Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	07 May 2025
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0046989

About the designated centre

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

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. Bedroom accommodation comprises 46 single bedrooms of which 37 have full en-suite toilet and shower facilities. Two single bedrooms have no en-suite facilities and six have an en-suite toilet. There is one two bedded room which has an en-suite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Wednesday 7 May 2025	08:30hrs to 17:20hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspector spoke with residents, staff and visitors to gain insight into what it was like to live at Summerville Healthcare. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents.

There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs or wishes appeared generally to be content and comfortable throughout the day.

On arrival to the centre, the inspector was met by the clinical nurse manager (CNM) who facilitated the inspection. The person in charge (PIC) was on a planned absence. There were 44 residents in the centre with one vacancy and two residents at home with family on the day of the inspection.

Following an introductory meeting the inspector and CNM completed a walk around the centre, giving an opportunity to see residents in their home environment and to observe staff practices and interactions. Residents were observed taking part in chair exercises and bingo in the foyer, sitting in communal rooms, receiving visits from relatives, walking along corridors and some residents remained in their bedrooms to rest in line with their preferred daily routines. The inspector met several of the residents during this walk around the centre and also during the day. The inspector spoke in more detail with five residents. Residents spoken with conveyed satisfaction of how well staff cared for them and appeared content living in the centre. One told the inspector that they had 'no issues what so ever'.

Visitors were observed attending the centre on the day of the inspection. Three visitors spoken to were complementary of the staff and the care that their family members received.

The centre is located between the Knocknarea mountains and Strandhill beach. The centre has an enclosed garden overlooking the surrounding landscapes. The residents were able to access an enclosed garden area independently, and there was enough seating provided in the garden for residents who wished to enjoy the views. In addition, the residents' communal areas and many of the bedrooms overlooked the beaches and Atlantic ocean, and many of the residents who spoke with the inspector said that the views from their bedrooms were 'spectacular'.

Residents' bedrooms that were viewed by the inspector were all clean, spacious, contained plenty of storage, and decorated with personal items, such as photographs, and soft furnishings. Televisions, internet, telephones and call bells were provided in these bedrooms.

While the centre provided a homely environment for residents, some deficits in respect of the premises and infection prevention and control practices were observed. For example; some surfaces and finishes including furniture, walls and pressure relieving cushions, were worn and torn. Poorly maintained surfaces such as these do not facilitate effective cleaning.

Some residents were seen to take meals in the dining room, and others took meals in their bedrooms. Feedback from residents was positive about the meals, and choices available. The dining room was bright and well-presented, and staff supported residents to get the meals and drinks of their choice. Throughout the inspection staff were seen to be engaging positively with residents. It was apparent that staff knew residents" care and support needs.

There were two activity co-ordinators on duty offering a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day several groups of residents were seen enjoying the daily activities. These group activities were held in the foyer which was a large seated area adjacent to the nurses station. This room appeared overcrowded and other communal areas appeared to be under-utilised. This was identified as an issue as the centre was experiencing a respiratory infection outbreak. Even with high levels of vaccination, respiratory viruses can spread rapidly, particularly in crowded and poorly ventilated spaces, or if infection prevention and control (IPC) precautions are suboptimal.

Whilst housekeeping facilities were available, some areas were not conducive to effective infection prevention and control practices. These findings are set out under Regulation 27. Furthermore, the organisation of storage space was not well managed. Numerous storage rooms and areas were observed to be full, cluttered, items stored on the floor, and resident equipment and supplies were not segregated from general supplies and maintenance equipment.

On the day of the inspection a respiratory virus outbreak was present in the centre. There were plenty of supplies of personal protective equipment (PPE's) and the inspector observed these were in the main being used appropriately. However, some staff were seen wearing gloves inappropriately, which could lead to cross contamination for residents.

There was signage in place to alert residents, visitors and staff that there was an outbreak present in the centre. The inspector observed that staff were mainly adhering to transmission based precautions. Nonetheless, the inspector observed two bedroom doors open to residents awaiting viral swabs to confirm whether the residents were positive to a respiratory virus. This was not in line with transmission based precautions and could transmit further spread of the respiratory virus.

Information made available confirmed that the provider was in regular contact with the infection prevention control and the public health teams in the community to help manage these outbreaks.

The centre provided a laundry service for residents. Residents whom the inspector spoke with were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry supported the

functional separation of the clean and dirty phases of the laundering process. There were however, three domestic style washing machines and/or drier within the laundry alongside two commercial style machines. Domestic washing machines may not meet the required temperatures for disinfection which is a minimum of 65° for ten minutes or 71° for four minutes.

There was a sluice room for the reprocessing of bedpans, urinals and commodes and a treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. These rooms were observed to be clean and tidy. Hand wash sinks were accessible to staff within these rooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with particular focus on the management of Infection prevention and control. Overall, the provider had many of the measures and resources in place to manage infection prevention and control in the centre in line with national guidance. However, this inspection found that IPC governance, oversight and monitoring systems were not fully aligned with the requirements of regulation or the national standards.

Summerville Healthcare Limited is the registered provider for the designated centre. A director of the provider company represented the provider, and they were available on-site on the day of inspection. The centre was managed by a newly appointed person in charge, who was supported by two clinical nurse managers. All three management posts were full time and were allocated in a supervisory capacity on the staffing roster.

A team of nurses, care assistants, activities, catering, administration maintenance and housekeeping staff made up the staffing compliment. Both the person in charge and CNM had completed the IPC link nurse training with the Health Service Executive (HSE) and the second CNM was booked to attend in July.

The Inspector found sufficient nursing and care staff on the day of the inspection to meet the needs of the residents. Staff were observed to assist residents in a timely manner and appeared knowledgeable of their preferences. Residents spoken with confirmed staff usually responded quickly when called.

The provider had a number of 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 were two housekeepers on duty seven days per week, which was in accordance with the centre's statement of purpose and the centre was seen to be generally very clean.

There was a pro-active maintenance and refurbishment program in place and it was seen on the day of inspection where many items were well-maintained, cleaned and upgraded. Notwithstanding this, there was also items seen that needed repair or replacement. For example; torn and worn fabric and vinyl chairs, pressure cushions, wooden bed frames, and carpet within bedrooms. IPC audits including the latest one dated April 2025 seen by the inspector did not address these deficits.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

Records of staff training made available for the inspector to review did not present a clear account of the level of training provided. Subsequent information provided indicated that further training records had been added to the records and also additional training had been arranged.

The provider ensured there was a structured communication system in place between staff and management that included daily handover meetings, clinical governance meetings, safety pause meetings and health and safety meetings.

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 HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

Line listings were maintained and outbreak communication with local HSE teams was held to oversee the management of the outbreaks. However, formal reviews of the management of these outbreaks had not been completed to assess how effectively the outbreaks were identified, managed and controlled.

The centre had systems for monitoring quality and safety. There was a schedule of audits in place including infection prevention and control. The inspector saw that action plans were developed in response to audit findings. However, audits were not found to be fully effective as they did not identify the person responsible for the action required. For example; in the April 2025 IPC audit it was noted that ‘staff are to be updated with these results’ but it didn’t specify by whom and how. Similarly, after an antibiotic audit an identified action was that 'staff can improve their knowledge by attending training’ however this action was not allocated to staff and therefore, this action was not implemented.

An annual review of the quality and safety of care delivered to residents in 2024 was available in the centre for review.

Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty for the size and layout of the centre. There was at least two registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a training programme which included IPC. However a review of staff training records found inconsistencies in the records. The oversight of staff training records required improvement and is addressed under Regulation 23.

Judgment: Compliant

Regulation 23: Governance and management

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:

- Management systems for the oversight for the maintenance of the premises required strengthening. For example the inspector identified damaged items were not removed and replaced.
- While a range of audits were being completed the system for auditing was not sufficiently robust to capture areas where improvements were required. For example; IPC and maintenance audits did not identify worn surfaces, inappropriate storage and overcrowding of the foyer area.
- Staff training records did not present a clear and accurate account of staff training requirements in the designated centre.
- Housekeeping room was not managed in line with national guidance. For example; cleaning chemicals were stored on the floor in an unlocked wooden cupboard. Wooden cupboards in this room were worn and not intact again making cleaning very difficult.

- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of the local *Legionella* control program.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of incidents as set out in paragraph 7(1)(e) of Schedule 4 of the regulations within the required time period.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. 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. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

Resident meetings minutes seen by the inspector show residents were consulted regarding the running of the centre. Topics such as food, and activities were discussed. Action was taken to address any issues or requests from residents from these meetings. Small group outings to local restaurants or amenities were also facilitated. A visit to Knock, Co Mayo was currently being planned. Ice cream was also delivered in on a regular basis from a local ice cream speciality shop. Residents were encouraged to go on outings with their families during the day and at weekends.

Interactions between staff and residents were kind and respectful throughout the inspection. Staff promoted the residents independence and their rights. Residents said that they were involved in their care and had choice in the time they wished to go to bed and when they could get up. The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive. 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. There was also a visitor policy in the event of an outbreak.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

Staff used an electronic documentation system for recording assessments and care plans in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centred assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a resident's changing needs. Care plans viewed were generally person-centred. However, a review of a care plan of a resident with complex care needs found that sufficient information was not recorded to effectively guide and direct the care of resident. Similarly, some of the care plans were detailed with generic information and did not reflect the current needs of the resident. For example, many of the residents had generic infection prevention and control COVID-19 care plans in place when there was no indication for their use.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Hand washing sinks were available within the nurses office and clinical room for staff use. However, there were no sinks along any of the corridors in the event that a hand wash sink was required. Alcohol hand gel was in place along the corridors and in all resident bedrooms and was readily available at point of care.

A review of residents' files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection. The Inspector identified some examples of antimicrobial stewardship practice. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, antimicrobial consumption data was not analysed to inform quality improvement initiatives.

The management of sharps was not in line with best practice guidelines. Traditional unprotected sharps/needles were in use, increasing the risk of accidental injury.

Open-but-unused portions of wound dressings were observed. The reuse of these dressings increases the risk of cross contamination and impact the effectiveness of the dressing.

Regulation 11: Visits

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 through out the centre.

Judgment: Compliant

Regulation 17: Premises

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

- Wall surfaces were scuffed in several resident bedrooms making these areas difficult to clean.
- Several chairs and cushions were seen worn and torn increasing risk of resident contamination.
- One of the resident sitting rooms was not fully available for resident as it was being used to store mixed items of equipment from the physiotherapy room.
- Two bedrooms with carpet was worn in places making it difficult to clean.
- Toilet by foyer area had inner room door open with continence items stored inappropriately.
- Storage areas were cluttered;
    - Items stored on the floor
    - Resident equipment and supplies were not segregated from general supplies and maintenance equipment. Making these areas difficult to clean and increasing risk of contamination.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: 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:

- Inappropriate use of gloves increasing the risk of cross infection
- Transmission-based precaution procedures were not consistently complied with. For example, the doors of the bedroom of two residents who were waiting for results for respiratory virus swabs which were sent for analysis, were kept open, posing a potential risks to other residents.
- Sharps boxes were stored inappropriately on the floor, not signed on assembly and a lid not attached correctly, which could lead to a needle stick injury.
- The provider had not substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury.
- Cleaning chemicals stored incorrectly on the floor, the chemical cupboard was unlocked, and wooden. These wooden surfaces were chipped and would not protect in the event of a chemical spill, and did not support effective IPC.
- Open-but-unused portions of wound dressings were observed in a storage press. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for residents in the centre. Care plans were developed following a comprehensive assessment of need. In the main, there was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs. However, a review of some care plans found that insufficient information was recorded to effectively guide and direct

the care of residents. In addition, some care plan contained details that had not been reviewed and updated and did not reflect the current needs of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Residents also had access to a range of health and social care professionals such as physiotherapy, dietician and tissue viability nursing.

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.

Judgment: Compliant

Regulation 9: Residents' rights

A review of the management of residents rights during an outbreak found that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions put in place to manage the outbreak were proportionate to the risks of infection. Individual residents were cared for in isolation when they were infectious, while social activity and visits continued for the majority of residents during the outbreak.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0046989

Date of inspection: 07/05/2025

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

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

The following actions were/ will be taken:

• DON will revise audit tools for IPC and premises to ensure they identify issues like worn surfaces, inappropriate storage, overcrowding- date for completion 20/07/2025
• CNM's and DON will conduct full IPC and environmental audit using revised tool. Findings will be discussed at the next Management meeting planned for July 2025.
• Damaged items and worn furnishings will be repaired/ replaced as identified
• Monthly IPC & Antimicrobial Stewardship Committee will be established
• Staff training matrix was reviewed and re-adjustments made to ensure any gaps in the training records are identified in real time and actioned promptly.
• Administrator will be responsible to upload the information onto the training matrix, maintain certificate in staff files and send reminders to the staff to complete the training a month before their certificate is expiring in cases where training is not provided in house
• Chemicals are now stored off floor and in locked cabinets. Cabinets were repainted with washable paint to allow adequate cleaning.
• Staff will complete Chemical safety in the workplace course on HSEland by 31/07/2025
• Water sampling was done on 16/06/2025. Formal Legionella risk assessment will be conducted by 31/07/2025 and routine water sampling will be added to our Legionella control program determined by the risk assessment and in line with national guidelines.

This plan addresses substantial compliance with Regulation 27 (Infection Control) and Regulation 23 (Governance and Management) and aligns with the National Standards for IPC in Community Services (2018) and HSE antimicrobial stewardship guidance. It will also ensure:

• A safe, well-governed IPC and antimicrobial stewardship system that ensures timely

identification and resolution of risks.
• Staff training compliance will be fully monitored and maintained.
• The physical environment, including the housekeeping area, will support effective infection control practices.
• Legionella controls will be evidence-based, with routine testing in place.

Regulation 17: Premises	Substantially Compliant

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

To achieve full compliance with Regulation 17: Premises, the registered provider shall ensure that the premises of a designated center are appropriate to the number and needs of the residents and are maintained in a manner that is clean, suitably decorated and in good structural and decorative repair. The following actions were/ will be taken:

• Audit all chairs and cushions for damage; repair or replace as needed- 15/08/2025
• Worn carpets in the remaining 2 bedrooms that were also identified during the inspection will be replaced by a wooden floor -01/09/2025
• Repaint and repair scuffed wall surfaces in resident bedrooms-01/09/2025
• Remove all stored equipment from resident sitting room and return room to full use-15/08/2025
• Continence items were removed from the toilet and doors were locked- completed.
• Conduct full review of all storage areas-15/07/2025
• Implement zoning in storage areas to segregate resident care items from general and maintenance supplies-31/07/2025
• Remove all items stored on the floor in storage areas; install shelving where necessary-31/07/2025
• The Person in Charge will be consulted in relation to premises-related improvements.
• Weekly walkabouts and monthly environment audits will be used to monitor compliance.
• Results will be reported at management meetings and escalated to the Registered Provider as necessary.
• All areas of the center will be maintained in a clean, safe, and homely condition.
• Residents will have access to all communal areas intended for their use.
• Storage and equipment areas will meet hygiene standards and reduce risk of contamination.

Regulation 27: Infection control	Substantially Compliant

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

To ensure full compliance with Regulation 27 and alignment with National IPC Standards (2018), the following actions were/ will be taken:

• 2 IPC Link Practitioners will be given dedicated time every month to perform their role (observe practices, complete audits, conduct weekly spot checks, reinforce procedures for transmission-based precautions when required and adherence to correct protocol, promote good practices and serve as a role model to other staff) and complete staff re-education on glove use, hand hygiene and standard precautions-date for completion 01/09/2025. Another staff member was scheduled to complete their IPC Link Practitioner course in September 2025.
• Staff will complete different training courses on HSEland, relevant to their role: foundational IPC training, donning and doffing PPE, waste management in healthcare, safe use and disposal of sharps, COSHH- date for completion 01/09/2025
• IPC is included as a topic during handovers and daily huddle. Staff are reminded of correct procedures and any concerns or ideas for improvement are discussed. Daily huddles are documented and available for reading. CNM's and DON are responsible for ensuring that relevant information is communicated across all departments.
• All sharps' boxes are signed, assembled correctly, and stored off the floor. CNM's will conduct weekly checks to ensure safe practices are followed by all staff
• Traditional needles were replaced with safety-engineered alternatives
• Chemicals are now stored off floor and in locked cabinets. Cabinets were repainted with washable paint to allow adequate cleaning.
• All open or partially used 'single use only' wound dressings were disposed, and a new wound product storage and usage protocol was implemented. CNM's are observing staff compliance through weekly spot checks.
• Infection control policies will be updated to reflect all changes. Date for completion 31/07/2025

This action plan will promote a culture of good IPC practices among all staff and a safe environment where residents are protected from healthcare-associated infections.

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:

To ensure full compliance with Regulation 5: Individual assessment and care plan, the following actions were/ will be taken:

• To ensure that the nurses have a good understanding of the care plan process, care planning training is scheduled for 16/07/2025.
• DON and CNM's will conduct an audit of all existing care plans to ensure gaps in the current documentation are identified. Audit will be completed by 31/07/2025 and written information will be provided to the nurses.
• A written guide on care planning process will be created by 31/07/2025 and available for nurses to read.
• Mandatory review schedule with the assigned named nurse has been reviewed by DON and nurses assigned in the teams. Trigger-based review protocol will be discussed with the nurses and implemented by 31/07/2025. To establish documentation supervision, 2 teams of named nurses have been created and assigned to CNM's. CNM's will change teams every 6 months and named nurses will be allocated to different residents every 9 months. This protocol will ensure that residents' assessments and care plans are updated immediately after any change in resident condition, especially in the situations when the main named nurses are on holidays or sick leave.
• To ensure continuous quality monitoring, monthly audits will be conducted by CNM's/ DON. Any identified gaps, especially the ones that are persistent will be discussed on the monthly Management meetings. Improvement actions based on audits will be documented and tracked.
• Changes will be discussed on handovers and daily huddle. Care plans will be available to healthcare assistants for reading.
• Nurses promote 2-way communication to ensure all staff are aware of resident needs, changes in their care plans and to act upon any changes reported by healthcare assistants.

This action plan will ensure that residents will have a current, comprehensive, and individualized care plan that is regularly reviewed and used to guide care.

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	15/08/2025
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	31/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	01/09/2025

	Authority are in place and are implemented by staff.			
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	31/07/2025