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:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Lott Lane, Kilcoole, Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 February 2023
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0038865

About the designated centre

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

Kilcoole Lodge Nursing Home is situated in the village of Kilcoole and is in walking distance of the sea. It is a purpose-built facility which can accommodate a maximum of 89 residents over two floors in 81 single en-suite rooms and 4 twin en-suite rooms. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is support by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	85

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 February 2023	08:45hrs to 17:35hrs	Bairbre Moynihan	Lead
Wednesday 8 February 2023	08:55hrs to 16:15hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents over the two days of inspection and spoke in more detail to eight residents to elicit their experiences of living in Kilcoole Lodge nursing home. Overall, residents were complimentary about the staff, the premises and the choice they were offered at mealtimes. A resident informed the inspector that "it is like a hotel but even better". Residents reported feeling safe in the centre.

The inspector arrived in the morning to conduct an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the person in charge and following a brief introductory meeting was guided on a tour of the premises. It was evident during the walk around that residents were familiar with the person in charge and greeted her by her first name.

The centre is registered to accommodate 89 residents with 85 residents on the day of inspection. 20 of these beds were allocated to the HSE for residents who require short term convalescence following an inpatient stay in an acute hospital. Kilcoole Lodge nursing home was purpose built opening three years ago. The centre is laid out over two floors connected by a lift and stairs. The majority of rooms were single en-suite rooms with a small number of twin en-suite rooms. In addition, each floor had dining, day rooms and a visitor's room. The inspector observed that the visitor's room on the first floor was in use as a store room on the first day of inspection. This was brought to management's attention and it reverted to a visitors' room on the second day of inspection. A hairdressing salon and coffee dock were on the ground floor. A room registered as an oratory on the ground floor was in use as an activities room. This will be discussed later in the report. Residents had access to an enclosed garden. Residents were observed to freely access the garden over the two days. A small number of residents had an interest in gardening and had recently gone on a trip to purchase plants and flowers for planting. Residents' bedroom accommodation was spacious with adequate storage space for resident's belongings. The majority of residents had personalised their rooms with photographs of loved ones and pictures and belongings from home.

The registered provider employed two WTE (wholetime equivalents) activities co-ordinators who covered a seven day week. The centre was three years old on the first day of inspection and a celebratory lunch was held with live music following the lunch. Residents were participating in the event and were dancing with staff. Other activities observed over the two days included baking with a small number of residents while other residents observed, sensory activites, art and jigsaws. Residents described other activities that were available including bingo and word searches. Pottery was available for residents on a Monday and the pottery completed by residents was on display.The weekly activities schedule was displayed in resident rooms and was up to date. The hairdresser attended once weekly on a Thursday. Management stated that the centre had never been blessed as it opened

in February 2020 just before the onset of the COVID-19 pandemic. On the second day of inspection a blessing of the nursing home took place. Representatives attended onsite from the Roman Catholic and Church of Ireland faiths to bless the centre. A number of residents attended both blessings. Mass was held onsite on the first Friday of every month.

Residents views were sought through resident forum meetings and an annual satisfaction survey. Two meetings had taken place in 2022. Meeting minutes included actions, person responsible and a completion date ensuring that actions were addressed. A satisfaction survey was completed for both long and short terms residents. The survey completed for long term residents identified that 100% of residents felt safe in the centre, however, areas for improvement were identified and it is unclear from the survey provided to the inspector if these areas were actioned.

The inspector observed the dining experience on both floors. Both dining rooms were busy with the majority of residents present. Residents were offered a choice and mealtimes and were generally complimentary about the food. Residents requiring assistance were provided with it in an unhurried manner. A small number of residents chose to eat in their room and this choice was respected. Management stated that they were reviewing the dining experience to provide a restaurant like experience.

The centre had an open visiting policy. A number of visitors were observed over the two days in a high but safe level of visitor activity.

The next two sections of the report present the findings of this inspection in relation to 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 unannounced inspection was carried out over two days to monitor ongoing compliance with the regulations and standards. Overall, effective governance and management systems were evident in the centre, ensuring good quality person centred care was delivered to residents. In addition, actions outlined in the previous compliance plan from the inspection from January 2022 had been implemented and sustained. This inspection did identify improvements that were required under Regulations 16: Training and staff development, 23: Governance and management, 31 Notification of incidents and three regulations from the domain of Quality and Safety which are discussed below.

Mowlam Healthcare Services Limited is the registered provider for Kilcoole Lodge nursing home. The registered provider owns and runs a number of centres throughout Ireland. There were clear lines of accountability and responsibility. The person in charge reported to a regional manager who reported to the Director of

Care Services and upwards to the Chief Operating Officer. The regional manager attended onsite for the meeting at the end of the two day inspection. In addition the Director of Care Services and Chief Operating Officer attended via video link. The person in charge was supported in the role by an assistant director of nursing who worked full-time, supernumery and four clinical nurse managers, one of whom worked full-time hours. Management stated that the clinical nurse manager role was approximately 0.6 supernumery role with the remaining role working as rostered staff. In addition the centre had 16 WTE staff nurses, healthcare assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The inspector was informed that the there were no vacancies at the time of the inspection but there was ongoing recruitment to pre-empt potential vacancies that may arise. Staffing rosters reviewed reflected the staffing in the centre over the two days of inspection.

The registered provider had a training matrix in place. Staff had access to mandatory training including for example; safeguarding, infection control and manual handling. In addition, the registered provider had recently added medication management to the mandatory training required by registered nurses. Training was available monthly through the group. Gaps in Training and staff development are discussed under Regulation 16.

The inspector reviewed a sample of staff files and all the requirements under the regulation were in place including Garda (police) vetting and registration with the professional regulator where required. One staff file was not held in the centre but was provided to inspectors while still onsite.

Systems of communication were in place. Staff meetings were held at three monthly intervals. In addition staff handover was held twice daily. The registered provider had established a quality and safety meeting which was held monthly. The inspector was informed that a representative from each department attended. Meeting minutes reviewed indicated that for example; incidents including the breakdown of incidents and the outcome from the review of incidents was discussed, medication management and resident admissions. The registered provider had identified that improvement was required around the number of residents that sustained a fall. Quarterly analysis of falls had commenced. Post fall safety huddles were implemented and safety crosses on each floor identifying the number of days that residents had not sustained a fall. An analysis of falls for the month of December identified that there was a time trend for when residents were falling and the centre was implementing actions following this analysis. Reviews of serious incidents were taking place in the centre and the learning was shared with staff.

The registered provider had a schedule of audits in place. Audits were comprehensive, identified issues and had accompanying action plans however, issues identified in audits were also identified on inspection. Furthermore, tracking and trending of complaints was not taking place to identify emerging themes. This will be discussed under regulation 23: Governance and management.

The majority of incidents which required reporting to the Office of the Chief Inspector were notified within the required timeframe however one incident that

met the criteria was not reported. Notwithstanding this management had identified that it required reporting but had not submitted the notification.

Complaints were managed in line with the regulation. In addition, the registered provider had a directory of residents in place that contained all the information required by the regulation.

Regulation 15: Staffing

Staffing was sufficient to meet the needs of the residents given the size and layout of the centre. The staffing levels at the centre were in line with the statement of purpose. On the days of inspection there were four registered nurses on duty, 13 healthcare assistants, two activities co-ordinators and three housekeeping staff. In addition the person in charge and assistant director of nursing were on duty in a supernumery capacity. The inspector spoke to a small number of staff regarding staffing levels. The inspector was informed that they felt there were enough staff to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in training and staff development included:

- 17 staff had yet to complete training in managing behaviours that challenge and one staff member's training was out of date.
- While the majority of staff had completed safeguarding and fire training a small number of gaps existed. Three staff who had just commenced working in the centre had not completed fire training. The inspector was informed that this was booked for March 2023. Four staff had to complete safeguarding training and one member of staff safeguarding training was out of date since June 2021.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of records. All the requirements set out in schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 23: Governance and management

While the centre had a number of assurance systems in place to be assured of the quality and safety of the service, areas for improvement were identified:

- As discussed in Regulation 34: Complaints, complaints were managed appropriately in line with the regulation however, the inspector observed that themes were emerging from complaints reviewed. Tracking and trending of complaints was not taking place so repeated issues were occurring and while addressed at the time on an individual basis an in depth analysis of the emerging themes was not completed.
- While audits were comprehensive, areas identified on inspection requiring action were not identified in an audit. For example; a medication audit completed in November 2022 confirmed that all medicines were within the expiry date. However, this was not the finding on inspection. This is further discussed under Regulation 29. Furthermore, the same audit identified that the trolleys and fridges were not clean. This issue remained with a fridge and was brought to management's attention on the day.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One incident was not notified to the Office of the Chief Inspector in line with regulatory requirements. This was submitted following inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was on display at the entrance to the centre. This identified the person in charge as the nominated person to investigate complaints. The complaints log was reviewed. The provider had received a number of complaints since the last inspection. A review of these showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. In addition, the provider had an up-to-date complaints policy in place. Information on advocacy services was on display at the reception area in the centre. Tracking and trending of complaints was not taking place. This was discussed above under Regulation 23: Governance and management.

Judgment: Compliant

Quality and safety

Overall residents were supported to have good quality of life in Kilcoole Lodge nursing home which was respectful of their wishes and choices. Residents had access to a high level of medical and nursing care. Furthermore, residents had timely access to health and social care providers. Notwithstanding this regulations requiring action were identified including regulations 17: Premises, 27 Infection control, 29 Medicines and pharmaceutical services and 9 Residents' Rights.

The centre had no restrictions on visiting and visitors confirmed this. The requirement to complete a COVID-19 risk assessment and wear a medical grade mask remained in place but all other restrictions were lifted.

Kilcoole Lodge nursing home was a purpose built nursing home built to modern specifications. The internal and external premises had been well maintained since it opened three years ago with a 0.8 WTE maintenance person employed. The centre was generally clean on the day of inspection. Housekeeping staffing numbers had increased since the last inspection with three housekeeping staff on duty on both days of inspection. Actions required under regulation 27 following the inspection in January 2022 had been actioned for example; bedpans were observed to be appropriately stored. The registered provider had identified a nurse who would be an infection control link practitioner. The nurse had yet to commence this additional role and receive training. The laundry room was observed and it had a dirty to clean flow. Notwithstanding the good practices areas for action were identified which are detailed under Regulations 17 and 27.

The registered provider had an up-to-date risk management policy in place that contained all the requirements of the regulation.

Systems were in place for monitoring fire safety. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Signage to guide staff on the evacuation routes was clear and on display in a

number of locations throughout the centre. Each resident had a personal emergency evacuation plan in place which was located at the back of residents' doors. The fire alarm was activated while the inspector was onsite and the inspector observed the co-ordinated approach by staff to the identification of the location of the activated fire alarm and the roles that staff undertook during the fire alarm. Further good practices are detailed under the regulation.

The registered provider had systems in place for the management of medicines. Staff spoken to were knowledgeable about the systems and processes in the centre. Medications were stored securely including medications requiring strict control measures (MDAs). A sample of these were checked with a nurse and were correct. Staff had access to advice from a pharmacist and while not onsite the inspector was informed that the pharmacist was available to speak to a resident if requested. Management stated that medication reviews of residents were completed three monthly with the general practitioner and assistant director of nursing. The pharmacy was undertaking a medication audit on the first day of the HIQA inspection. The inspector was informed that following a review a recommendation was made that electronic prescribing was implemented to reduce the risk of error. The plan for the phased introduction of this was March 2023.

The inspector reviewed a sample of residents' care plans and assessment tools. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents.

Resident activities were observed to be taking place on both days of inspection. It was evident that the activities co-ordinators knew the residents and their interests and capabilities. Resident meeting minutes were comprehensive and clearly outlined the actions required, however, only two meetings had taken place in 2022. Residents had access to daily newspapers and WIFI throughout the centre. Both the complaints log and a residents' survey identified that residents were not happy with the WIFI signal. The registered provider had endeavoured to address this.

Regulation 11: Visits

The registered provider had an open visiting policy and visitors were observed in the centre throughout the two day inspection. Visitors were not required to book a visit but were required to answer a COVID-19 questionnaire at the entrance to the centre. This was done informally with a member of staff. Residents had access to communal space where they could visit their relative or friend.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were generally well maintained however, ongoing actions were required to ensure the premises conformed to the matters set out in schedule 6. For example;

- A room identified on the floor plans as an oratory was in use as an activities room. Furthermore, resident meeting minutes identified that residents had requested a quiet space where they could reflect and pray.
- The layout of room 44 required review to ensure that residents could access personal storage within their floor space. In addition residents in this twin room were required to share a television. One resident was unable to view the television from the bed.

There were instances of inappropriate storage of stock and equipment. For example:

- The equipment store and adjoining assisted bathroom contained multiple items of stock stored on the floor and in the bath including for example personal protective equipment, bins that required returning to central stores and a mattress.
- A housekeeping room on the first floor contained two walking aids. These were removed when the inspector brought it to staff attention.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had an up to date risk management policy in place. The policy describes the measures and actions in place to control the five identified risks stipulated in the regulations. In addition, a second policy outlined the management of serious incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure procedures are consistent with the national standards for infection prevention control in community services. For example:

- A chlorine based solution was routinely used to clean floors. Staff and management were unaware of a policy confirming this practice. At the feedback meeting company management stated that there is a manual, however, staff were unaware of this onsite and it was not available for the inspector to review.

- None of the hand hygiene sinks were compliant with the required specifications.
- Exposed piping was noted in a number of storage areas and sluice rooms. One storage room on the first floor contained extensive dust and debris around the piping.
- Housekeeping staff were unaware of which residents had multi-drug resistant organisms (MDRO). They were unsure what the signage meant identifying a resident with an MDRO. Furthermore, they had to check a resident's bathroom and if there was a clinical waste bin they thought the resident then had an MDRO.
- While the cleaner's room on the first floor contained a janitorial sink and a handwash sink no soap or towels were available in the room for handwashing.
- Housekeeping staff had not completed training on the principles and practices of cleaning. Management stated at the feedback meeting that there is a plan to provide this training with no date at present.
- The bed pan washer on the first floor was out of order on both days of inspection. Management were aware of this and had escalated it.
- Management had implemented a tagging system to identify equipment that was clean. However, staff were unsure on the correct use of the system.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Daily checks of, for example; escape routes and fire alarm checks were generally carried out as required with few exceptions. Fire drills were taking place monthly with feedback provided at the end of the fire drills and areas for improvement identified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While overall medication management procedures were good, the inspector identified the following which required action:

- A medication fridge which contained intravenous antibiotics were out of date since October 2022. While no other drugs were stored in this particular fridge, staff were unaware that these antibiotics were still onsite and out of date. In addition, the fridge was observed to be leaking. Management stated that the fridge had been provided for a particular purpose and they would

return it along with the out of date drugs to the company.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector observed a sample of care plans. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Care plans were updated at four monthly intervals in line with regulations. Validated risk assessment tools were used for example; Waterlow score for assessing the risk of acquiring pressure ulcers and updated at regular intervals and smoking risk assessments for residents that smoked.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. The registered provider had engaged with a general practice who attended onsite once weekly. The general practitioners were available by phone and attended onsite if required outside of the weekly visit. Out of hours an on call service was used. A physiotherapist attended onsite four times weekly and reviewed residents following a fall or if referred for physiotherapy. This was at no additional cost to the resident. In addition, a once weekly exercise class was provided to residents by the physiotherapist. An occupational therapist attended onsite once weekly. A dietetics service, tissue viability support and speech and language therapy was provided by a private company.

Management stated that staff from a local acute hospital attended onsite on occasion to prevent the resident having to attend the emergency department. In addition, the nursing home had access to a mobile xray unit. A gerontologist had attended onsite on four occasions over the last six months to review residents.

Judgment: Compliant

Regulation 9: Residents' rights

While residents rights were generally upheld in the centre, an area for action was identified:

- Residents were consulted about the organisation of the centre through

	resident forum meetings. Two meetings had taken place in March and August 2022. This is not in line with the centre's statement of purpose that states that resident meetings take place every three months.
Judgment: Substantially compliant	

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	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 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilcoole Lodge Nursing Home OSV-0007714

Inspection ID: MON-0038865

Date of inspection: 08/02/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Since the inspection, staff education/training in managing behaviours that challenge has commenced, including refresher training for the staff member whose training was out of date. All staff will be up to date with training in this area by 30/04/2023. • Safeguarding training has now been completed for all staff, including those who required refresher updates. • The Person in Charge (PIC) will audit the nursing home's training matrix to ensure that all staff education and training provided has been recorded and that it is maintained up to date. • The PIC will monitor individual staff induction programmes and the training matrix to ensure that all staff have received mandatory training and refresher updates.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC, supported by the Healthcare Manager (HCM) will analyse all complaints and assess whether common themes and trends are emerging. Complaints Management will be a recurring agenda item at the monthly management team meetings, and this will be an ideal forum to highlight the themes of complaints and raise awareness among all departments about resident satisfaction. Quality improvement plans (QIPs) will be developed and implemented based on the findings from complaints and service improvements will be monitored.	

• The findings and learning from complaints received during 2023 will be detailed in the annual review of 2023.
• The medication found to be out of date at the time of inspection was immediately and appropriately disposed of and the medication fridge has been removed from the nursing home and replaced with a new medication fridge.
• The PIC will increase the frequency of medication audits from quarterly to monthly until compliance has improved significantly, and following each audit a quality improvement plan will be developed and implemented.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• One notifiable incident, which has had been missed in error, was submitted immediately after the inspection.
• The PIC will review all incidents to ensure that notifications are always submitted to the Authority in accordance with regulatory requirements.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• In response to the request from residents for a space where they can pray or have time for quiet reflection, the Visitors' Room on the first floor will be redesignated as a Quiet room/Visitors' Room. A door sign indicating 'Please Do Not Disturb' will be added to the room sign which can be displayed during times when the room is in use to clearly communicate to others that the room is being used for prayer or reflection. The room will also be available as an alternative space for residents to receive visitors in private when not required by residents as a prayer room/quiet reflection space.
• The room currently known as the Oratory on the ground floor will be redesignated as an Activities Room.
• We will amend the centre's Statement of Purpose and relabel the floor plans to reflect this slight change and submit the revised documents to the Authority by 30/06/2023.
• We will actively consult with residents and, through their Residents' Meetings, encourage them to contribute their ideas, suggestions and feedback about their lives in the home and improvements they would like to see implemented; these will inform a quality improvement plan to ensure the residents have input into the running of the home.
• The layout of room 44 has been reviewed. An additional TV has been installed. Both residents are satisfied with this arrangement.

• Storage arrangements in the home have been reviewed. Excessive items have been removed, storage has been re-organised, and items are no longer on the floor. These storage rooms are now included in a weekly environmental walkabout. All staff have been instructed and are aware of the correct way to store items and the PIC and ADON will address any non-compliance with standards each day on the walkabout. All staff will be responsible for ensuring all items are appropriately and safely stored throughout the home.

Regulation 27: Infection control	Substantially Compliant

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

• A Housekeeping Manual is now in place in the nursing home which is a reference manual and guide for household staff regarding the correct solutions and procedures for cleaning throughout the home.

• We will ensure that all housekeeping staff receive appropriate training and education on the principles and practice of cleaning and maintaining a hygienic environment. All housekeeping staff will complete the Clean Pass training course by 30/06/2023.

• Training in the correct use of chemicals and control substances that are hazardous to health (COSHH) has commenced and all household and catering staff will have received this training 31/03/2023.

• We will install clinical hand wash sinks in corridor areas and treatment rooms by 30/05/2023.

• We will ensure that household staff can access all areas to ensure effective cleaning and removal of dust, dirt and debris.

• A risk assessment has been completed to assess the access to all areas where there is exposed piping. These areas are scheduled for regular routine cleaning and are clearly designated on the home's cleaning programme. We will ensure that the housekeeping staff can be facilitated to clean areas where there is exposed piping and that they can access these areas with appropriate cleaning equipment. The Maintenance Person will assist by ensuring that equipment is moved aside while the housekeeping staff clean behind the equipment and will replace the equipment safely afterwards.

• The PIC and Assistant Director of Nursing (ADON) will ensure that housekeeping staff are informed of residents with MDROs and that they are aware of the necessary precautions and waste disposal protocols in line with IPC guidelines.

• Induction presentation for all new staff will include information about residents with MDROs, the requirements for each staff grade and the clean tag system used in the home.

• The Healthcare Assistant guide booklet will be updated to emphasise the IPC practices for residents with MDROs and this will be given to all staff for written information in addition to daily handovers and safety pauses.

• The hand towel and soap dispensers have been provided in the Housekeepers' room on the first floor and are checked each day.

• Staff education on the clean-tagging system has been completed. Staff are reminded

during handover and at safety pause of the importance of completing this action following cleaning of shared equipment, and the IPC Lead Nurse and ADON will monitor compliance with this practice.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The out-of-date medication was disposed of immediately and appropriately. • The medication fridge which was not clean has been removed from the nursing home and replaced with a new medication fridge. • The PIC and Assistant Director of Nursing (ADON) will monitor the standards of compliance with medication management and cleanliness of medication trolleys and fridges every month until expected standards are being consistently maintained. The audit schedule will then return to the planned 3 monthly schedule.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The frequency of resident's meetings has been reviewed and a schedule is now in place for quarterly meetings. One meeting was held on the 17th of February and the next meeting is planned for mid-May 2023 and every 3 months thereafter. • A quality improvement plan will be developed on issues arising following these meetings. Management will review the progress and completion of all actions at the monthly management meetings in the home.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/05/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2023
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	30/06/2023

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2023
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	31/07/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or	Substantially Compliant	Yellow	30/04/2023

	risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	30/03/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/03/2023