



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

## Issued by the Chief Inspector

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Teach Altranais Charna Cuideachta Neamhtheorata
Address of centre:	Teach Altranais Charna, Cuideachta Neamhtheoranta, Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	16 January 2024
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0042351

## About the designated centre

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

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental disability, respite care, convalescence and palliative care.

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

Number of residents on the date of inspection:	49
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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 16 January 2024	10:30hrs to 18:30hrs	Catherine Sweeney	Lead
Tuesday 16 January 2024	10:30hrs to 18:30hrs	Fiona Cawley	Support
Thursday 1 February 2024	10:00hrs to 17:15hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors completed an unannounced inspection of this centre over two days, two weeks apart. Owing to the findings of day one of the inspection, day two of this inspection focused on the systems in place to manage infection prevention and control. On day one, inspectors arrived at the centre and were met by the person in charge. A preliminary meeting was held with the person in charge, the nursing management team and the general manager.

Following this, inspectors walked around the centre observing the care environment and residents going about their day. Inspectors observed interactions between staff and residents and found them to be respectful and person-centred. The centre is located in an Irish speaking area of Ireland and many residents spoke Irish as a first language. The staff interacted with residents through their preferred language.

There were a number of communal areas for residents to use during the day. There were two day rooms, an oratory, a sun room, and a dining room all being used by residents throughout the inspection. Residents' bedroom accommodation comprised 14 single bedrooms, 20 double bedrooms and one treble bedroom. All bedrooms had en-suite shower and toilet facilities.

There were areas of the centre that were not cleaned to an appropriate standard on day one of the inspection. A number of communal rooms were malodorous and had not been cleaned to an acceptable standard. This was particularly evident in the residents' dining room and one of the communal day rooms. An assisted bathroom was also observed to be visibly unclean. A review of the equipment available to staff to clean the centre, such as the cleaning trolley, found that this trolley was also not cleaned to an acceptable standard.

Improvements were noted in the standard of environmental hygiene on the second day of the inspection. The dining room had been decanted and a deep clean was in progress. However, improvements were required in the standard of equipment hygiene and oversight of same. For example, cleaning trolleys were again observed to be visibly unclean on the second day of the inspection. The trolleys did not have a physical partition between clean and soiled items. In addition, cleaning carts were not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products. Details of issues identified are set out under Regulation 27: Infection control.

Residents' meal times were observed to be social and enjoyable occasions for residents. Residents reported that they enjoyed the food and that they were offered a choice everyday. Most of the residents attended the dining room for their meals. Residents who required assistance with their meals were supported in a respectful and dignified manner.

The two day rooms were supervised by staff throughout the inspection. Staff in the

day rooms provided support with eating and drinking, and general care needs of residents. Inspectors were informed that activities and social interaction were also facilitated by the staff. However, the social care available to residents was limited to the time available to staff once the residents other care needs were met. In addition, access to the second day room in the evening was limited due to the allocation of staff to duties other than the supervision of residents in these areas.

Visitors were seen coming and going from the centre. Residents told inspectors that visiting was not restricted and that they could see their families and friends as and where they wished.

The next two sections of the report present the findings of the inspection in relation to capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was a two-day unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors also followed up on the actions taken by the provider to address issues of non-compliance identified on the last inspection of the centre in February 2023. The provider had also submitted an application to vary conditions of the registration of the centre. The detail of this application was reviewed on this inspection. Inspectors also followed up on unsolicited information received by the Chief Inspector in relation to the management of residents finances.

The findings of this inspection were that the organisational structure of the centre had been strengthened by the appointment of a person in charge, an assistant director of nursing and a clinical nurse manager. However, a review of the management systems within the centre, such as the systems in place to monitor the service, to identify and manage risk, and to ensure appropriate oversight of resident finances were not robust and found to be ineffective.

On day two of the inspection, inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in infection prevention and control governance, oversight and monitoring systems. Improvements were also required in the implementation of standard infection control precautions.

The organisational structure within the centre had changed since the last inspection. A person in charge had recently commenced their role. They was supported in the centre by an assistant director of nursing and a clinical nurse manager, all of whom worked in a supervisory capacity. There was also a general manager in post who participated in the management of the centre. While the management structures

were clearly defined, inspectors found that the roles and responsibilities were not allocated appropriately. For example, the oversight and management of cleaning and infection control was not allocated to one of the nurse management team. In addition, the person in charge did not have oversight of how residents retained control over their personal finances, as required under Regulation 12: Personal possessions.

The centre was found to have adequate staffing levels to meet the health and social care needs of the residents. A review of the allocation of staff was required to ensure that arrangements were in place to allow residents the choice of where to spend their evenings.

A review of the staff training records found that there was a training schedule in place to ensure that all staff received appropriate training, commensurate to their role. All staff had completed fire safety training and demonstrated good knowledge in relation to the action required in the event of a fire emergency. This is a completed action since the last inspection.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. However, inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with multi-drug resistance organisms (MDROs) including carbapenemase-producing enterobacterales (CPE).

Some improvement was found in the systems of record management since the previous inspections. A review of staff files found that they contained all the information as required under Schedule 2 of the regulations. This is a completed action since the last inspection.

Documentation of incidents and complaints had also improved, however, some of the records reviewed were incomplete and lacked the detail required to identify learning and inform improved practice.

Overall, oversight and monitoring of the service was poor. The management systems in place did not ensure that the service delivered was consistent, effective and safe. For example, the management systems in place to monitor the centre through audit was not effective. Audit templates reviewed did not support the identification of areas of improvement. The audits were not based on best practice guidelines and therefore did not facilitate the identification of areas of risk or improvement.

In addition, the system in place to identify and manage risk was ineffective. Risks were not dated or reviewed in line with best practice. Policies underpinning risk management, and other systems such as complaints management and cleaning

were not reviewed and updated, as required by the regulations.

Inspectors found that the person in charge had not submitted the required monitoring notifications for notifiable events in the centre in line with the regulations. This will be discussed further under Regulation 31.

### Regulation 15: Staffing

A review of the rosters found that there was adequate staffing levels in place to meet the needs of the residents and for the size and layout of the centre. Nursing management and nursing staff levels had been maintained and were in line with Condition 4 of the centres registration. This is a completed action since the last inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The supervision arrangements in place to ensure that the centre was adequately cleaned were not effective. While training in cleaning and infection prevention and control had been completed by the housekeeping staff, there was poor supervision in place to ensure that learning was implemented. The result of this was a poor standard of cleanliness within the centre.

Judgment: Substantially compliant

### Regulation 21: Records

While there was a system in place to manage and safeguard resident finances, the records of transactions were not well documented and not in line with best practice, or the requirements of the regulations.

Incidents and complaints were not documented in line with the requirements of the regulations. For example, a review of the incident log found that incidents were not always investigated and that the cause of the incidents could be established.

A review of the staffing roster found that there was no record of the role or responsibility of the senior nurses working in a supervisory capacity. For example, the director of nursing, the assistant director of nursing and the clinical nurse manager were not identified as such on the duty roster. This meant that the

supervisory arrangements were not clearly identified.

Judgment: Not compliant

## Regulation 23: Governance and management

The management systems in place to ensure that the service provided was consistent and appropriately monitored were not effective. For example

- the system in place to manage residents' finances was not robust. The policy in relation to the management of residents' finances had been updated to include the management of residents' pocket money within the centre. However, the provider acted as a pension agent for a high number of residents and the procedures in place to ensure that residents pensions were managed in line with best practice guidelines, were not included in the centres' policy. While records showed that residents' funds were accumulating in a bank account separate to the main account of the centre, it was not clear how residents were using their funds to pay for the service delivered. It was also unclear how residents' retained control over their own funds, held for them by the provider.
- There was no system of audit in place, based on best practice guidelines, to ensure that the service was safe and consistent. An audit schedule was made available for review, however, the schedule was not developed to address areas of high risk or areas identified as requiring improvement.
- The systems in place to manage risk were inadequate. A review of a risk register found that documented risks were not dated or reviewed in line with best practice.

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. For example;

- Disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL). As a result, accurate information was not recorded in four resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress the overall

antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, antimicrobial stewardship audits were not undertaken and antimicrobial consumption data was not analysed to inform quality improvement initiatives.

- Further training was required to ensure staff were knowledgeable and competent in the management of residents colonised with MDROs.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A review of a sample of contracts found that contracts did not clearly outline the arrangements for the application for or receipt of financial support under the nursing home supports scheme, including the arrangements for the payment or refund of monies.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A review of the centre's statement of purpose found that some information did not reflect the service observed on the day of the inspection. For example, a review of the staffing structure identified in the statement of purpose detailed the position of an activities coordinator, however, there was no activity coordinator employed in the centre.

Judgment: Substantially compliant

### Regulation 30: Volunteers

A review of the system of oversight of volunteers found that action had been taken to ensure the system was in line with the requirements of Regulation 30. For example, all volunteers had their roles and responsibilities clearly documented and all had vetting disclosures in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the incident log in the centre found that incidents were not always notified to the Chief inspector, in line with regulatory requirements. For example, an incident relating to the absence of a resident was not submitted as required.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The policy in place guiding the staff in relation to the management of complaints had not been updated to reflect the amendment to this regulation. A review of the complaints log found that complaints were not recorded in line with the requirements of Regulation 34: Complaints procedure. For example, a resident who expressed dissatisfaction in relation to access to bathing facilities did not have this issue investigated and managed as required. Where complaints were documented, no investigation or follow up review had been completed.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

The policies and procedures reviewed by inspectors were not updated in line with best practice or with changes to regulatory requirements. For example, a cleaning policy, a risk management policy and complaints policy were not developed and updated, in accordance with best practice guidelines.

Judgment: Not compliant

## Quality and safety

Residents in the centre were generally satisfied with the quality of the service they received. Nonetheless, the poor governance arrangements in the centre impacted on the quality and the safety of residents' care in the centre. The findings of this inspection reflect poor oversight of the service resulting in non-compliance across aspects of both the care delivery and care environment.

Following admission, a range of validated clinical assessment tools were used to determine the needs of residents. These assessments included level of dependency, skin integrity, nutrition and manual handling needs. This information was used to

develop a care plan for each resident which addressed their individual abilities and assessed needs. Inspectors reviewed a sample of five residents' care records and found that a small number of care plans did not contain up-to-date information to guide staff in their care needs.

A review of care plans on day two of inspection also found that further work was required to ensure that all residents' files contained residents' current health-care associated infection status and history. Two residents colonised with CPE were not cared for in line with their care plans which stated that these residents should have their own en-suite toilet and shower. Furthermore, accurate information was not consistently recorded in four residents' care plans to effectively guide and direct the care residents colonised with MDROs including including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL).

There were a number of residents who required the use of bed rails. Records reviewed showed that appropriate risk assessments had been carried out.

Residents had access to general practitioner (GP) services and were also supported by allied health care professionals such as dietitian, speech and language therapy and a physiotherapist. While there were arrangements were in place to monitor residents' nutritional status and residents who were at risk of malnutrition, referral pathways for further assessment by an appropriate health and social care professional were not always made in a timely manner.

Residents' rights were generally upheld in the centre. While there was a programme of activity was in place, the staff allocated to facilitate activities were required to supervise and assist residents in communal areas. This limited the availability of staff to provide meaningful activities to residents and also impacted on residents choice with regards to how they spent their evenings.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told inspectors that visits and social outings were encouraged with practical precautions in place to manage any associated risks.

A review of the care environment on day one of the inspection found that the centre was not cleaned to an acceptable standard. As discussed in the capacity and capability section of this report, inspectors found that the monitoring and oversight of environmental cleaning was inadequate. The inspectors observed many areas of the premises that were unclean.

Following day one of inspection the provider committed to addressing these issues immediately. Progress in relation to actions from the first day of this inspection was evident on day two. The overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean. A deep clean of the dining room area was in progress.

The ancillary facilities generally supported effective infection prevention and control. For example, the infrastructure of the on-site laundry supported the functional

separation of the clean and dirty phases of the laundering process. There was a central treatment room for the storage and preparation of medications, clean and sterile supplies. Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy.

Inspectors identified some examples of good practice in the prevention and control of infection. The provider had nominated a staff member with the required link practitioner training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Inspectors identified some examples of good 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. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under Regulation 23: Governance and management.

The centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of outbreak reports found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. The decision to reintroduce the mask mandate for staff and visitors was supported by a risk assessment. However, a review of the risk assessment found that masks had been worn almost consistently since the onset of the pandemic and the level of community transmission did not warrant the continuation of the mask mandate at all times.

Notwithstanding the good practice noted, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the implementation of standard infection control precautions including laundry management, waste management, equipment hygiene and hand hygiene.

There was a hydrotherapy (Jacuzzi) bath available within the centre. While the external surfaces of the bath was cleaned after use, the pipes/ air jets did not receive routine disinfection via an integrated cleaning and disinfection system. Failure to routinely decontaminate infrequently used baths can result in contamination of jets.

Conveniently located alcohol-based product dispensers facilitated staff compliance

with hand hygiene requirements. However, there were a limited number of clinical hand wash sinks available for staff use. The available clinical hand wash sinks in the sluice room and treatment room did not comply with the recommended specifications for clinical hand wash basins. There was no hand washing sink available in the housekeeping room.

## Regulation 27: Infection control

Inspectors found that the registered provider did not ensure that care was provided in a clean and safe environment as evidenced by:

- Poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, a number of areas were visibly unclean on inspection including the residents' dining room and a communal bathroom
- the management of storage in the communal areas was not effective to minimise the risk of cross infection. For example, catering equipment and supplies were stored together with activity equipment
- there was a strong malodour present in the centre
- Residents personal items, such as toiletries, were inappropriately stored in communal bathrooms which increased the risk of cross infection to residents.
- flooring on one corridor was lifting and in a poor state of repair.
- the housekeeping trolley was visibly unclean and was inappropriately used to transport clean linen to residents' bedrooms which was a risk of cross contamination

Standard infection control precautions were not effectively and consistently implemented by staff. This was evidenced by;

- Two residents colonised with CPE did not have their own en-suite toilet and bathing facilities as per their care plans and national guidelines. This increased the risk of cross transmission.
- Staff informed inspectors that they manually decanted the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Hand hygiene facilities were not in line with best practice and national guidelines. Sinks within residents' rooms were dual purpose used by both residents for personal hygiene and staff for hand hygiene. Inspectors were informed that that waste water used for residents' personal hygiene was disposed of in sinks in resident's rooms. This may lead to environmental contamination and the spread of MDRO colonisation. In addition hand soap dispensers were topped up.
- The cleaning trolleys were again observed to be visibly unclean on the second day of the inspection. Cleaning trolleys observed did not have a physical partition between clean mop heads and soiled cloths. This increased the risk of cross contamination.

- The hydrotherapy bath was not effectively cleaned after and between uses. These baths are potentially a high-risk source of fungi and bacteria, including legionella if not effectively decontaminated after use.
- Heavily soiled laundry linen was not segregated into alginate bags at the location of use. Two staff were observed to bring heavily soiled laundry from residents' bedrooms in plastic bags and decanting and segregating soiled laundry into alginate bags in the sluice room. Additional handling and sorting of soiled laundry may pose a risk of cross contamination.
- Waste was not segregated in line with best practice guidelines. General waste was disposed of in health care risk waste bins located at the main entrance and at the reception.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Inspectors found that care plans were not always developed and reviewed in line with the assessed needs of the residents and as required by the regulation. For example;

- three residents who were assessed as being at risk of malnutrition did not have their care plans updated to reflect the plan of care in place to address this risk
- two residents' care plans were not updated to reflect the residents' current health care needs in relation to falls management.
- inaccurate infection prevention and control information was recorded in a small number of residents' care plans to effectively guide and direct the care required for four residents who were colonised with an MDRO.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall, residents were provided with access to health and social care professional services. However, residents who were assessed as being at risk of malnutrition were not always provided with timely access to a dietician.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Each resident had a full risk assessment completed prior to any use of restrictive practices. Staff were provided with access to appropriate training in the use of restrictive practice.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that resident's rights and dignity were consistently upheld. For example;

- there was inadequate privacy screening in shared occupancy bedrooms. This was a repeated non-compliance.
- there was limited opportunity for residents to participate in activities in accordance with their interests and capacities.
- residents could not always exercise choice as to which day room they wished to use in the evening due to staff supervision arrangements.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0042351

Date of inspection: 16/01/2024

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Our IPC Link Practitioner is given 6 hours for IPC supervision on a weekly basis. During these 6 hours the IPC Link Practitioner observes and supports all staff and ensures that everybody is carrying out their duties whilst ensuring best practice regarding infection prevention and control.</p> <p>A domestic supervisor has been appointed to ensure the cleaning is implemented according to best practice. This supervisor is in-house three days a week to support and supervise the domestic staff to carry out their roles effectively. Completed 22.01.2024 and ongoing.</p> <p>New cleaning audits have been developed to ensure that cleaning is carried out effectively and thoroughly.</p> <p>A cleaning policy has been drawn up to ensure high standards of infection prevention control are maintained. Completed 22.01.2024.</p> <p>While compulsory training in cleaning and infection prevention and control had been completed by all domestic staff, a further course was provided on chemical training. This was completed on the 31st January by all domestic staff. Completed 31.01.2024.</p> <p>A refresher training day has been organized in IPC for all domestic staff, to ensure that best practice is implemented. To be completed on 12.03.2024.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:  The PIC is now currently monitoring all accounts. To enhance transparency and to ensure records are in-line with best practice, a consent form has been drawn up for all residents/NOK to sign consent to receive additional services at an extra cost.  To be completed 22.03.2024.</p> <p>All incidents continue to be documented in our computerized system. A review of all incidents has been carried out. All staff nurses have been advised to ensure that information documented regarding incidents are documented thoroughly and that all aspects of the incident log is completed prior to closing.  Completed 05.03.2024.</p> <p>The complaints policy has been updated in line with the requirement of the regulation. The complaints log in our computerized system has been reviewed. Staff have stated that they find the computerized complaints log complicated and difficult to follow and that they found the written format less complicated and more accurate. Going forward we have decided to revert to paper format to ensure alignment with investigations and action plans.  Completed 05.03.2024.</p> <p>The staffing roster has been altered to ensure that there is transparency of the roles of senior nurses working in a supervisory capacity.  Completed 19.02.2024.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The policy surrounding the management of residents' finance has been updated to include the procedure for the management of the pension bank account and the monthly reconciliation that takes place with the accountant. This amendment to the policy now ensures that the monthly reconciliation is reviewed by the PIC once completed by the accountant.</li> <li>• Pension payments received are applied to each individual resident's account within the resident account along with service charges including overnight stay and any re-charges such as pharmacy, physio, reflexology, chiropody, rental of specialized equipment, hairdressing, specialized clothing, and special request newspapers /magazines. These transactions are shown in resident`s statement that is prepared monthly and issued to the Resident/Next of Kin.</li> </ul>	

Each resident statement shows the closing balance on the account for the month and if there is a credit due.

- The pension bank account is reconciled on a monthly basis to ensure that funds accumulating in the pension bank account are in line with the amount owing to residents. Going forward, the pension account reconciliation is being sent to the PIC for review when completed, along with each resident statement and breakdown of the total funds transferred from the pension account.

- Going forward, each resident who we act as a pension agent for, and that are capable of understanding will receive the statement monthly, along with NOK. Completed 05.03.2024.

- A review of the risk register has taken place to ensure both the corporate risk management and the service/care provision risk management register is dated and reviewed accordingly.

- An Infection control policy is in place and is supported by national guidelines on IPC Vol 1 & 2.

- New Cleaning Audits and a cleaning policy have been drawn up to guide staff and ensure that cleaning is carried out effectively. Completed 29.02.2024.

- Since inspection all residents colonized with MDROs have been risk assessed and have been given their own toilet and bathing facilities as per their care plan and national guidelines. There are now care-plans in place for all residents who are colonized with MDROs, these care-plans are updated 3 monthly or as required. Completed 06.02.2024.

- All staff have completed an online HSE land module regarding MDROs and its management. Completed 05.03.2024.

- Further training has been arranged to provide a greater knowledge to all staff on MDRO's and the management of same. To be completed 15.04.2024.

- The IPC policy includes antimicrobial stewardship. An audit for prophylactic antibiotic use is now in place and current IPC audits are implemented, evaluated and appropriate changes are made to ensure best practice. The aim is to strengthen and support patient care, favourable side effects and to reduce antibiotic use. Completed 05.03.2024 and ongoing.

- All staff are aware of the residents who are colonized with MDRO's and the management of their care. The residents with MDRO's have up to date care-plans in place to ensure IPC best practice is implemented and antimicrobial stewardship measures are applied appropriately. Completed 06.02.24.

- The current antimicrobial stewardship audit was further developed to ensure that the

data received from the audit was analyzed to ensure that where improvements are required that they are implemented accordingly.  
Completed 05.03.2024.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
Contracts of care has been updated to clearly outline the arrangements for the charging of additional services.  
Consent forms in relation to additional services i.e., reflexology, hairdressing, chiropody, and physiotherapy, provided at a cost, have been sent to residents/families regarding their wish to receive same.  
  
Also, the contracts of care have been updated to show the arrangements for the application for or receipt of financial support (" Fair Deal") under the nursing home support scheme.  
Completed 01.03.2024.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
The Statement of Purpose has been updated. The staffing structure has been changed to demonstrate the chain of command.  
We now have a HCA allocated to both day rooms up to 9pm. We also have another HCA who goes between dayrooms. This HCA will also provide activities in the residents' bedroom if they wish.  
Completed 16.02.2024.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of

<p>incidents:  NFO5 relating to absence of resident was submitted as soon as PIC as made aware.</p> <p>All notification of incidents are now being sent via HIQA portal within the required timeframe as per HIQA requirements.  Completed 17.01.2024.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The complaints policy was updated to reflect the amendment made in March 2023. Staff have stated that they find the computerized complaints log complicated and difficult to follow and that they found the written format less complicated and more accurate. Going forward we have decided to revert to paper format to ensure alignment with investigations and action plans. This adjustment is made to ensure that best practice in dealing with complaints is adhered to.  Completed 05.03.2024.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The IPC policy is now supported by the national guidelines on IPC Vol.1 &amp; Vol.2 which includes best practice on cleaning. A complaints policy and risk management policy has been updated to comply with best practice guidelines.  Completed 05.03.2024.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• There is currently a process of deep cleaning is in progress in the nursing home.</li> </ul>	

- Both dayrooms are now clutter free, new cupboards are ordered to ensure catering equipment and supplies are stored separate to activity equipment.  
To be completed on 29.03.2024.
- New cleaning trolleys, that have a physical partition between clean and soiled items and equipped with a lock compartment for storage of chemicals, are ordered.  
To be completed on 28.03.2024.
- Disinfecting units for the Hydrotherapy baths(jacuzzi) have been ordered which will clean the pipes /air jets to comply with IPC standards.  
To be completed on 29.03.2024.
- No Resident's personal items are stored in communal bathrooms.  
Completed 22.01.2024.
- The provider is arranging repair of all flooring which is lifting throughout the building.  
To be completed 28.05.2024.
- More infection prevention and control training for Domestic staff, HCAs and Nurses has been organized. All staff are reminded of the importance of double bagging of any soiled incontinence wear. Further Staff training has been organized regarding the management of residents with MDROs.  
To be completed on 15.04.2024 and ongoing.
- A domestic supervisor has been appointed to ensure the cleaning is implemented according to best practice.  
Completed 22.01.2024.
- The IPC link practitioner supervises and supports all staff to implement effective infection prevention and control and antimicrobial stewardship practice within the home.  
Completed 22.01.2024.
- New audits for Environment, Decontamination of Equipment, Waste management and Laundry have been drawn up and in place to ensure best practice is implemented.  
Completed 22.03.2024.
- Staff meetings with each department have taken place since last inspection. Findings of the report were discussed especially in relation to infection prevention and control. Staff were educated regarding the correct use of residents' hand sinks and the proper disposal of wastewater used for residents' personal hygiene and the correct disposal of contents of commode /bedpans.  
Completed 13.02.2024.
- A second fridge has been ordered for samples for the laboratory.  
To be completed on 26.03.2024.
- More signage has been placed around the home reminding staff about the correct disposal of waste.

Completed 15.03.2024.

- Since inspection, all residents colonized with MDROs have been risk assessed and have been given their own toilet and bathing facilities as per their care plan and national guidelines.

Completed 06.02.2024.

- The IPC policy includes antimicrobial stewardship. This will improve clinical outcomes while reducing the consequences of antimicrobial use.

Completed 05.03.2024.

- Risk assessment carried out in relation to the wearing of face masks. Face masks are no longer mandatory.

Completed 15.02.2024.

- Clinical hand wash sinks that comply with the recommended specification have been ordered for the housekeeping room, sluice room and treatment room.

To be completed 19.04.2024

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:

- A nurses meeting took place on 12th February. Findings of the recent inspections were discussed, and nurses were reminded that resident`s assessments and care plans must correlate. Also, resident`s care plans must reflect the plan of care and the resident`s current health care needs especially in relation to falls management and risk of malnutrition and MDRO.

- For any new nurses an in-house care planning training course will be arranged as soon as possible.

- The care plans are now under review to ensure they correctly reflect the care needs of the residents and are resident specific.

To be completed by 15.04.24.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- ADON and CNM2 are in a supernumerary capacity to assist the PIC in ensuring that timely referrals are made to all allied health professionals.  
Completed 06.02.2024 and ongoing.

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

- Following the last inspection, we now have a HCA in place in both dayrooms until 9pm. This provides our residents with a choice of which day room they wish to use.
- We have also appointed a HCA from 10am to 3pm six days a week for activities only. This HCA goes between the dayrooms and the bedroom of any resident who wishes to participate in activities on a one-to-one basis. This ensures that the HCA in both dayrooms are given time to aid and supervise the residents, while the other HCA gives the residents maximum opportunity to participate in meaningful activities according to their interests and capacities.  
Completed 06.02.2024.
- There is now adequate privacy screening in two corridors in shared occupancy bedrooms and we are working towards finalizing screening for the final corridor.  
To be completed 31.05.2024

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/03/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	22/03/2024
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.	Not Compliant	Orange	15/04/2024
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care	Substantially Compliant	Yellow	01/03/2024

	and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/05/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Not Compliant	Orange	17/01/2024

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	05/03/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	05/03/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/04/2024
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	29/03/2024

	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.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	06/02/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	06/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Substantially Compliant	Yellow	06/02/2024

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/05/2024