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

Issued by the Chief Inspector

Name of designated centre:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Unannounced
Date of inspection:	25 July 2023
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0040543

About the designated centre

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

The designated centre provides 24- hour nursing care to up to 44 residents, male and female who require long-term and short-term care that includes convalescence and respite. The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of 33 single, four twin bedrooms and one three bed room which are laid out around a well maintained internal courtyard and along a central corridor. The philosophy of care is to provide good quality individual care in a respectful manner to residents requiring residential services. An overall aim is to promote resident independence and to work in partnership with residents, families and friends to achieve the best possible outcomes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 July 2023	09:20hrs to 16:20hrs	Geraldine Flannery	Lead
Tuesday 25 July 2023	09:20hrs to 16:20hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience living in Carlingford Nursing Home. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspectors observed that the registered provider had made changes in response to the previous inspection to improve the delivery of services. Following an introductory meeting, the inspectors completed a tour of the premises. In the morning, the inspectors saw some residents being assisted with personal care while other residents were up and relaxing in the various day rooms. Residents looked well-cared for and had their hair and clothing done in accordance with their preference.

The lived in environment was visibly clean, nicely decorated and met residents' needs. Finishes, materials, and fittings in communal areas struck a balance between being homely, while taking infection prevention and control into consideration. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor garden which was well-maintained. Inspectors observed a gazebo in the garden and were informed it was used as a sheltered smoking area that residents could use in adverse weather conditions. The inspectors were not assured that the fabric used was fire retardant material. There was no metal bin for cigarette butts, no fire blanket, smoking apron or call bell available for resident's safety. The closest fire extinguishers were located just inside the three entry points to the building. The inspectors did not observe residents smoking in the gazebo on the day of inspection and the person in charge informed the inspectors that a bin for cigarette butts was available at the opposite end of the garden, due to most residents' preference to smoke there. Inspectors highlighted potential risk to person in charge on the day of inspection and subsequently with the provider the following day.

Resident bedrooms were were neat and tidy. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. The meal time experience appeared very relaxed and staff were observed discreetly assisting the residents. The tables were laid out with table cloths, flower arrangements, cutlery and condiments for the residents to access easily. The inspectors observed staff offering drinks to the residents at frequent intervals throughout the day.

The inspectors observed kind, courteous and person-centred interactions between residents and staff. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily

routines, care needs and the activities they enjoyed. There was a schedule of activities in place, and the residents told the inspectors that they particularly liked going on the various outings. The inspectors heard of most recent trip to the local village where they got to 'enjoy an ice cream looking out over the sea'.

Ancillary facilities supported effective infection prevention and control. For example, the layout of the on site laundry supported the functional separation of the dirty to clean phases of the laundering process. Although small, this room was clean and tidy. There was a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a separate sluice room for the reprocessing of bedpans, urinals and commodes. Both rooms were well organised, clean and tidy.

Alcohol-based hand-rub was available in wall mounted dispensers along corridors. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were only two dedicated hand wash sinks (in the sluice room and the treatment room) for clinical staff use. The sinks did not comply with the recommended specifications for clinical hand wash basins.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found significant improvements since the last inspection on 3rd April 2023 and that the designated centre was well-resourced and well-governed, where residents were supported and encouraged to have a good quality of life in the centre. The compliance plan in respect of infection prevention and control from the previous inspection had not been accepted by the Chief Inspector of Social Services as it did not provide the required assurance that appropriate action had been taken by the provider, and therefore this inspection focused on the area of infection precautions. This inspection acknowledges the improvements and positive changes made by the provider in most areas and identifies that there was opportunity for further improvement in protection, infection prevention and control, and governance and management, as discussed further under the relevant regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and inform the application to renew the registration of the centre for a further three years.

The registered provider was Cooley Nursing Homes Limited. The senior management team included the provider representative, the person in charge, a

regional operational manager and a deputy person in charge. Additional supports had been put in place since the last inspection, with the regional operations manager visiting the centre on a regular basis and providing mentorship, guidance and oversight to the on-site management team. The person in charge was also supported by a deputy nurse manager and a team of staff nurses, healthcare assistants, housekeeping, catering, maintenance and administrative staff, which were seen to work well together on the day of inspection.

Staffing levels in the centre continued to meet the needs of the residents. The provider had assigned the deputy person in charge to the role of the infection prevention and control lead. Staff also had access to an infection prevention and control specialist as required.

Surveillance of healthcare associated infection (HCAI) was routinely undertaken and recorded each month. However surveillance of multi drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify several residents that were colonised with MDROs. As a result documented plans to guide the care of residents colonised with MDROs were unavailable for these residents. Details of issues identified are set out under Regulation 27.

The overall antimicrobial stewardship programme also needed to be developed, strengthened and supported in order to progress the quality of antibiotic use in the centre. For example, a tool to monitor antibiotic consumption had been developed but had yet to be implemented.

Infection prevention and control audits were undertaken quarterly. Audits covered a range of topics including sharps safety, environment and equipment hygiene and hand hygiene. However, audit tools lacked detail and audits were not scored, tracked and trended to monitor progress.

There was a suite of infection prevention and control guidelines in place. These guidelines required review to ensure they were aligned to national guidelines and best practice. There were no guidelines on the care of residents colonised with MDRO's.

A review of training records indicated that several staff had not completed mandatory infection prevention and control training. Inspectors noted that there was an over reliance on online training resources and no practical face-to-face infection prevention and control training that was delivered on site. Inspectors also identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenem-Resistant Enterobacterales (CRE).

Documents were available for review, such as resident records, directory of residents, certificate of insurance and residents' guide, and were fully compliant with the legislative requirements.

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained in the designated centre. It included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection, and were kept in a manner that was safe and accessible.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the improved governance and management arrangements in place to oversee the service, some further improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of areas of risk where further oversight was required included:

- The registered provider did not ensure that each staff had valid An Garda Siochana vetting prior to commencing employment. From a review of a sample of staff files, duty rosters and induction records, the inspectors observed that two out of three staff appeared on the roster as working in the centre for approximately a week prior to receiving a valid Garda vetting clearance from the National Vetting Bureau. While assurances were received from the registered provider that this was an induction period where staff were supervised at all times, enhanced oversight of this area was required to ensure that residents were safeguarded against any potential risks of abuse.
- The registered provider did not ensure that effective arrangements against the risk of fire were in place in all areas of the designated centre. Specifically, the gazebo/ designated smoking area that had been installed in the internal courtyard since the last inspection, was not appropriately equipped to safely mitigate any potential fire risks. Assurances were received following the inspection that fire precautions equipment was installed and the gazebo was removed, until suitable alternatives identified.
- The oversight and management of infection prevention and control systems required to be further strengthened in areas such as antimicrobial stewardship, environment and equipment management, oversight of MDRO colonisation and infection risk. Findings in this regard are further discussed under Regulation 27.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Quality and safety

The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

The inspectors found that although improvements had been made across most regulatory requirements further actions were required and will be discussed under the relevant regulations.

Resident care plans were accessible on a computer based system. Care plans viewed by inspectors were generally personalised, and sufficiently detailed to direct care. From the sample reviewed, all plans were reviewed in the last four months and as changes to residents' clinical condition were occurring, the care plans were being updated. Fluid and food charts were completed in a meaningful manner to inform a nutritional assessment and repositioning records were maintained for residents at risk of pressure ulcers. However, there were some exceptions for example, further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status, so that staff were aware of the appropriate infection precautions required in caring for those residents and prevent the risk of cross-infection

Inspectors saw that some staff featured on the roster some days before the Garda vetting clearance was received. Assurances were received from the registered provider following the inspection that this covered an induction period where staff were supervised at all times, however this arrangement required full review as it did not provide assurance that all reasonable precautions had been taken to safeguard the residents living in the centre from abuse. Nevertheless, all staff spoken to were familiar with and were clear about their role in protecting residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. The previous pension- agency arrangement involving the receipt of resident's pensions into the company account was reported by person in charge as ceased, and the registered provider submitted further assurances following the inspection confirming this.

The inspector observed that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

The provider was found to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection.

The nursing home had made positive changes to end-of-life care since the last inspection. They had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences. A sample of care plans were reviewed and all included consultation with the resident concerned and where appropriate, the residents' representative

and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs and expressed wishes of the residents.

Overall, the premises was found to be clean and well maintained. Progress in relation to actions from the previous inspection was evident on this inspection. For example, the flooring upgrade was complete, concerns regarding assistive hoists being stored on corridor blocking fire evacuation routes was addressed, communal areas were used as described in the centre's statement of purpose and equipment was generally clean and well-maintained. The bed spaces in the triple room were re-organised. Each space was occupied by a bed, chair and personal storage space and met the regulatory requirements.

Inspectors identified some examples of good practice in the prevention and control of infection and noted that the provider generally met the requirements of Regulation 27. For example staff applied standard precautions to protect against exposure to blood and body substances during handling of waste and used linen. Care was provided in a clean environment that minimised the risk of transmitting a healthcare-associated infection. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Cleaning textiles were laundered separately to residents clothing. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

However, improvements were required, for example, a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However a dedicated specimen fridge was not available for the storage of samples awaiting collection. Inspectors were informed that sinks within resident’s rooms were dual purpose used by both residents and staff. Inspectors were also informed that used wash water was also emptied of down resident’s sinks. This practice increased the risk of cross infection particularly in the context of MDROs.

The inspectors observed significant improvements since last inspection in relation to Regulation 29, Medicines and pharmaceutical services and were now assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. All staff nurses had completed training on safe administration of medicine. Medication administration practices were being well monitored. Medicines controlled by misuse of drugs legislation (MDA) were stored securely and balances were checked appropriately and correctly. There was no inappropriate storage in the fridge used for medicine storage and a night checklist included checks for medication and supplement expiry dates, including single use dressings. There was good pharmacy oversight with regular medication reviews carried out.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to met their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was well maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action was required to be fully compliant. For example;

- There was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- Surveillance of MDRO colonisation was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result accurate information was not recorded in resident care plans and appropriate precautions may not have been in place when caring for these residents.
- The infection prevention and control audit tool was not comprehensive. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

The environment and equipment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection but further action was required to be fully compliant. This was evidenced by;

- Hand hygiene facilities were not in line with best practice. For example there were a limited number of clinical hand hygiene sinks available. This may impact the effectiveness of hand hygiene.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. The inspector was informed that samples were occasionally stored within the a medication fridge. This posed a risk of cross-contamination.
- Blood staining was observed on a phlebotomy tray and equipment. This posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All care plans reviewed were person centred and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 8: Protection

On review of staff files, duty rosters and induction records, two out of three staff had started employment prior to obtaining Garda vetting. Assurances were received from the registered provider that this covered an induction period where staff were supervised at all times. This arrangement required full review to provide assurance that all reasonable precautions had been taken to safeguard the residents living in the centre from abuse.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0040543

Date of inspection: 25/07/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The two staff referenced in the report had their Garda vetting back to us on 17th February and they signed their contract on the 10th of February.
They were written in the roster 10th -16th of February for training and for reading the company policies. They were not working in their roles until after their vetting was returned and they had completed their induction and training period.
Similarly, the third staff member did trainings from 1st until the 8th of June, but did not start work until the 20th of June when Garda vetting was in place.

• Gazebo-designated smoking area was removed on the 25.07.2023.
• Gazebo fire -resistant is in place now with fire extinguisher and fire blanket and call bell beside the smoking area.</td></tr>
<tr><td>Regulation 27: Infection control</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 27: Infection control:
The antimicrobial stewardship folder is created with all relevant information including -
-What is antimicrobial stewardship
-Why is antimicrobial stewardship important
-Preferred Antibiotics in Community (Displayed at nurses' station and in the clinical room)
-Diagnosing and management UTI in the nursing home
-Information of Use dipstick urinalysis (as its not recommended)

All nurses have read and signed the given information.

- All nurses advised all infections to be recorded in Epic care with all relevant information. (Type of infection, which antibiotic is prescribed by GP, for how long, which</td></tr>
</table>

diagnostic tool was used, steps taken to prevent spread if applicable)
An audit of this work is now in place to ensure compliance and full understanding.

- All relevant information will be included in the nurses’ meeting and daily handover.
- Monthly audit in place
- Environmental and equipment audits in place.

• Residents with MDRO s are identified.
- All staff aware, included in daily handover.
- Folder created with all relevant information.
- Leaflets with relevant information about MDRO s provided.
- Relevant information is provided for VRE, ESBL,MRSA and CRE.
- All staff have read the information and signed that they understand.
- Guidelines on the care residents with MDRO provided by DPIC daily at the handover and daily with all other departments within the home for a period of one month, and then at regular intervals afterwards.
- Care plan is in place for the residents with MDRO.
- All appropriate precautions are in place when caring for these residents.
- Monitored and advised with DPIC daily at the handover.
- IPC training done face to face daily by DPIC.
- Staff with not completed mandatory IPC training advised to complete at HSEland (Awaiting certificates and to be submitted before 30.08.2023.)
- New IPC audit, more comprehensive will be in place provided by Operational manager.

- There are hand sanitisers provided outside the rooms, throughout the home, thus ensuring excellent hand hygiene. The handwashing sinks in both the treatment room and sluice room are slated for replacement with clinical hand wash sinks. A risk assessment has been conducted concerning the utilization of wash basins in residents' rooms for handwashing when soap and water are indispensable. An IPC expert will oversee this practice and contribute to the risk assessment. A comprehensive strategy is also in place for the potential installation of clinical handwashing sinks should there be changes in regulations.
- Daily training face to face is done by DPIC on hand hygiene for one month and then at regular intervals thereafter.
- Risk assessments are in place.
- A dedicated fridge to store samples has been ordered, and until delivered all samples will be taken immediate to the GP practice for storage until collected.
- The Phlebotomy tray was cleaned on 25.07.2023. and included in the night cleaning checklist.
- All staff aware disposal of hygienic water through the toilets and flushed and are not to use the hand basin.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The two staff referenced in the report had their Garda vetting back to us on 17th February and they signed their contract on the 10th February.
They were written in the roster 10th -16th of February for training and for reading of company policies. They were not working in their roles until after their vetting was returned and they had completed their induction and training period.
Similarly the third staff member did training from 1st until the 8th of June, but did not start work until the 20th of June when Garda vetting was in place.

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 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	17/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to	Substantially Compliant	Yellow	31/08/2023

	protect residents from abuse.			