

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

Issued by the Chief Inspector

Name of designated centre:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	27 February 2025
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0045232

About the designated centre

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

The designated centre provides 24- hour nursing care to 36 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite).

The centre is a two storey building. Communal facilities and residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift was available between the ground and upper floors where six residents resided. The centre is well laid out around centrally located communal facilities that include a range of day and dining rooms, and a spacious oratory for prayer, reflection and repose. Enclosed outdoor courtyards are accessible from parts of the centre.

The philosophy of care is to provide a good quality service where residents are happy, content, comfortable and safe, and for residents to be treated as unique individuals to experience inner peace.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Thursday 27 February 2025	08:00hrs to 17:20hrs	Aislinn Kenny	Lead
Thursday 27 February 2025	08:00hrs to 17:20hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The residents who spoke with inspectors said they were generally happy living in Woodlands House Nursing Home. Based on the observations of the inspectors, and from speaking with residents, it was evident that the staff were committed to providing person-centred care to residents.

Call-bells were available throughout the centre. Staff were responsive and attentive without any delays attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff were familiar with residents' needs and preferences and residents appeared to be enjoying the company of the staff.

Woodlands House Nursing Home is located in the town of Navan, Co. Meath. it is registered to accommodate 36 residents. The centre is a two storey building comprising of an original building and newer ground floor extension area where most residents' bedrooms are located. Residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift is available between the ground and upper floor. Work had been undertaken following the previous inspection to install fire curtains on the lift and inspectors saw these were now in place.

There were various communal areas for residents to utilise such as a living room, oratory, lounge, activities room and sun room. Many residents bedrooms were personalised with family photographs and memorabilia. Overall, the centre was generally well-maintained however, inspectors observed fencing located at the external boundary of the centre had been damaged from a storm. This fencing separated the centre from the gardens of neighbouring houses and a significant area of the fencing was gone. This meant that bedrooms at the rear of the centre were overlooked, while residents had net curtains in place to protect their privacy and dignity this impacted on the safety and security of the building and required repair.

Inspectors observed that areas used by residents were generally clean. However, staff areas such as staff changing rooms and staff bathrooms were observed to be unclean, this was a repeat finding from the last inspection.

The centre had a courtyard garden with raised beds and planters. Residents could easily access this area from the corridor on the ground floor. The front door in the porch of the centre opened out into the car park which was accessible internally by keypad and visitors entering the centre were required to ring the bell for access. Inspectors observed the front door had a sheet for staff to sign when they had checked the locking mechanism on the front door which was to be completed daily. Inspectors reviewed these records and saw that four times during the month the

front door was not properly closing on the first attempt. The management team informed inspectors that contractors had been contacted to review this.

The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. On the day of the inspection residents were observed engaging in activities which included exercises and memory games. There was a separate area off the activities room for one-to-one activities and this also contained a library. The activities room was nicely decorated with residents' pictures and artwork on display.

Residents were complimentary of the lunch provided in the centre. The daily menu was displayed in the dining room. Inspectors observed the main lunch-time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The dining room had a colourful mural painted on the wall and tables were laid appropriately. Residents' breakfast was provided by health care staff in the mornings and most residents were served in their bedrooms.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered

Capacity and capability

This was an unannounced inspection, carried out over one day to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended) and to follow up on the compliance plan from the previous inspection. Overall, the findings of this inspection was that there were governance and management systems in place to oversee the operation of the centre and significant work had been undertaken to strengthen fire precautions in the centre. However, further action was required to improve the oversight of the systems in place to provide a safe, appropriate and effectively monitored service. Action was also required to ensure there were adequate resources in place to meet the needs of the residents living in the centre and strengthening of the infection prevention control (IPC) arrangements in the centre.

The registered provider is Sandcreek Limited which is part of the Beechfield Care Group. The person in charge is supported by the senior management team within the group. The person in charge led a team consisting of a Clinical Nurse Manager (CNM), nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff. There were clear lines of accountability and responsibility in line with the statement of purpose.

Inspectors found that on the day of the inspection there were insufficient resources in housekeeping services to meet the needs of the centre. The centre had an outbreak of Carbapenemase-producing Enterobacterales (CPE) which effected two residents. Certain procedures were required to keep staff and residents safe as directed by public health. One of the requirements was enhanced cleaning of the centre on a daily basis. The provider had not ensured that adequate cleaning procedures were in place. For example, there was one housekeeping staff on duty from 8am until 3pm. The impact of this was evidenced by areas of the centre that were not cleaned to an acceptable standard, this is discussed under Regulation 15: staffing and Regulation 27: Infection control.

Inspectors found that healthcare staff, in the absence of available catering staff, were allocated to provide breakfast in the mornings to residents without the appropriate training thus, increasing the risk of a food borne illness. Staff training records were reviewed, staff had up-to-date training in areas such as managing responsive behaviours, safeguarding and infection prevention control. There were four gaps identified in fire safety training.

The registered provider had audit and monitoring systems in place to oversee the service. There was an improved focus on fire safety and evidence that the fire exit doors and other fire safety checks were being completed on a daily basis. Items on the compliance plan from the previous inspection were mostly complete however, some items remained outstanding further discussed under Regulation 28: Fire Precautions and Regulation 27: Infection control. Regular governance and staff meetings were seen to be taking place and the annual review for 2024 was complete. Notwithstanding, there were areas that required strengthening and internal auditing had failed to identify the key areas for improvement such as the cleanliness of the centre and the timely response to the external fencing requirement. This is discussed under Regulation 23: Governance and Management.

Inspectors reviewed the incidents and accidents for the centre and found that these were reported in line with the requirements of the regulation.

There was a complaints procedure on display in the centre, the centre had a policy in place for the management of complaints. A sample of complaints received were reviewed and were found to have been adequately responded to within a timely manner and as required by the regulations.

Regulation 15: Staffing

Inspectors were not assured that the provider had the required numbers of staff available with the required skill-mix having regard to the size and layout of the centre and the assessed needs of the residents. This was evidenced by:

- There was not enough staff employed to ensure effective cleaning of all areas of the centre.
- Healthcare assistants were assigned to serve breakfast from 8.15am to 9.30am as the kitchen assistant did not start work until 11am. As a result, there were not enough staff available to adequately assist residents during this period.

Judgment: Not compliant

Regulation 16: Training and staff development

- A review of training records showed that some staff that were involved in preparation and serving food had not completed food safety training, this increased the risk to residents of a food borne illness.
- Inspectors observed two members of staff that attended to residents needs who did not sanitise their hands prior to serving food, this increased the risk of infection spread.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not have sufficient oversight of management systems in place to ensure safe, appropriate and effective monitoring of the service. For example;

- Poor oversight of cleaning practices relating to infection prevent and control meant that the standard of cleaning was not adequate. This was a repeat finding from the last inspection.
- The oversight of training needs did not identify the requirement for food handling training for staff serving and preparing meals.
- The fencing at the exterior of the building had been damaged/removed for one month prior to the inspection and had required timely intervention to ensure the safety and security of residents.
- One housekeeper worked in housekeeping from 8am until 3pm which was not sufficient to respond to all areas that require cleaning and deep cleaning.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints received showed that verbal and written complaints were responded to in line with the policy, and clear records were in place

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control, premises and fire precautions which will be discussed under their respective regulations.

A review of residents' care records showed that there were care plans in place, and they were kept under review. Care plans were person-centred and were sufficiently detailed to guide person-centred care. There were a range of healthcare professionals involved in providing assessments and reviews for residents. For example; physiotherapy, speech and language therapy, and dietitians. Care plans were seen to be updated, following any advice received. There were also visits from a chiropodist and dentist when required.

Staff were up-to-date with training in responsive behaviours. The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

While the premises was mostly well-maintained and work had been undertaken to address items previously identified including the replacement of the chimney pots. On this inspection, the fencing at the rear of the centre required attention to ensure the safety and security of the centre. Ventilation in some of areas of the centre also required review. This is further outlined under the relevant regulation.

The residents' guide had been updated following the previous inspection to include the up-to-date complaints procedure and contained the required information.

Inspectors were assured the provider had strengthened their day-to-day practices with regards to fire safety. Large compartment drawings were available throughout the centre with separate signage in place indicating to residents, visitors and staff which compartment they were in. The fire curtains had been installed on the lift and there was evidence of daily checks of escape routes and equipment being carried out. An external fire escape stairs that after a full assessment required replacing, this had not yet been replaced, inspectors were informed by management there had been a delay and this was due to be replaced shortly. New emergency lighting had been installed in this area. Records reviewed showed that while there were regular fire drills taking place to include the highest risk compartment, further assurances were required to ensure that a safe evacuation could be carried out in this compartment due to the change in support needs for a resident in this area.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship and had nominated a senior staff nurse to the role of IPC link practitioner who has completed the national IPC course.

Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for Legionella in the hot and cold water systems was undertaken. However, there was significant action required to come into compliance with Regulation 27: Infection control and in accordance with National Standards for Infection Prevention and Control in Community Services (2018) as evidenced further under the regulation.

Regulation 17: Premises

Improvements were required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- The bath was out of order in the assisted bathroom. The inspectors acknowledge that this was in the process of being replaced.
- Sluicing facilities required review to ensure they were appropriate; one sluice room did not have a bed-pan washer in place. Inspectors acknowledge this was being replaced by the registered provider.
- External grounds of the centre required review. The external fencing at the rear of the building was damaged or not in place over a significant area.
- Ventilation in some of the store rooms in the centre required review to ensure it was in place and adequate.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an information guide available: The centre had developed an information guide for residents, in accordance with the regulations, containing information on complaints management, residents' rights, social activities available, medical care, and independent advocacy information.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the *National Standards for Infection Prevention and Control in Community Services* (2018) published by the Authority, were implemented. For example;

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Barriers to good hand-hygiene practices were observed. For example;
 - Alcohol gel dispensers were not in place at the point of care for each resident. In one area there was one dispenser between four residents. The inspectors observed that some staff were not sanitising their hands between residents.
 - The hand-hygiene sink near the wash room in the kitchen was full of kitchen items and obstructed with a trolley.
 - The hot tap was not working in two of the sinks in the staff and visitors toilet.
- The management of sharps was not in line with best practice guidelines. For example; the provider had not substituted traditional needles with safety engineered sharps devices to minimise the risk of a needle stick injury. The one sharps box in use had the temporary closure open.
- Areas within the centre were not cleaned to a standard in line with best practice. Cleaning records indicated that all areas were cleaned daily, this was not evidenced on the day. The bathrooms and staff changing rooms that were used by the kitchen staff and other staff working in the centre were visibly dirty. Some of the residents rooms were dusty with debris in the corners. The treatment room had leaves on the floor.
- The shelving in the kitchen dry store room was porous and stained and could not be effectively cleaned.

- The management of clinical waste required review to enable appropriate waste segregation. For example; clinical waste bins were in residents' bedrooms with black bin liners instead of yellow bags and inappropriate waste was evident in some of the bins.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management systems to ensure that all residents are protected from the risk of fire:

- A simulated fire drill reflecting the change in needs of a resident in the highest risk compartment required further review to ensure timely evacuation and to ensure safe evacuation of all residents in this compartment. This was required to ensure that the changing needs of residents in the highest risk compartment was reflected in the drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals such as; physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a restraint register in place which was regularly reviewed. Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive care plans in place to ensure the safety of residents and staff.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0045232

Date of inspection: 27/02/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• The home has a cleaning schedule and checklist in place. The household staff complete the same daily. There are two rooms deep cleaned each day. These are signed off and verified by the CNM / Director of Nursing. If any issues are identified the Director of Nursing and IPC link will meet with the household staff. Any findings / learnings will be discussed at the monthly Ops meetings. The PIC in consultation with the RPR assumes ongoing responsibility for ensuring that a staff roster is compiled weekly, reflective of appropriate number and skill mix of staff, ensuring that at all times staffing is in line with the SOP. In accordance with the contents of the local outbreak contingency plan, further arrangements are made locally during an outbreak scenario to ensure that appropriate resources are allocated and systems initiated to mitigate any potential associated risks.• There are currently two individuals employed to carry out all the cleaning in the home. The PIC reviews and maintains a staff roster weekly which is reflective of appropriate number and skill mix of staff, ensuring at all times staffing is in accordance with the SOP. In the event of an outbreak the cleaning hours will be increased and additional resources provided to the home. This will be overseen by the PIC and IPC link within the home.• A review of Kitchen hours is currently being carried out within the home. Currently there is a trained (HACCP) HCA assisting with serving breakfast. All other HCA's are on the floor assisting with residents. This is overseen by the nurses / CNM and Director of Nursing.	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- All Health Care Assistants (HCAs) were mandated to complete the Hazard Analysis Critical Control Point (HACCP) training by 30/04/2025.
- All staff members were required to undergo / retrain in hand hygiene training. The training will be completed by 30/04/2025.
- The importance of appropriate and timely hand hygiene is discussed at the daily safety huddles/meetings.
- The IPC link nurse within the home conducts a Monthly audits and provides training to all staff. These audits are reviewed by the Operations team at the monthly Operations meetings.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The home has a cleaning schedule and checklist in place. The household staff completed same daily. There are two rooms deep cleaned each day. These are signed off and verified by the CNM / Director of Nursing. If any issues are identified the Director of Nursing and IPC link will meet with the household staff. Any findings / learnings will be discussed at the monthly Ops meetings.
- The PIC in consultation with the RPR assumes ongoing responsibility for ensuring that a staff roster is compiled weekly, reflective of appropriate number and skill mix of staff, ensuring that at all times staffing is in line with the SOP. In accordance with the contents of the local outbreak contingency plan, further arrangements are made locally during an outbreak scenario to ensure that appropriate resources are allocated and systems initiated to mitigate any potential associated risks. Upon completion the PIC in collaboration with the Group's Quality Manager will devise an action plan to ensure enhanced oversight of outcomes. Signage in the staff room was put in place to remind staff to clean after themselves. The Staff changing rooms are being looked after by the housekeeping team on a daily basis and deep cleaned weekly. Moving forward, these areas, along with residents' rooms, will be spot-checked and documented by the CNM / DON on a daily basis
- The Staff changing rooms are being looked after by the housekeeping on a daily basis and deep cleaned once a month. Moving forward, these areas, along with residents' rooms, will be spot-checked and documented by the CNM / DON.
- There are currently two individuals employed to carry out all the cleaning in the home.

The PIC reviews and maintains a staff roster weekly which is reflective of appropriate number and skill mix of staff, ensuring at all times staffing is in accordance with the SOP. In the event of an outbreak the cleaning hours will be increased and additional resources provided to the home. This will be overseen by the PIC and IPC link within the home.

- A review is underway in the home at looking to increase Housekeeping Hours. Once this is complete an action plan will be carried out in conjunction with the PIC, IPC link and Group Quality and Care Manager. This will ensure a structured approach focusing on scheduling, efficiency, and resource allocation.

- All Health Care Assistants (HCAs) were required to complete the Hazard Analysis Critical Control Point (HACCP) training, with a deadline set for 30/04/2025.

- The fence repair has been successfully completed on 04/03/2025.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A new bathtub was installed in the centre by an external contractor on the 10/3/2025. The new bathtub is available to use by residents in line with individual preference.
- The nursing home has engaged with a company to install a new bed pan washer.
- The fence repair has been successfully completed on 04/03/2025.
- The nursing have engaged with a company to review the ventilation in the store rooms to ensure that it is adequate.
- A new online maintenance system has been implemented at group level to assist the PIC in readily identifying any issues and/or tasks which have been completed or which require further escalation.
- A review of any issues arising and associated action plans are included in the weekly DON report and at monthly operational meetings attended by members of the senior management team.

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

- A risk assessment being conducted on an individualized basis to ascertain the scope for installation of alcohol dispensers at all points of care. Once completed additional alcohol gel dispensers will be installed to ensure that it is readily available at the point of care.
- It was made clear to the staff the importance of good hand hygiene. All Health Care Assistants (HCAs) were mandated to complete the Hazard Analysis Critical Control Point (HACCP) training by 30/04/2025.
- All staff members were required to undergo / retrain in hand hygiene training. The training will be completed by 30/04/2025.
- The Trolleys that were obstructing the sink have now been removed.
- The water taps in the staff and visitor's areas were replaced and completed on 03/04/2025.
- Management of sharps – All nursing staff conducted sharps training. It was made clear to the staff the importance of carrying a sharps container with them at all times when injections will be administered. New safety needles have been ordered. It is intended to replace the traditional needles without safety covers
- The home has a cleaning schedule and checklist in place. The household staff completed same daily. There are two rooms deep cleaned each day. These are signed off and verified by the CNM / Director of Nursing. If any issues are identified the Director of Nursing and IPC link will meet with the household staff. Any findings / learnings will be discussed at the monthly Ops meetings.
- The home has engaged with a company to source appropriate shelving for the kitchen dry store room.
- Clinical waste bin - New general waste bins were purchased and rooms who needs clinical waste bins have now both general and clinical waste bin in place.
- Staff have been made aware to inform Household staff if there are any leaves in the room while using the door in the treatment room to exit the building.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A simulated nighttime fire drill was conducted in the compartment with the highest risk of fire in order to reflect the change in residents' needs. The outcome of the drill indicated that staff members are capable of evacuating all residents in the compartment

within a reasonable timeframe. A report of the same has already been submitted to HIQA. Any actions identified as a component of the fire drill have been actioned accordingly within the stipulated timeframe.

- The mandatory fire safety training is booked for new staff and those requiring a refresher.
- New external fire stairs has been ordered and is currently being made specifically for the home. It will be installed in July 2025.

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.	Not Compliant	Orange	31/05/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2025
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	31/05/2025

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	30/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/04/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2025