



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

Issued by the Chief Inspector

Name of designated centre:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 July 2025
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0043398

About the designated centre

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

Bethany House is a purpose-built nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 90 residents, both male and female, aged over 18 years. They provide 24-hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age-related dementia care. They also care for young, chronically ill residents, including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 90 residents. Two new extensions were added to the premises in 2017 and 2021, and all accommodation is provided on the ground floor level with a mixture of single and twin bedrooms, a number with en-suite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, and church, to mention a few.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	89
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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
Tuesday 22 July 2025	08:30hrs to 17:30hrs	Celine Neary	Lead
Tuesday 22 July 2025	08:30hrs to 17:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

According to residents and relatives, Bethany Nursing Home is a nice place to live where residents were facilitated to avail of comfortable accommodation and adequate care. On arrival at the centre, the inspectors observed that some residents were in their dining rooms having breakfast, while others were being supported by staff to begin their day.

Those spoken to were positive about their experience of living in Bethany House Nursing Home, and were complimentary of the staff. One resident informed the inspector that 'I'm happy here', whilst another said 'they are very good to me'. Similarly, visitors spoken to were complementary of the care that their family members received. However, several residents did mention activities could do with improving. One resident told the inspectors, 'I don't do activities as not for me,' another said that the activities were poor and 'we are not babies'.

Overall, inspectors observed that for the most part, the centre was decorated and furnished to a high standard. The designated centre is registered to care for 90 residents. Resident's accommodation is provided on the ground floor of this centre across three units, namely known as Crinkle Lodge, Belvedere Lodge, and Rochford Lodge, with Crinkle Lodge being the original part of the centre before it was extended.

It was homely and well laid out for the benefit of residents to enjoy. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the day. However, inspectors observed that some maintenance was required in the original part of the premises known as Crinkle Lodge. The walls and doors in some areas, especially corridors, were visibly marked and scuffed.

Residents had unrestricted access to well-maintained courtyard gardens and were observed enjoying these throughout the day. Residents and staff were seen to be familiar with each other and relaxed in the company of staff. The inspectors observed that staff interactions on the day were courteous, kind and patient in nature. Staff were aware of each resident's preferences and care needs.

Inspectors observed that some seats and couches in residents' sitting rooms were very low, and inspectors saw some residents having difficulty getting up and out of these seats. Staff informed inspectors that they used handling belts to assist residents. Inspectors saw multiple handling belts left on chairs and couches in these communal sitting rooms.

Residents' bedrooms that were viewed by the inspectors contained plenty of storage and were decorated with personal items, such as photographs and soft furnishings. Televisions, the Internet and call-bells were provided in these bedrooms. However, several bedrooms, communal rooms, and ancillary rooms were not clean. The

cleaning checklist associated with these rooms had not been signed for 4 days. In some of these rooms, bins in en-suites were very full, and sinks were not clean. Fabric chairs seen in communal sitting rooms were seen stained and worn in some places. Resident equipment, such as wheelchairs and pressure cushions, was also stained and not clean.

Storage seen in double room en-suites was not adequate for two residents sharing. There were toiletries in these rooms that were not labeled with the resident's name, which could lead to shared use and cross contamination. Resident wash bowls in these double rooms were seen either stacked on top of each other, stored on toilets or on the floor, again leading to risk of infection for these residents. Areas underneath beds in the Crinkle Lodge were visibly unclean, and the corridors in the Belvedere Lodge contained dust and hair particles in some areas.

The centre provided a laundry service for residents. Residents whom the inspectors spoke with were happy with the laundry service. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was; however, inappropriate storage of clean linen seen in the 'dirty' part of this room, which may become contaminated whilst laundry procedures are taking place. Staff spoken with had a good knowledge of the laundry processes.

There were sluice rooms available for the reprocessing of bedpans, urinals and commodes. Two were clean and functional. However, the sluice room in Crinkle Lodge needed improvements to reduce the risk of cross contamination. Unclean commode pans were seen stored on top of each other, one of the sinks was rusty and not clean, and there was no bin by the hand-wash sink.

Improvements were required for the storage of equipment. For example, resident lifting hoists were stored in the clean linen room, resident supplies such as continence wear were stored with re-usable resident equipment, leading to increased risk of contamination. Multiple standing slings were seen in many seats, with no identifiers seen. This practice can increase the risk of cross-infection and inappropriate sharing. Similarly, wheelchairs stored in corridors were seen as not clean and stained.

The inspectors observed a number of communal rooms which were generally well maintained. These rooms were in use by residents throughout the day of the inspection. However, some of the fabric chairs in place around the centre were seen to be worn and stained.

The main dining areas were clean and well-designed to meet the needs of the residents; however, the furniture in the Crinkle Lodge dining area was worn and cracked, leading to difficulties in cleaning these surfaces. Additionally, the table chairs did not provide adequate or safe support for residents to use during dining times.

The housekeeping rooms supported effective infection prevention and control, which included a janitorial unit with hand-wash sink, space for storing and preparing

trolleys and cleaning equipment. The cleaning carts were fitted with locked compartments for safe chemical storage.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that some improvements had been made since the last inspection, but further action was required in order to come into full compliance with the regulations.

The provider of Bethany House Nursing Home is MPM Nursing Home Limited. There is a person in charge who works full-time in the centre. There had been several changes in the management structure within the centre since the last inspection. The previous person in charge was on planned leave, and the provider had appointed another person in charge in the interim. This person in charge left after three months in the role, and the provider appointed another person in charge who, at the time of inspection, was one month in the role. The current person in charge had worked in the centre for many years, in various roles such as staff nurse, clinical nurse manager and assistant director of nursing. The person in charge has the required qualifications and management experience for the role and was knowledgeable about the residents living in the centre. The deputising arrangements in the centre were clear and ensured that the assistant person in charge was available when the person in charge was absent. The management structure in this centre was also supported by two clinical nurse managers. A representative of the provider and a quality manager provided management support for the staff and residents in this centre.

The inspectors found that there were sufficient staff resources, such as nursing and healthcare staff, available to meet the needs of residents. However, it was found that there was an insufficient amount of resources provided for cleaning and housekeeping duties. This was evidenced on the day by inspectors who found that several areas in the centre were visibly unclean. These resources, the time allocated and the supervision of work completed required further review by the provider.

There were some good management systems occurring, such as clinical governance meetings, staff meetings and residents' meetings. The quality and safety of care were being monitored through a schedule of audits, including infection prevention and control, care plan and falls audits. Nonetheless, inspectors found that the audit systems in place were not effective to support identification of risk and deficits in the quality and safety of the service. The last environmental audit completed on 17 July this year scored high on the day, but was not consistent with the findings of this inspection. There was a lack of oversight and analysis of data collected from audits. Monthly audits completed in relation to injuries sustained by residents from falls over a six month period did not have adequate trending or analysis carried out

to support and create an improvement plan to mitigate the risks and reduce their re occurrence.

Although management within the centre did collect data relating to the incidence of falls among residents, it was identified that a total of 65 unwitnessed falls of residents had occurred within a six-month period, and no action plan or improvement plan had been put in place to try to reduce the risk or recurrence.

Quality improvement plans were developed in line with the audit findings, but did not always identify staff responsible for actions. For example, it was noted in the January audit 'review storage in linen room' this action was still not complete on the day of inspection.

The centre had up-to-date infection prevention and control policies, which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that not all staff were up-to-date with mandatory training, such as infection prevention and control training, in line with their role within the centre.

The provider had nominated an assistant director of nursing with the required link practitioner training and protected hours allocated, 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. The infection control link practitioner demonstrated a commitment and enthusiasm for their role. For example, they had implemented an infection control training programme to include hand hygiene training.

The centre had managed a respiratory outbreak this year and had an outbreak learning report completed. Systems were in place to monitor the vaccination status of residents and staff and to encourage vaccination to the greatest extent practical.

A review of notifications submitted to the office of the Chief Inspector of Social Services found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had some assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, and colour-coded cloths and mops to reduce the chance of cross infection. Housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre. There was a vacancy within the housekeeping rota, and the housekeeping supervisor was unable to supervise, as they were often allocated a floor to clean instead of supervising. It was reported to the inspectors that at times there was a shortage of dedicated cleaning staff to cover the cleaning schedule, and this is discussed further under Regulations 15: Staffing.

Documentation reviewed relating to water safety provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, unused outlets were regularly flushed and monitoring for Legionella in hot and cold water systems was undertaken.

Regulation 15: Staffing

The registered provider did not ensure that the designated centre had sufficient resources to ensure the effective and cleanliness of the centre in accordance with the statement of purpose. For example;

- unclean floors, resident equipment and furniture increased the risk of infection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training; however, not all staff had attended the required mandatory training to enable them to care for residents safely. Mandatory training for some staff, such as fire safety, manual handling and infection prevention and control was out-of-date and refresher training was required.

The training and supervision of cleaning and housekeeping staff required strengthening; this was evident from significant findings on this inspection in relation to poor standards of infection prevention and control within the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the audits completed regarding injuries sustained by residents following 65 unwitnessed falls in a six month period did not have any analysis or improvement plans put in place to try and reduce the risk or their re occurrence.

There were insufficient resources provided to ensure that cleaning and housekeeping standards were adequate to meet the needs of residents and having regard to the size and layout of the premises. Furthermore, greater supervision of cleaning and housekeeping duties was needed, to ensure the work was completed to a thorough, consistent and acceptable standard.

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- Ineffective management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene.
- Residents' bedrooms and bathrooms were not cleaned in line with the centre's own policy for daily cleaning.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into and review of complaints were specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service. There had been eight complaints since the last inspection, all of which had been fully investigated in line with their policies and procedures.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre, and many spoken with said they were content with the care they received. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, the quality and safety of the service being delivered to residents were being negatively impacted by the ineffective oversight of some key areas, combined with inadequate governance systems to identify and improve key areas of the service.

There were arrangements in place for residents to access a general practitioner (GP) of choice, as well as Psychiatry of later life and a variety of health and social care services, including dietitians, speech and language therapists (SALT) and tissue viability nursing (TVN) to provide support to residents' care if required.

Notwithstanding the efforts made to provide a good standard of care to the residents, inspectors found that further improvements were required, specifically in the areas of Regulation 27: Infection control and Regulation 17: Premises. These are discussed under their respective regulations.

An infection prevention and control assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen as person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this included the National Transfer Document, which is used when residents are moved to acute care.

The inspectors reviewed a sample of the residents' assessments and care plans and found that the resident's nursing needs were assessed within 48-hours following admission to the centre. Care plans were detailed and easy to understand each resident's specific care needs. They were person-centred, and information was consistently updated as residents' needs changed.

Resident care plans were accessible on a computer-based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. There was a low reported incidence of wounds, including pressure sores, within the centre and urinary catheters. The inspectors reviewed the management of wound care and catheters and found in general, that they were well managed. However, some improvement was required. For example; while catheters (flexible tubes used to empty the bladder and collect urine in a drainage bag) were in place, there was not always complete documentation of catheter care, such as the date of catheter changes. Similarly, in several care plans describing care of residents with multi-drug resistant organisms (MDRO), the term 'barrier nurse' was used, which is outdated and not appropriate.

The inspectors identified some examples of good antimicrobial stewardship. For example, 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. Staff were also engaging with the "skip the dip" campaign that aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing, which does not benefit the resident and may cause harm, including antibiotic resistance.

Staff were observed to apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. The provider had substituted traditional needles with safety-engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry were segregated in line with best practice guidelines. Colour-coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Appropriate use of personal protective equipment (PPE) was observed, and all staff were bare below the elbow to facilitate effective hand hygiene practices.

Notwithstanding the good practices in IPC, there were some areas that needed improvement. For example, the provision of hand-hygiene sinks and alcohol gel at the point of care was not sufficient. There were clinical hand-wash sinks in the centre, but many were not compliant with national standards. Similarly, alcohol hand gel was available along corridors but not at the point of care (in residents' bedrooms) throughout the centre. Several sharps boxes were seen signed on assembly, but not engaging the temporary closure mechanism for sharps safety.

Medication systems were in place and staff spoken with were knowledgeable of their regulatory responsibilities. Inspectors noted that all medicinal products were stored securely at the centre and that all medications were administered in line with best practices.

There were no visiting restrictions in place, and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged and facilitated.

Regulation 17: Premises

While the centre provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example,

- Fabric-covered furniture was observed to be worn and stained in places.
- Inadequate storage facilities in shared en-suites, to reduce the chance of sharing toiletries inappropriately and cross infection.
- Inappropriate storage of resident equipment alongside residents' supplies increasing the risk of cross infection.
- Storage of clean resident clothing and cleaning textiles in the laundry room.
- Sluice room facilities in Crinkle are in need of a deep clean and renovation to the sink and storage racks.

The provider had not ensured that the premises were in compliance with Schedule 6 of the regulations. This was evidenced by:

- Several walls in the Crinkle Lodge area were marked and scuffed and in need of refurbishing.
- Some of the doors in the centre had signs of damage.
- Seating for residents in communal areas was very low, and inspectors observed residents experiencing difficulty getting up and out of this furniture with difficulty or having to seek the assistance of staff.

Judgment: Not compliant

Regulation 27: Infection control

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

- Several areas in the centre were visibly dirty, such as residents' bedroom floors, corridor floors and some store room floors.
- One en suite in a twin room had a malodour of urine present.
- Alcohol hand gel dispensers were in place along the corridors, but were not available at the point of care in resident bedrooms, to enable staff easy access to clean their hands.
- Several sharps boxes were seen without the temporary closure mechanism engaged.
- Commode pans were stacked on top of each other in the sluice room, which increased a risk of cross contamination.
- Multiple standing hoist slings were seen around the centre instead of resident specific.
- Resident wash bowls were stacked inside each other in double en suite rooms, increasing the risk of infection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person-centred and evidenced-based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example, the urinary catheter change date was not documented in a care plan reviewed and the use of outdated terminology was not required for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Health and social care professionals also supported the residents on site where possible and remotely

when appropriate, for example, the dietitian, and physiotherapist. There was evidence of ongoing referral and review by health professional as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume, indication and effectiveness of antibiotic use were monitored each month. Nursing staff were engaging with the "skip the dip" campaign, which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents had a varied activities programme provided and they had regular day trips out of the centre each week.

Residents' meetings were held regularly, and there was some evidence of discussions with residents in relation to the day-to-day activities and services provided for them within their home.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0043398

Date of inspection: 22/07/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We are committed to ensuring that the designated centre is maintained to the highest standards of hygiene and cleanliness, in line with our Statement of Purpose. At time of inspection there was 1 vacant role within the domestic roster. This role has since been filled, and new appointee has commenced as of 03/09/2025. Immediate Actions Taken: • All identified areas, including floors, resident equipment, and furniture, were thoroughly cleaned and disinfected immediately upon receipt of the inspection feedback. • A deep-cleaning schedule was implemented and completed by the housekeeping team across all units of the centre. Sustainable Measures Implemented: • Cleaning Schedule: A revised cleaning rota, with clear accountability for daily, weekly, and monthly tasks, has been introduced and is monitored by the person in charge. • Auditing: A system of regular hygiene audits and spot checks has been introduced, with outcomes reviewed at management meetings and any deficits addressed immediately.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We recognise that up-to-date training and effective supervision are essential to ensuring the safety of residents and the delivery of high-quality care. Immediate Actions Taken: • A full training audit was completed to identify all staff whose mandatory training was out of date.	

- Priority refresher sessions in IPC (online) will be completed by the end of September 2025.
 - Fire safety, manual handling, and Safeguarding have all been booked as per available dates from external contractors onsite:
 - o Manual Handling has been completed 14/08/2025
 - o Fire Training booked 02/10/2024.
 - o Safeguarding booked 30/09/25.
 - Staff whose training had lapsed have now either completed or are booked to complete the required courses above.
- Sustainable Measures Implemented:
- Supervision & Support: The supervision schedule for cleaning and housekeeping staff has been strengthened. Senior Management within the home now conduct regular competency checks and provide direct coaching on infection prevention and control standards.
 - Audit & Monitoring: Monthly audits of training records and cleaning standards are now in place. Findings are reviewed at governance meetings, and actions are taken immediately where gaps are identified.

The provider is committed to ensuring that all staff maintain the necessary skills and knowledge to provide safe, effective care. Through strengthened training systems, enhanced supervision, and robust monitoring, we will ensure sustained compliance with mandatory training requirements and the highest standards of infection prevention and control within the centre.

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Falls Management • Immediate Actions: • Fall reviews are completed after every fall which incorporates a full review of the resident's mobility domain. This includes updating the mobility assessment, manual handling chart, falls risk assessment tool, falls diary and updating the residents care plan. • Within the last 6 months, a significant proportion of the falls in the nursing home were linked to one case that required extensive follow-up. Following these incidents, all appropriate medical referrals and investigations were carried out and care plans updated accordingly. • Monthly falls audits are also completed to identify any trends which could potentially reduce the incidents of falls. This information is also integrated into the monthly KPI's which are reviewed by the OPS team. • Falls Prevention Programme with Siel Bleu company commenced in July 2025 for all residents especially those with repeat falls. Other Actions:	

- Residents identified as high falls risk have safety checks in place such as chair and bed alarms, hip protectors and timed safety checks.
- Residents with a high falls risk are provided adequate supervision to reduce risk of falls.
- Those residents who reside in their rooms and are high risk of falls have timed safety checks in place and same is documented in their care plans.

Immediate Actions: an immediate deep cleaning was carried out in resident bedrooms, bathrooms, and communal areas.

- A review the Household roster was completed, and it was adapted to ensure that adequate staffing levels are in place each day. There are now 5 household staff on during the week including oversight in place by the Household Supervisor.
- Full review of cleaning practices and schedules has been carried out to determine priority areas and allocation of cleaning tasks on a daily basis.
- An updated cleaning checklists was put into place to ensure a more robust auditing system with oversight from the Director of Nursing. The Director of Nursing and HR Ops Lead will conduct a spot check on rooms in the home to ensure it is cleaned at a high standard. This includes all pull-outs of beds and cabinets and deep cleanings of each resident's room.
- An updated plan of deep cleaning has been put in place for the Household staff.
- Twice weekly meetings with the Director of Nursing, HR Ops Lead and Household supervisor have commenced to discuss any concerns or issues identified during the walk around. All actions and responsibilities will document, and completion dates agreed.
- At the above meeting the weekly audits carried out by the Household supervisor will be reviewed. Management along with domestic supervisor have developed and finalised a weekly cleaning structure which includes the cleaning of resident rooms, communal areas, corridors, sluice room/cleaning rooms, toilet/bathrooms etc. This is now in place, and all domestic staff have access to schedule. This will allow for more thorough and consistent standards of cleaning. Supervisory checks are now conducted daily by the housekeeping supervisor and verified weekly by the Director of Nursing.
- 1 vacant domestic role has been filled and appointee has commenced duties as of 03/09/2025.
- Allocation of supernumerary hours is in place daily for the domestic supervisor.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • An external company has been sourced to provide a deep clean to the furniture that is stained in places. • Seating for the residents in communal areas is being phased out and being replaced with furniture that is IPC friendly. • Storage cabinets have been sourced for all twin room ensuites for residents to store individual toiletries and basins. This has been completed. • Resident equipment has been relocated to designated storage areas away from residents' personal supplies. • Residents individual incontinence wear is now being stored in the residents room to	

allow for more appropriate storage.

- Clean clothing and cleaning textiles were immediately removed from the laundry room and relocated to appropriate storage.
- Storage of unclaimed clean clothes removed from dirty side of Laundry. Clothing display has been organized for residents and family.
- The sluice room in Crinkle was deep cleaned and the rusty sluice room sink is in the process of being replaced and new racking ordered.
- Damaged and stained walls in Crinkle Lodge have been cleaned and refurbishment and of areas has commenced.
- Doors are being reviewed by the maintenance team and maintenance plan developed for issues identified.
- Low seating in communal areas has been reviewed and new furniture ordered.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Regulation 27: Infection control
Not Compliant

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

- Management along with domestic supervisor, has developed and finalised a weekly cleaning structure which includes the cleaning of resident rooms, communal areas, corridors, sluice room/cleaning rooms, toilet/bathrooms etc. This is now in place, and all domestic staff have access to schedule. This will allow for more thorough and consistent standards of cleaning. Supervisory checks are now conducted daily by the housekeeping supervisor and verified weekly by the person in charge.
- A review the Household roster was completed, and it was adapted to ensure that adequate staffing levels are in place each day. There are now 5 household staff on during the week including oversight in place by the Household Supervisor.
- Full review of cleaning practices and schedules has been carried out to determine priority areas and allocation of cleaning tasks on a daily basis.
- An updated cleaning checklists was put into place to ensure a more robust auditing system with oversight from the Director of Nursing. The Director of Nursing and HR Ops Lead will conduct a spot check on rooms in the home to ensure it is cleaned at a high standard. This includes all pull-outs of beds and cabinets and deep cleanings of each resident's room.
- An updated plan of deep cleaning has been put in place for the Household staff.
- Twice weekly meetings with the Director of Nursing, HR Ops Lead and Household supervisor have commenced to discuss any concerns or issues identified during the walk around. All actions and responsibilities will document, and completion dates agreed.
- At the above meeting the weekly audits carried out by the Household supervisor will be

reviewed. Management along with domestic supervisor have developed and finalised a weekly cleaning structure which includes the cleaning of resident rooms, communal areas, corridors, sluice room/cleaning rooms, toilet/bathrooms etc. This is now in place, and all domestic staff have access to schedule. This will allow for more thorough and consistent standards of cleaning. Supervisory checks are now conducted daily by the housekeeping supervisor and verified weekly by the Director of Nursing.

- Deep clean of room with malodour was carried out.
- Domestic staff are scheduled to complete Clean Pass course which will focus on methods of cleaning.
- Alcohol dispensers to be placed at point of care i.e resident's rooms. All ordered.
- New racking has been ordered for effective storage of equipment in sluice room.
- Storage for double-suite rooms have been sourced and is in place.
- Sharps boxes removed and new ones put in place.
- All standing hoist slings were removed. Those allocated to specific residents are now stored in their rooms.
- Storage cabinets have been sourced for all twin room ensuites for residents to store individual toiletries and basins. This has been completed.

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:

- The care plan identified as lacking documentation of the urinary catheter change date has been reviewed and updated immediately to ensure full accuracy.
- Outdated terminology in the care plan was corrected, and staff were reminded of the importance of using respectful, person-centred, and current language in all documentation.
- Refresher training in care planning and documentation standards has been delivered to nursing staff at their meeting in August 2025, with emphasis on person-centred language and compliance with professional guidelines.
- Monthly audits of care plans that are conducted within the home will identify any issues going forward, with findings reviewed at clinical governance meetings. Any deficits are addressed immediately with staff through supervision and feedback.
- All Catheter care plans were reviewed and had date of change, frequency of change and next date of change except for 1 care plan which was reviewed on day of inspection. Care plan have been updated to include frequency of change and next date change is due.

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	03/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/09/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	31/10/2025

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/10/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	03/09/2025
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	03/09/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures	Not Compliant	Orange	03/09/2025

	consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Not Compliant	Orange	31/10/2025
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	Yellow	03/09/2025