



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

Issued by the Chief Inspector

Name of designated centre:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0045526

About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and ophthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 51 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
--	----

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 21 January 2025	09:15hrs to 17:00hrs	Mary Veale	Lead
Wednesday 22 January 2025	09:00hrs to 16:40hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Over the course of the inspection the inspector spoke with residents, staff and visitors to gain insight into what it was like to live in Archersrath Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspector spoke in detail with 11 residents and three visitors. All residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind team of staff. Residents stated that they were well looked after and that the staff were always available to assist with their personal care.

A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with staff, activities, the quality of the food and attention to personal care.

Archersrath Nursing Home is located on the outskirts of Kilkenny City. The centre is a two-storey building with all residents accommodated on the ground floor. The centre is registered to accommodate 61 residents. The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. The outdoor space included inner courtyards which were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The inspector observed that improvements had been made in respect of premises and infection prevention and control since the previous inspection of July 2024. The provider had refurbished and decorated a sluice room, assisted bathroom, smoking room, treatment room, and oratory. Corridor areas had been painted and decorated. Large murals of local areas of interest were installed on feature walls. Flooring had been replaced in some bedrooms. The provider had installed clinical wash hand basin throughout the centre. Notwithstanding these improvements the décor to parts of the centre was showing signs of wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

There were 51 single bedrooms and five twin rooms in the centre. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Residents' bedrooms were clean, mostly tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms. The inspector observed

that not all residents had access to call bells or lockable storage space in their bedrooms on the days of inspection.

There was a choice of communal spaces. For example, three day rooms, a dining room, a dining hall, a living room, oratory, and visitor's room. Armchairs chairs were available in all communal areas. Day rooms had fireplaces and large televisions and had ample space in which residents could read the newspaper, listen to music or partake in activities. Water dispensers were conveniently located in corridor areas in the centre. The corridors were sufficiently wide to accommodate walking aids and wheelchairs.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the days in which the inspector observed laughter and banter between staff and residents. The inspector observed staff treating residents with dignity during interactions throughout both days. Residents' said they felt safe and trusted staff.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the main lunch time meal on both days. The meal time experiences were quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with over the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Visitors whom the inspectors spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre on the days of the inspection. Visits took place in the residents' bedrooms. There was no booking system for visits and the residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on a notice boards throughout the centre. The inspector observed residents attending hand massage, an art session and bingo on the first day of inspection. On the second day of inspection, a large number of residents were observed reciting the rosary and listening to music.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there had been improvements in governance and management systems since the previous inspection. The provider had progressed the compliance plan following the inspection in July 2024. Improvements were found in care planning, healthcare, the premises, and infection prevention and control. On this inspection, the inspector identified that improvements were required in safeguarding and notifications of incidents. Additionally improvements were required to residents rights, the premises, the oversight systems for clinical incidents, and infection prevention and control.

Mowlam Healthcare Services Unlimited Company is the registered provider for Archersrath Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The person in charge reported to the regional healthcare manager, who reported upwards to the director of care. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and healthcare assistants, an activities co-ordinator, catering, housekeeping, administration and maintenance staff. The person in charge had access to facilities available within the Mowlam Healthcare group, for example, human resources. A housekeeping supervisor role had been established since the previous inspection to provide oversight and strengthen infection prevention and control systems in the centre.

Improvements were found in training and staff development. There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as manual handling, safeguarding, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding safe guarding procedures. The inspector was informed that falls prevention training, manual handling training and fire safety training were scheduled to take place in the weeks following the inspection.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting

Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There were company-wide management systems in place which ensured that the service provided to residents was regularly monitored. There were regular management meetings and audits of care provision. Records of meetings and audits undertaken since the previous inspection were viewed by the inspector. The person in charge compiled regular reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team. There was a schedule of regular audits, including audits of restrictive practices, medication management and incidents of falls. Outcomes of audits were discussed at staff meetings. Notwithstanding the improvements and good practices identified in oversight of infection prevention and control further improvements were required in the management systems of safeguarding and notifications. This is discussed further under Regulation 23: Governance and Management.

There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2023 with an associated quality improvement plan for 2024. The annual review of the quality and safety of care to residents in 2024 was under review.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the Chief Inspector. However, there were a number of three day notifications that had not been submitted. Subsequent to the inspection this notification was submitted retrospectively. This is discussed further in this report under Regulation 31.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

Over the inspection days, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty in the centre for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

The overall governance and management of the centre was not fully effective. Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- The oversight and monitoring of incidents and accidents required review. Disparities were found in the information recorded in the centres clinical incident log for a number of notifications submitted to the office of the Chief Inspector. Strengthened oversight was required to ensure that the appropriate incidents were notified to the office of the chief inspector.

Changes made to the premises were not in line with the statement of purpose, which Mowlam Healthcare Services Unlimited Company was registered against and had not been notified to the Office of the Chief Inspector. For example:

- The visitors room was in use as an office on the inspection days.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were an incident as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge

submitted this notification of an unexplained absence of a resident from the centre following the inspection.

Judgment: Not 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 was 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.

Judgment: Compliant

Quality and safety

The inspector found that residents reported to be happy and that staff supported residents to receive a good standard of care. However, enhanced governance and oversight were required to improve the quality and safety of service provision to ensure that the care provided to residents was to a high standard.

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Robust action was required concerning individual assessment and care planning, food and nutrition, managing behaviour that is challenging, fire safety and infection control. Other areas also requiring improvement included healthcare, protection, residents' rights and premises.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP. Residents had access to nurse specialist services such as community psychiatric nurses, and tissue viability nurses. Residents had access to local dental, optician and pharmacy services.

The inspector viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspector were generally person- centred. However, a review of a sample of care plans found that there was insufficient information recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Improvements were found to the premises since the previous inspection. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. Improvements were required to the premises which are discussed further in this report under Regulation 17.

Improvements were found in the oversight and governance of infection prevention and control. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis. New clinical hand washing sink had been installed across the centre. A number of damaged bed tables, bedside lockers and shower chairs had been replaced. Staff had completed infection prevention control (IPC) training. There was an IPC policy available for staff which included COVID-19 and multi-drug resistant organism (MDRO) infections. Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules and checklists had been incorporated into the regular weekly cleaning programme in the centre. The centre had contracted its bed linen laundry and resident's laundry to a private provider. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits included, the environment, PPE, and hand hygiene were evident. A member of the nursing staff had committed to undertaking infection prevention control (IPC) link nurse training. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in the dining room. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff whom the inspector spoke with said that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The provider assured the inspector that all staff working in the centre and a volunteer had valid Garda vetting disclosures in place. The

centre was a pension agent for a small number of the residents. Improvements were required in the oversight of systems in place to protect residents from abuse. This is discussed further under Regulation 8: Protection.

An activity schedule was available and activities were available from Monday to Sunday. The inspector observed that residents had sufficient opportunities to participate in activities in accordance with their interests and capacities. Residents had access to radio, television, newspapers and other media such as the use of tablet devices. Mass took place in the centre weekly which residents said they enjoyed. Access to independent advocacy was available. Notwithstanding the good practices in the centre, areas for action were identified to ensure that all residents in the centre could exercise choice which did not interfere with the rights of other residents. This is discussed further under Regulation 9: Residents rights.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Further improvements were required in the storage of medications, this is discussed further under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Areas of premises were not sufficiently maintained internally with some areas of the centre required painting and repair. For example, the inspector observed, scuffed doors, chipped paint on walls, wooden skirting and handrails. Flooring on some corridors and bedrooms were marked preventing effective cleaning.
- A review of call-bells in the bedrooms was required as a number of call-bell devices were missing from resident's bed spaces and bedrooms. This was impacting on resident's ability to call for help while in their bedrooms as they did not have access to a call-bell.
- A review of resident's access to lockable storage space was required as a number of residents did not have access to a lockable space in their bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- An accurate record of residents with identified multi-drug resistant organism (MDRO) colonisation (surveillance) was not consistently maintained in the centre. Lack of awareness meant that the provider was unable to monitor the trends in development of antimicrobial resistance within the centre or that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.
- The inspector was informed that the contents of urinals and urinary commodes were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.

Storage practices had the potential for cross-contamination. For example:

- Clinical waste bins were not available within both sluice rooms. This may lead in inappropriate waste segregation.
- A review of the centres linen rooms and cleaners room required review as items such as water bottles and food stuff such as sweets and biscuits were inappropriately stored. This posed a risk of cross-infection for staff who used these rooms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Further action was required to ensure residents were protected by safe practices in respect of storing, medication administration practices as follows:

- Four items of eye medication had their packaging damaging by water in the centres medication fridge. This posed a risk to the residents safety as the

labels were difficult to read and had information such as the residents surname missing from the label.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed were based on validated risk assessment tools. They were seen to be person-centred and reflected the residents' assessed needs, preferences, and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Similarly, these care plans were reviewed in consultation with the resident and, with the resident's consent, their family.

Findings concerning safeguarding care plans are discussed under Regulation 8: Protection.

Judgment: 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. Allied health 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 allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with 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). The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

The registered provider was not taking reasonable measures to protect residents from abuse. For example:

- The system for investigation of incidents of abuse were not managed in accordance with the centre's policy responding to allegations of abuse. The person in charge had not created an investigation report for a number of incidents of abuse and alleged incidents of abuse.
- Three resident's whom were subject to safeguarding incidents did not have a specific safeguarding care plan in place to guide staff in the care to safeguard these resident's.
- Staff whom the inspector spoke with were not aware of the specific safeguarding care plan measures to protect a resident from abuse. Staff were not aware that a resident required two staff members to provide care for the resident. The inspector was not assured that reasonable measures were in place to protect this resident from abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector observed a significant number of residents on the evening of the first day of inspection having their evening tea time meal in their bedroom. This could negatively impact on the opportunities for residents to socialise and engage with other residents.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0045526

Date of inspection: 22/01/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will oversee and review all incident reports each day to ensure they are appropriately responded to, recorded, investigated and notified to HIQA within the required time frame. • The PIC will escalate incidents of concern to the Healthcare Manager for advice and review each week. • The PIC will include adverse events and incidents on a weekly report that is viewed by the Executive Management Team. • The PIC presents a report on incidents to the monthly management team meeting within the home, which includes a representative from each department. This will ensure that staff are aware of adverse events that occur and outlines the appropriate actions to be taken.. • A review of the floor plans for the home will be undertaken by the Facilities Manager. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC will review all incidents and complaints, and will ensure that all notifiable events are submitted to the Chief Inspector within the appropriate timeframe in accordance with legislative requirements. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A programme of decorative upgrade works has been scheduled by the Facilities team, which will include the repair and upgrade of damaged or worn flooring and surfaces. • Call bell devices have been replaced in all resident bedrooms. • Lockable storage space for resident bedrooms has been reviewed and all residents now have access to individual lockable storage units in their bedroom. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will ensure that the MDRO colonization register is maintained accurately. • The PIC will ensure that effective Infection Prevention & Control training and education is provided to all staff, which will include healthcare associated infection (HCAI), awareness of Multiple Drug Resistant Organisms and how residents colonized with MDROs should be managed. MDRO status of residents is discussed at each handover to ensure that all staff are aware and that they know the precautions to be implemented for individual residents. • An up-to-date copy of the National Standards for Infection Prevention & Control will be available for all staff in the centre and will be held at the Nurses' Station for ease of reference. • We will ensure that all IPC education and training will be provided by a suitably qualified training provider. Staff will also complete online IPC training modules. 2 senior staff nurses will complete the National IPC Link Practitioner course in March 2025 and they will act as designated IPC Link Nurses thereafter. • The PIC has ensured that clinical waste bins are placed in both sluice rooms to facilitate the appropriate segregation of waste. • All inappropriate items have been removed from linen rooms and spot checks will be carried out as part of the audit process and IPC by the PIC. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

- Drug storage fridges are checked for temperature once a day. Faults will be reported and actioned in a timely manner thus preventing any issues with storage of medicine that needs to be refrigerated.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The PIC will follow the centre's policy for responding to allegations of abuse and will ensure that an investigation report is completed following all future incidents. The PIC will discuss these reports with the Healthcare Manager to ensure that all appropriate actions have been taken. A Quality Improvement Plan will be implemented to address all safeguarding issues.
- Any residents for whom there are safeguarding concerns will have specific safeguarding care plans to guide staff, and these will be discussed at handover and safety pauses.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC will ensure that resident choice regarding where they eat their meals is documented in care plans and that staff are fully aware. Several residents express a preference to dine in their rooms. This will be identified in their care plans
- The PIC will ensure that resident choice regarding where they eat their meals is documented in care plans and that staff are fully aware. Several residents express a preference to dine in their rooms. This will be identified in their care plans

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2025
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	Substantially Compliant	Yellow	31/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/03/2025
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.	Not Compliant	Orange	31/03/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/03/2025
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/03/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Substantially Compliant	Yellow	31/03/2025

	the rights of other residents.			
--	--------------------------------	--	--	--