walkabout of the centre to monitor compliance with all IPC measures outlined below,</p> <p>The PIC audits each care plan following development, updating or reviewing of same by the relevant staff nurse to ensure it is resident-specific and holistically reflects the care needs and care delivered to the resident in question.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The IPC Link Practitioner (PIC) has improved the auditing on antimicrobial usage on a monthly and developed targeted quality improvement initiatives,</p> <p>A standardized outbreak report template has been introduced including response actions, infection control measures, and post-incident reviews with lessons learned for any future outbreaks,</p> <p>For any future works the following will be implemented: dust control measures including sealed barriers, HEPA filters, and regular environmental cleaning audits. An Aspergillosis risk assessment will also be completed in advance of future works,</p> <p>All staff have been reminded of correct wash-water disposal protocols, with routine</p>	

observation of practices,

All staff have been reminded of the necessity to place all items directly into the bedpan washer, with routine observation of practices,

Nursing staff have been reminded of clinical guidelines on correct catheter sampling technique with guidelines available in the nurse's station and on nurse's WhatsApp group,

Separate toilet facilities have been identified and designated for catering staff,

Housekeeping Infrastructure and practices have been implanted to reflect the following:

- The installation of a janitorial unit with separate prep area.
- Trolleys equipped with partitions and secure compartments.
- A color-coded mop system with single-use per room.
- Separate trolleys for clean and dirty linen have been procured.

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:

A Full audit of all resident care plans was completed to identify any missing or outdated information, with prioritisation of residents at high risk (e.g. falls, responsive behaviours, catheter care). All necessary actions were completed by the Clinical Nurse Manager,

An immediate update of the three identified care plans for residents at risk of falls, incorporating person-centred falls prevention strategies was completed,

A review and revision of care plans for the two residents with responsive behaviours to include accurate, evidence-based interventions,

Catheter care plans were updated to include clear guidance on infection prevention, including routine bag changes, flushing (if applicable), and hygiene practices.

All staff nurses to complete training on person-centred care planning, including responsive behaviours, falls prevention, and catheter care,

The agenda for fortnightly governance meetings to include review of care planning compliance as a standing item for review and discussion.

## 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 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	18/08/2025
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.	Not Compliant	Orange	30/09/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities	Not Compliant	Orange	31/07/2025

	in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant		11/08/2025