

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

## Issued by the Chief Inspector

Name of designated centre:	Lakes Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Hill Road, Killaloe, Clare
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0000447
Fieldwork ID:	MON-0046902

## About the designated centre

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

Lakes Nursing Home is a two-storey purpose-built centre designed to provide care for residents requiring continuing and short stay care including respite and convalescence. As a provider of high quality nursing care, we welcome the 'National Standards for Residential Care Settings for Older People in Ireland'. These standards will help to consolidate existing good practice whilst also identifying areas for development. We are committed to enhancing the quality of life of all our residents by providing inclusive, high-quality, resident-focused 24-hour nursing care, catering, service and activities. Lakes Nursing Home can accommodate a maximum of 57 residents. There are 47 single rooms available with en-suite toilet facilities as well as five double rooms with en-suite toilet facilities. A number of shared shower rooms are available. There is stairs and lift access to the first floor. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. We employ a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. Prior to admission, a pre-admission assessment shall be undertaken in the resident's home or transferring facility, by a member of the residential home's nursing staff. Care plans will be established and reviewed through inclusion of families and residents supported by the community services on referral. Resident records are stored on a secure computer system and also in filing cabinets. The activities coordinator meets new residents to plan an individual activities programme. Residents are encouraged to keep up their social/leisure interests after admission, for example, gardening, painting, knitting, quiz, music, media access, beauty and hair therapy. Day trips are also organised occasionally. Arrangements can be made for residents to go shopping or attend other activities outside the nursing home; these may incur some extra costs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	56
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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 24 April 2025	08:30hrs to 17:20hrs	Marguerite Kelly	Lead
Thursday 24 April 2025	08:30hrs to 17:20hrs	Rachel Seoighthe	Support

## 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 inspectors spoke with residents, staff and visitors to gain insight into what it was like to live at the Lakes Nursing Home. The inspectors 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 appeared to be relaxed and calm.

On arrival to the centre, the inspectors were greeted by the person in charge. Following an introductory meeting the inspectors and person in charge completed a walk around the centre, giving an opportunity to see residents in their home environment and to observe staff practices and interactions.

The person in charge was well known to the residents. Residents were observed taking part in a baking activity in the dining room, sitting in communal rooms, walking along corridors and some residents remained in their bedrooms to rest in line with their preferred daily routines. The inspectors spent time talking with several of the residents during this walk around the centre and also during the day of inspection. Inspectors spoke in detail with 11 residents. Residents spoken with conveyed satisfaction of how well staff cared for them and appeared content living in the centre. However, two residents commented that there were occasional delays in call bell responses.

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.

Located in Killaloe, Co. Clare, Lakes Nursing Home is registered to provide respite and long term care to a maximum of 57 residents. The centre was a purpose built two-storey facility, with stairs and passenger lift access between floors. Resident bedroom accommodation was laid out over both floors of the centre and it consisted of single and twin-occupancy bedrooms, all with en-suite facilities. There were 56 residents living in the centre on the day of inspection.

Residents' bedrooms that were viewed by the inspectors were decorated with personal memorabilia, such as photographs, personal items and soft furnishings. Televisions and call bells were provided in all bedrooms. However, the double bedrooms only had one TV per room, which meant residents could not watch television in privacy. The inspector saw documentation that the person in charge

had recently sent a request to the provider to provide extra televisions for these rooms.

Residents had access to storage facilities for their personal possessions, however, despite this, numerous opened unused continence wear packages were stored on toilet cisterns, floors and open shelving which could lead to cross contamination. Similarly, in the double bedroom ensuites, towels for both residents were stored on the same towel rail, in some cases overlapping which again could lead to cross infection.

While the centre provided a homely environment for residents, inspectors observed deficits in respect of the premises and infection prevention and control practices, which are interdependent. For example, inspectors observed surfaces and finishes including paintwork, wood finishes and flooring in a number of resident and ancillary rooms which were worn, flooring not flush with the wall and poorly maintained, and as such, did not facilitate effective cleaning.

There was inadequate ventilation in several rooms including the kitchenette, house-keeping room and several showers leading to visible damp on doors, walls and cupboards. The enclosed garden was poorly maintained, as evidenced by a large number of cigarette ends discarded on the ground and uncut grass.

These were similar findings to previous inspections. However, the inspectors did see where improvement work had taken place such as the provision of new flooring along circulating corridors and in some resident bedrooms and ensuite toilet/bathrooms.

Throughout the inspection staff were seen to be engaging positively with residents. It was apparent staff knew residents care and support needs, and preferred communication approaches.

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. Some residents required support taking their meals, and this was provided discreetly by staff.

There was a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection inspectors observed several groups of residents enjoying the daily activities. Including baking in the morning and birthday afternoon tea. The dining room was set up with tablecloths, wine glasses and battery lit candles. Staff were seen assisting residents and all appeared to enjoy the celebrations.

Whilst the designated centre had housekeeping and sluice room facilities some improvements were required to ensure that these areas could support effective infection prevention and control practices. These findings are set out under Regulation 27.

Furthermore, the organisation of storage space required improvement as the inspectors observed that a number of storage rooms were cluttered, unclean and resident equipment was not segregated from general supplies.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## 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). The inspectors also followed up on the actions taken by the provider to address premises non-compliance issues in relation to the conditions of the centres registration identified on the last inspection of the centre in March 2024.

This inspection was completed with particular focus on the infection prevention and control related aspects of Regulation 5: Individualised Assessment and Care Planning, Regulation 6: Health Care, Regulation 9: Residents Rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and Staff Development, Regulation 17: Premises, Regulation 23: Governance and Management, Regulation 25: Temporary Absence and Discharge, Regulation 26: Risk Management, Regulation 27: Infection Control and Regulation 31: Notification of Incidents.

Following an inspection of the centre in March 2024, a restrictive condition was attached to the registration of the centre requiring that works to the premises were to be completed by 31 July 2024, to ensure that the centre was maintained in a good state of repair, and to ensure that the care environment was safe and suitable for resident needs. The most recent inspection of the centre in September 2024, found that the provider had not met this condition of registration, by failing to ensure that the premises were in a good state of repair, which impacted both the quality of the care environment and the ability to ensure appropriate infection prevention and control practices. The provider subsequently applied to extend the condition date to 31 December 2024, to facilitate the completion of repair and maintenance works. However, this inspection found that, although the provider had made a number of enhancements to the premises, repair works were incomplete in some areas, and the care environment was not in line with regulatory requirements.

Inspectors recognized that the provider had implemented and improved some of these deficits and their monitoring systems since the previous inspection. This had a positive impact on the resident's quality of life. However, this inspection found that

the requirements of these regulations were not fully met. These findings will be detailed under the relevant regulations of this report.

Elder Nursing Homes Limited was the registered provider for the Lakes Nursing Home and Mowlam Healthcare Services Unlimited are participating in the management of the service. A director of care services, a regional healthcare manager and a clinical nurse manager provided management support to the new person in charge. A team of nurses, care assistants, activities, catering, administration, and maintenance and housekeeping staff made up the staffing compliment. Since the last inspection the clinical nurse manager (CNM) post was now a full time supervisory post. The newly recruited CNM had recently completed the Infection prevention and control link nurse training and going forward had dedicated infection prevention and control hours.

Inspectors 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 were knowledgeable of their preferences. Additional nursing and health care assistant posts were in the recruitment process.

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 to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre. However, despite this cobwebs were seen in both high and low areas; unclean housekeeping room and several chairs seen in the centre were not clean. The inspectors reviewed the centres own infection prevention control audit dated February 2025 that had similarly identified that the standard of cleaning in the centre had deteriorated.

A review of the care environment found repeated issues in relation to the maintenance. Inspectors identified areas of the premises that were in a poor state of repair. The provider was in the process of recruiting a new maintenance person, and in the meantime, a maintenance contract firm was operational at the time of the inspection. This inspection found that the maintenance oversight from the provider was not adequate to ensure there was appropriate maintenance in place. Maintenance checklists were completed in a way that did not identify areas of disrepair, as observed on this inspection. For example; inspectors noted many instances of where skirting boards were chipped, not flush with the flooring and were not clean.

A review of training records found that staff were mainly up-to-date with training and there was a schedule in place for refresher training. Three out of four housekeepers had completed the clean pass cleaning course. There was a mix of online and face to face infection prevention and control training.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets and showers were run weekly. However, water testing reports were not available to provide assurance that the risk of *Legionella* was being effectively managed in hot and cold water systems in the centre.



Systems were in place to monitor the vaccination status of residents and staff and to encourage vaccination, to the greatest extent practical. Staff had effectively managed a couple of outbreaks and isolated cases of transmissible infections in recent years including two outbreaks in 2024. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

A review of notifications submitted to the Chief Inspector found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The learning report completed following an outbreak was detailed, noted what was done well and also what learning had taken place following the outbreak.

The centre had systems for monitoring the quality and safety of the service provided. There was a schedule of audits in place including audits relating to care planning, falls, and infection prevention and control. The inspectors saw that action plans were developed in response to audit findings. An annual review of the quality and safety of care delivered to residents in 2024 was available in the centre for review.

There were regular governance and management meetings. Information was shared appropriately with residents and staff. Meeting records included improvement actions and the responsible person.

### 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

There was a training matrix in place that set out when each staff member had completed training, and when they were due to complete refresher training. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

### Regulation 23: Governance and management

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

- Management systems in place to monitor the service did not always identify issues of risk and concern, and issues that had been identified were not fully addressed. For example; infection control and maintenance audits did not identify that the housekeeping room was damp, did not contain a hand wash sink or adequate ventilation.
- Management oversight of cleaning was not fully effective. For example, ancillary rooms such as sluice room, housekeeping and storage areas were not maintained or cleaned in line with the centre's own policy for cleaning and maintenance.
- 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 review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

### Quality and safety

This inspection found that while the day-to-day care delivered to residents was of a high standard, the quality and safety of the care environment and premises was impacted by poor oversight of the premises and infection prevention and control, as described in the capacity and capability section of this report.

Inspectors found that repeated deficits in relation to the premises and infection prevention and control impacted on residents' rights, safety, and well-being and action was required to comply with the aforementioned regulations. While the provider had completed some room updating and installed some new floor coverings along circulating corridors, bedrooms and ensuite toilets'. Inspectors found that parts of the premises did not meet the care and safety needs of the residents. There

were numerous areas of the premises such as bedrooms, ancillary rooms and communal areas that were not maintained in a satisfactory state of repair.

Inspectors found that the 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 system of assessment and care planning 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 contained resident's current Multi-Drug Resistant Organism (MDRO) colonisation status, which effectively guides and directs the care of residents with a history of MDRO colonisation.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to and from acute care and other residential centres. This document contained details of health care associated infections and colonisation to support the sharing of and access to information within and between services. However, the centre were not keeping a copy for their own records and for future reference.

HBN compliant sinks were available along corridors and within the sluice room and clinical room for staff use. Alcohol hand gel was in place but additional dispensers or individual bottles of alcohol hand gel were also required to ensure alcohol hand gel was readily available at point of care.

The provider had substituted traditional unprotected sharps/needles with a safer sharps devices that incorporates a mechanism to prevent or minimise the risk of accidental injury. Sharps bins were stored correctly and the temporary closure, which should be in place when the container is not in use, was also correctly in the closed position.

Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in

terms of volume, indication, and effectiveness. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- Floor coverings in several resident bedrooms were worn and discoloured, making these floors difficult to clean.
- There was inadequate ventilation in several rooms, including the kitchenette, housekeeping rooms and some shower rooms.
- The enclosed garden was poorly maintained, as evidenced by a large volume of cigarette ends on the ground, and uncut grass.
- There was insufficient storage in some resident en-suite bathrooms. Several bathrooms were cluttered with toiletries and continence care products were stored on the floor and toilet cisterns.
- New flooring covering in several resident bedrooms and ensuite bathrooms was unsealed at the skirting board and some floor covering appeared to be uneven.
- Chemical supply cupboards in the housekeeping room were not clean and rusted.
- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes including paintwork, flooring, and wood finishes were worn and as such did not facilitate effective cleaning
- Cobwebs were seen in both high and low areas.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

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

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 did not meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example:

- Housekeeping trolleys were prepared within sluice rooms which posed a risk of cross contamination.
- There was no hand wash basin in the housekeeping room.
- There was no clinical waste bin in the ground floor sluice room for the the safe disposal of potentially contaminated items, such as used wound dressing equipment.
- The storage of opened single use items were seen. For example: opened and stored ready for re-use sterile dressings and sterile water. Single use items are intended to be used on an individual person during a single procedure and then discarded due to the risk of contamination.
- Storage of linen on floor of the ground floor linen room leading to the risk of contamination.
- Storage space was cluttered, unclean and resident equipment was not segregated from general supplies.
- Vinyl gloves were seen in personal protective equipment (PPE) cupboards which are not recommended for healthcare procedures.
- Inadequate management of cleaning textiles. A domestic washing machines was used to wash used mops and cleaning cloths. As a result, inspectors were not assured that correct thermal disinfection temperatures were

<p>reached to ensure that textiles were washed at a minimum of 65° for ten minutes or 71° for four minutes.</p> <ul style="list-style-type: none"> <li>• Barriers to effective hand hygiene practice were identified. Alcohol hand gel was not available at point of care within resident bedrooms. This impacted the effectiveness of hand hygiene while delivering care to residents.</li> <li>• There was inappropriate storage in some store rooms which could result in cross contamination. For example: battery hoists in the linen room, vases in the sluice room, storage of urinary dipsticks in the clinical room.</li> <li>• Unpainted wooden surfaces and exposed concrete walls seen in the linen room and storage under the stairs, which is not conducive to cleaning.</li> <li>• 3 Bags of resident clothes stored in the nurses clinical room, which could lead to cross contamination to sterile and non-sterile items stored in this room.</li> <li>• Single towel rail in double bedrooms which can lead to both residents towels stored on top of each other leading to cross contamination.</li> </ul>
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
<p>Staff used an electronic system of assessment and care planning 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 contained resident's current MDRO colonisation status.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Residents had access to a general practitioner (GP) of their choice. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy, and occupational therapy through a system of referral.</p>
Judgment: Compliant
Regulation 9: Residents' rights

The registered provider had assured that residents were consulted about the management of the designated centre through participation in residents meetings. Residents had access to an independent advocacy service.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lakes Nursing Home OSV-0000447

Inspection ID: MON-0046902

Date of inspection: 24/04/2025

## 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: <ul style="list-style-type: none"><li>• The PIC will ensure that the management team and the IPC lead nurse actively monitor IPC standards and adherence to IPC protocols in the centre.</li><li>• PIC and CNM will ensure auditing procedures identify all risks and concerns, and these will be addressed accordingly to meet compliance with the centre's policy for cleaning and maintenance and Infection Prevention &amp; Control standards.</li><li>• Since the inspection the storage areas, sluice rooms and housekeeping rooms have been deep cleaned, and the PIC, CNM and head of housekeeping will have an oversight of the cleanliness of the centre, paying particular attention to storage areas, sluice rooms and housekeeping rooms.</li><li>• Facilities will complete a review of the housekeeping room to ensure that there is adequate ventilation and will also review hand washing facilities in this room.</li><li>• The PIC will ensure that water samples will be routinely taken and that Legionella testing will be completed in the Lakes Nursing Home.</li><li>• The Healthcare Manager will support the PIC in monitoring of the IPC standards and will ensure these are discussed weekly at management meetings, and monthly at Quality and safety meetings.</li></ul>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The Facilities Manager has conducted a full review of the flooring in the centre and additional works have been undertaken to address some areas of worn flooring, and there is a phased programme of works planned to address further areas of flooring.</li></ul>	

- The Facilities team will complete a review of the ventilation in the Kitchenette, housekeeping rooms and shower rooms to address the need for adequate ventilation in these rooms. A plan of works will be drawn up to improve ventilation.
- A new maintenance person has commenced employment since the inspection, and he will ensure that the enclosed garden is cleaned every morning and the grass is cut regularly.
- New floors covering in residents' bedrooms and bathrooms have been sealed at the skirting boards and the uneven floors in the bathroom have been rectified since the inspection.
- Staff have been assigned responsibility for ensuring that resident rooms and bathrooms are kept clean, tidy and free from clutter. Appropriate and safe storage has been identified for incontinence wear, to ensure it is no longer stored on the floor or cisterns in residents' bathrooms.
- The chemical supply cupboard in the housekeeping room has been removed and replaced with a new one that is free from rust.
- A phased programme of works has been agreed to address the required decorative upgrades such as paintwork, flooring and wood finishes which will improve the nursing home environment.
- Housekeeping staff will continue to dust daily to ensure that high and low areas are free from cobwebs.
- The PIC will review the bedpan washers within the home and ensure each floor has an effective operating bedpan washer to ensure compliance with IPC standards within the home.

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

- The Housekeeping staff will no longer prepare their trolleys in the sluice rooms which will reduce the risk of cross-contamination. The IPC lead will closely monitor their practice to ensure compliance is maintained.
- The PIC has requested the Facilities team to complete a review of the requirement for a handwash basin in the housekeeping room.
- Since the inspection a Clinical waste bin has been placed in the Sluice room downstairs to facilitate correct disposal of clinical waste items.
- The PIC has held a nurses meeting to discuss infection prevention and control, including not using single-use items more than once, such as single use dressing materials. The CNM completes weekly wound audits and weekly treatment room checks and will monitor the nurses to ensure that this practice is adhered to.
- The PIC and CNM will complete weekly manager walkabouts to monitor IPC practices and any areas requiring improvements will be promptly addressed.
- The PIC has completed a review of the storage of linen to ensure safe and appropriate storage. The PIC monitors the linen order weekly to ensure that there is not an excess amount of linen/towels on site.

- The newly appointed maintenance person has decluttered all storage rooms and storage of equipment and general supplies are now separated. The PIC will continue to monitor the storage of equipment within the home.
- Since the inspection all vinyl gloves have been removed from the cupboards and nitrile gloves are in stock.
- Since the inspection a new washing machine is now in place that washes mops and cleaning cloths are laundered at the correct temperature.
- Alcohol gel dispensers have been placed in all the double rooms since the inspection. Additional alcohol gel has been placed along the corridors and communal areas. The housekeepers will continue to monitor dispensers to ensure they have sufficient gel available for use.
- Battery hoists have been removed from the linen room since the inspection and are now placed in the equipment storage room. Vases have been removed from the sluice room and urinary dipsticks are now stored in the sluice rooms.
- A painting schedule has been developed to include the wooden surfaces in the linen room. There is a plan for the floor in the linen room upstairs to be addressed in phase 2 of the flooring programme.
- Residents' clothing has been removed from the nurse's clinical station to an alternative area. The PIC has ensured this practice has been discussed at weekly clinical meetings and at daily Safety Pauses.
- The PIC and CNM will monitor the storage of residents' clothing as part of the weekly checks and daily walkabouts.
- The PIC will ensure a review of all hand towel rails in the double rooms is undertaken. The PIC, with the support of the maintenance team will ensure additional towel rails will be placed in double rooms to ensure that each resident has their own towels hanging on their own towel rail which will reduce the risk of cross-contamination.

## 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.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Not Compliant	Orange	30/09/2025

	Authority are in place and are implemented by staff.			
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