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:	Beech Lodge Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Bruree, Limerick
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0000408
Fieldwork ID:	MON-0042425

About the designated centre

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

Situated in the village of Bruree, County Limerick, Beech Lodge Care Facility offers long term care, rehabilitative care, respite care and convalescent care for older adults. The age range catered from is 18 to 65+. Our care facility is a 66-bed facility which is made up of 48 single en-suite bedrooms and nine double en-suite bedrooms. There is 24-hour nursing care available from a team of highly trained staff. Our mission is to promote the dignity and independence of residents. The designated centre consists of the following two units: elderly care unit: providing short & long-term care, respite/convalescence and palliative care, and the dementia unit: our secure 15-bed unit catering specifically for residents with dementia. This unit (the Daffodil Unit) is a 15-bed unit which includes a nurses' station, a kitchen and dining room. Residents can also access the physiotherapy room, activities area, music room and spacious garden. Here at Beech Lodge an individual programme of activities is tailored to each individual resident. Referrals for admission may come from acute or long-term facilities, community services or privately. Private admissions are arranged following a pre-admission assessment of needs including medical background, dietary requirements etc. We aim to provide the best care possible and use a variety of care assessment tools to help us to do this. We also involve both the resident and their representative in this process. We provide a GP and physiotherapy service to all residents. We aim to make dining a social experience. Individual dietary requirements are incorporated into the menu planning process. Catering personnel are trained in the appropriate skills and are supported by the dietitian and the speech and language therapist (SALT). The facility has its own mini bus for the use of residents. There is a monthly residents' meeting to discuss issues ranging from activities, improvements in daily life, the environment and other issues. Activities include: newspapers, exercises, brain games, music, mass, art, baking, hairdresser, bingo, sensory therapy, and much more. We are interested in feedback to ensure that our service is continually reviewed in line with best practice. Visitors are welcome and local community events are accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 January 2024	09:30hrs to 18:30hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were caring and responsive to their needs. The inspector spoke with residents who had lived in the centre for many years and to residents who were recently admitted to the facility. Overall, feedback about the service was positive and residents were complimentary of staff and the management team who were described as 'very good.'

The inspector was met by the person in charge upon arrival to the centre. Following an introductory meeting with the person in charge and registered provider representative, the inspector walked through the centre with the assistant director of nursing. This gave the inspector the opportunity to meet with residents and staff, to observe the lived experience of residents in their home environment and to observe staff practices and interactions. The inspector noted that many residents were relaxing in communal areas where activities were taking place, and others were being assisted with their personal care needs.

Beech Lodge Nursing Facility is situated in the village of Bruree, Co Limerick. The designated centre was a purpose built, two-storey building, registered to provide long-term and respite care to a maximum of 66 residents. Offices, storage and staff facilities were located on the first floor. Resident living and bedroom accommodation was located on the ground floor which consisted of a main unit, with capacity for 51 residents, and a 15-bedded unit known as the Daffodil unit, for residents with symptoms of, or diagnosed with dementia. There were 14 residents living in the Daffodil unit on the day of inspection and 50 residents were accommodated in the main centre.

There was a relaxed atmosphere and the inspector noted that the centre was well-lit and warm. The main centre comprised a reception area and a large sitting room which led to resident bedroom accommodation. There were a variety of communal spaces for resident use, including a dining room, a visitors room, a conservatory and an oratory. Communal rooms were comfortably furnished and set out in a homely manner. The inspector was informed that there was an ongoing maintenance programme in place and noted that one sitting room had been recently redecorated to resident taste. Christmas decorations were displayed throughout the centre and the inspector was shown photographs of Christmas day celebrations enjoyed by residents, relatives and staff.

Resident bedroom accommodation consisted of 48 single en-suite bedrooms and nine double en-suite bedrooms. Many residents' bedrooms were personalised with items of their choosing, such as photographs, ornaments and soft furnishings. Call bells and televisions were provided in all rooms. The inspector noted a large keyboard displayed in a resident bedroom and they were informed that a number of residents participated in a choir in the centre. The majority of resident bedrooms were clean and well laid out, however, the layout of one twin room in the main

centre was not suitable for two residents who needed to use large items of equipment, such as seating systems and hoists, as space in the room was limited. The inspector noted that the standard of cleaning required improvement in several resident bedrooms and en-suite bathrooms. In contrast, communal rooms were clean and tidy and they were well used by the residents on the day of the inspection, either to relax or to socialise and participate in the activities on offer.

One activities coordinator was assigned to the provision of activities in the main centre. Residents were observed enjoying activities such as chair exercises and several residents attended a game of bingo on the afternoon of the inspection. Residents were observed attending individual physiotherapy sessions and one resident told the inspector how much they enjoyed this.

The inspector spent time in the Daffodil unit which was noted to be secured with key code access. The unit opened into a spacious foyer and seating area, known as the dome. Resident bedroom accommodation was accessible from the dome and the inspector noted that bedroom doors were brightly painted to replicate front doors. Some walls were decorated with tactile murals to engage resident interest. The majority of residents who lived in the Daffodil unit were seen to spend time in the dome. There was a nurses station located in this area and the inspector noted that there was a constant staff presence. The inspector found that the atmosphere in the Daffodil unit was calm and relaxed. Residents were seen moving freely to their bedrooms and communal areas. There was unrestricted access to an outdoor garden and residents were supported to use this area independently. Corridors were wide and had handrails to encourage residents to mobilise independently and safely.

One staff member was assigned to the provision of activities in the Daffodil unit. Scheduled activities included music, art and massage therapy. Some residents were seen to be participating in gentle exercises while others were observed reading books and newspapers. Staff interactions with residents were noted to be kind.

There was sufficient space for residents to meet with visitors in private and the inspector observed a number of residents receiving visitors throughout the inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider had also submitted an application to renew the registration of the centre, and this application was reviewed on this inspection. Overall, the inspector found that there was a dedicated

management team with effective governance arrangements in place to ensure the delivery of quality care to residents. Notwithstanding this positive finding, further action was required to achieve full compliance with Regulation 3; Statement of Purpose, Regulation 15; Staffing , Regulation 17; Premises and Regulation 27; Infection control. These findings are set out throughout the report.

Beech Lodge Care Centre Limited is the registered provider for Beech lodge Nursing Home. The person in charge is supported in their role by a director of the company, who is the registered provider representative. There was a clearly defined management structure in place, with effective governance arrangements for the day to day operation of the centre. The person in charge was supported by an assistant director of nursing (ADON) , a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.The assistant director of nursing deputised in the absence of the person in charge. There were a minimum of two registered nurses on duty in the centre, twenty four hours a day.

The registered provider had submitted a statement of purpose to the office of the Chief Inspector which contained the required information as set out in Schedule 1 of the regulations. However, this inspection found that the total staffing complement, in whole time equivalent hours did not align with the rosters viewed on inspection.This is discussed further under Regulation 3; Statement of purpose.

The inspector found that staffing levels in the centre required review to meet the needs of residents. While there were sufficient nursing staff on duty at all times and an increase in the provision of resources at weekend following a previous inspection, the inspector found that the cleaning staff levels were not adequate, considering the size and layout of the centre. This is discussed under Regulation 15: Staffing.

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. Staff also had access to additional training to inform their practice which included, restrictive practices, infection prevention and control and management of responsive behaviours.

There was a comprehensive quality management system in place which included an audit system. The management team collated weekly key performance indicators, in areas such as such as infection, pain management and restrictive practices. Information was trended to monitor patterns of compliance in relation to the safety and quality of care. The person in charge also completed an analysis of compliance under care and welfare regulations, which formed an operational management report. This report informed governance meetings attended by the registered provider, to ensure that they had oversight of the service. There was evidence that action plans were developed and implemented where audits identified that improvements were required. An incident analysis was undertaken by the person in charge and this information was reviewed at quarterly meetings with the restraints and falls committee, to analyse contributory factors and implement preventative actions. There was evidence of communication systems in the centre. A clinical

handover took place twice daily and was attended by the person in charge. There were regular team meetings and records reviewed by the inspector showed that a range of relevant topics were discussed, including incidents, complaints and audit findings.

An electronic record of accidents and incidents was maintained in the centre. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The complaints policy was reviewed in line with regulatory requirements. There was a low number of complaints recorded and and complaint logs demonstrated that appropriate action was taken by the person in charge in response to complaints received.

The inspector reviewed a sample of staff files and found that all of the information required under Schedule 2 of the regulations was available. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

Records demonstrated that an annual review of the quality service was completed for 2022 and a quality improvement plan was developed for 2023. The inspector was informed that the annual review of the quality of the service for 2023 was in progress.

Regulation 15: Staffing

The inspector found that the number of staff was not appropriate to maintain the cleanliness of the centre, given the size and layout of the building. This was evidenced by findings as detailed under Regulation 27; Infection control. Furthermore, a review of the rosters demonstrated that there the hours allocated to the cleaning of the centre were inconsistent. This arrangement did not ensure that the centre was cleaned to the required standards on a daily basis, to ensure residents were protected from infection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training, and records demonstrated that all staff had attended up-to-date training in appropriate areas such as safeguarding residents from abuse, manual and people handling, and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There was a clearly defined management structure and staff were clear about reporting structures. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required revision to ensure that it accurately reflected the total staffing and management complement, in whole time equivalents for the designated centre. For example;

- The assistant director of nursing and clinical nurse manager worked a combined total of 48 nursing hours per week. However, this was not reflected in the whole time equivalents recorded for nursing and management in the statement of purpose.
- Rosters viewed by the inspector showed that health-care assistant staffing levels did not align with the whole-time equivalents (WTE) detailed in the statement of purpose which was submitted to the office of the Chief Inspector, as part of the application to renew the registration of the centre.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in the centre received a good clinical standard of care in the centre. However, further action was required to bring premises and infection control into full compliance with the regulations.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability. A

physiotherapist attended the centre weekly. Clinical risks such as wounds, weight loss and falls were monitored weekly by the clinical management team nursing team. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that comprehensive assessments and care plans were developed within 48 hours of the resident's admission. The inspector reviewed a sample of care plans and found they reflected the information gathered from the assessments and they detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity and risk of malnutrition. Care plans were person-centred and effectively guided care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. However, the configuration of one twin bedroom did not assure the inspector that it would be suitable to meet the needs of residents who required large items of assistive equipment. Furthermore, although there were several storerooms on the ground floor, the inspector noted that there was not sufficient suitable storage for all equipment and clinical supplies. Further findings are described under Regulation 17; Premises.

The provider had a number of policies and procedures in place to prevent and control the risk of infection in the centre. Infection prevention and control measures were in place and reviewed by the management team. There was evidence of good practices including the monitoring of resident infections and antibiotic use. The inspector found that overall, the premises was clean and well maintained, however, some resident en-suite bathrooms and bedrooms were not cleaned to a satisfactory standard. This finding is discussed under Regulation 27; Infection control.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices were only initiated after an appropriate risk assessment of need. There was a low use of bedrails in the centre and one resident was using bedrails at the time of inspection.

There were two staff employed for the provision of social activities in the centre. There was a planned activity schedule displayed on notice boards throughout the building. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art.

Records demonstrated that residents were consulted with regarding the organisation of the centre. The most recent residents' meeting had taken place in December 2023. Resident feedback was sought in areas such as activities , advocacy and complaints. Records showed that items raised at resident meetings were addressed by the management team. Residents' wishes in relation to their preferred spiritual practices were recorded. Catholic mass was celebrated weekly in the centre. Information regarding advocacy services was displayed in the reception area and

records demonstrated that this service was made available to residents if needed. Residents had access to local and national newspapers, televisions and radio.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. The provider acted as a pension agent for seven residents and there were appropriate arrangements in place. There were systems in place to safeguard residents monies. A logbook was maintained to record deposits and withdrawals made by residents in the centre. A sample of transactions was reviewed by the inspector, balances were found to be accurate and reflected the monies held, which were stored securely.

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed being welcomed to the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

A review of the premise found that some areas were not maintained in line with the requirements of Regulation 17;

- Paintwork was scuffed and damaged on wall and skirting surfaces in several resident bedrooms.
- The inspector noted that the size and layout of one twin bedroom did not meet the needs of residents who required assistive equipment such as hoists and large specialist chairs.

There was a lack of suitable storage in the centre. This was evidenced by;

- The storage of large quantities of resident clinical supplies and equipment in a room located on the first floor, which was registered for use as an office.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre.The registered provider maintained policies and procedures to identify and respond to risks in the designated centre.The risk register identified risks and included the additional control measures in place to minimise these risks.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- Sink and tile surfaces in several resident en-suite bathrooms did not appear to be appropriately cleaned. This finding did not give assurances that these areas had been thoroughly cleaned and this posed a risk of cross infection.
- Floor surfaces in several resident bedrooms were not appropriately cleaned.
- Some items of resident equipment such as oral hygiene products were not appropriately cleaned.
- The storage of linen skip trolleys in a resident communal bathroom posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Records showed that care plans contained detailed information, specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Residents had access to allied health professionals such as speech and language therapy and dietetics following referral. Physiotherapy services were available three times per week in the centre. There was a system in place to ensure that residents that qualified for the various national screening programmes were facilitated to avail of these programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The usage of bedrails was reduced, and one resident had bedrails in place. Records demonstrated that individual risk assessments were conducted prior to the use of restraint such as lap belts and low low beds and where the risk assessment indicated that the use of restraint was not appropriate or safe, it was not implemented.

Where residents had known responsive behaviours, there was a care plan in place. Staff were familiar with residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Records demonstrated that staff had received training in the management of responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that measures were in place to protect residents from abuse. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place. Safeguarding incidents were investigated and safeguarding care plans were developed, where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they had choice about how the spent their day. The inspector observed that residents' privacy and dignity was respected. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. An independent advocacy service was available to residents living in the centre.
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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beech Lodge Care Facility OSV-0000408

Inspection ID: MON-0042425

Date of inspection: 04/01/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider and management team took a comprehensive and thorough approach to address the inconsistency in housekeeping staffing levels. An immediate assessment of housekeeping staffing levels and hours worked was conducted to strategically align resources with the facility's cleaning requirements and layout of the centre. The cleaning schedule has been improved with enhancements, which involve incorporating an additional four hours during the weekend shifts. This ensures that two team members are assigned to work during extended hours from 9:00 am to 16:00 pm and 9:00 am to 15:00 pm. Completed on 13/01/2024. Furthermore, one full-time housekeeping staff member has been recruited and is scheduled to begin on 01/03/2024. A senior member of the housekeeping team will continue to be designated to oversee the implementation of enhanced cleaning standards during weekend shifts. Their responsibility will be to ensure strict adherence to established protocols and to uphold consistency in cleaning routines. The Registered Provide, Person in Charge and management team will continue ongoing monitoring of housekeeping staffing levels through auditing and feedback from staff. This proactive approach aims to ensure that appropriate staffing levels are consistently in place, maintaining and surpassing the required cleaning standards.	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
In our statement of purpose, specifically regarding the Assistant Director of Nursing, Clinical Nurse Manager, and Health-Care Assistant staffing levels Whole-Time Equivalents (WTE) we have submitted a revised statement of purpose to the Chief Inspector on 30/01/2024.This updated document includes the correct (WTE) for these positions providing a more accurate representation of our staffing complement. We are committed to implementing a stringent review process for future statements of purpose, incorporating cross-referencing with actual staffing rosters to ensure ongoing accuracy during the renewal of the centre's registration process.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Maintenance of Premises
The management and maintenance team conducted an environmental audit and have developed an ongoing program to set specific deadlines for completing essential upgrades. The management team is committed to overseeing the implementation of action plans derived from the audits, ensuring that identified issues are promptly and effectively addressed within the agreed-upon timeframe.
Continuous monitoring of the audit management systems will persist, with deliberations on action plans scheduled for the weekly departmental meeting, attended by Registered Provider, management team and representatives from all departments within the care facility.

Implementation Timeline:
1. Immediate Actions 05/02/24):
• Continue the repainting and repair program for scuffed and damaged paintwork including residents' bedrooms and throughout the care facility.
2. Short-Term Actions (30/04/24):
• Complete the repainting and repairs in resident bedrooms.

Layout: Twin Bedroom
We re-evaluated and modified the twin bedroom 5A and 6A to meet the needs of residents requiring assistive equipment. The size and layout were adjusted through a thorough assessment, by accommodating residents with a low and moderate dependency level. The Statement of Purpose was updated to clarify the intended occupancy of the twin bedroom and submitted to Chief Inspector during the registration process. Completed 08/01/2024.

Storage Facilities:

We acknowledged that the original floor plan designating the room as an office on the 1st floor has now been changed to as a storage room. To formalise this change further, we submitted the up today floor plans during the registration process. Completed 08/01/2024.

Regulation 27: Infection control	Substantially Compliant

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

1.As part of the ongoing Audit program the Person in Charge (PIC) and Housekeeping Supervisor conducted an environmental audit on 11/1/24 including resident's bedroom and ensuites. A thorough Quality Improvement Plan has been formulated, completed 19/1/24 incorporating the findings from the audit. Management will consistently perform monthly internal audits and inspections to ensure adherence to our Infection control procedures and guidelines.

2 To ensure continuous compliance, we have introduced a scheduled 4-week rotation for the deep cleaning of residents' bedrooms/ensuites. Commenced 05/02/2024.Following each deep cleaning of bedrooms, a designated member of the management team will conduct an inspection and provide approval and sign off to confirm adherence to cleanliness standards.

3.As outlined in Regulation 15 (staffing) management has taken steps to further enhance infection prevention and Control standards and practices. This includes increasing housekeeping hours for weekend shifts, along with the recruitment of an additional housekeeping staff member.

4.Weekly departmental meetings between the Registered Provider, PIC, and Housekeeping Supervisor will continue. These meetings will serve as a platform to discuss audit findings, promptly address concerns, and promote continuous improvement.

5. Ongoing staff education and training will be implemented to reinforce best practices in cleaning standards and infection prevention and control measures. This will increase staff knowledge, awareness and contribute to a heightened understanding and commitment to compliance. Training scheduled for 20/2/2024.

6. We prioritise maintaining a hygienic environment for resident's oral hygiene equipment. To ensure ongoing compliance, management has implemented a weekly cleaning checklist to ensure that thorough cleaning procedures are consistently applied. Completed 10/01/2024.

7. Prompt and proactive actions were swiftly implemented on the inspection day regarding infection prevention and control measures related to the storage of the linen

skip trolley in a communal toilet used by residents. The linen skip trolleys were promptly moved to a specified non-resident area, addressing the immediate issue, and demonstrating our dedication to continually enhancing infection prevention and control measures.
Completed 04/01/2024.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	05/03/2024

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/01/2024