Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	03 July 2024
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0042022

About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 July 2024	10:15hrs to 18:50hrs	Catherine Furey	Lead
Wednesday 3 July 2024	10:15hrs to 18:50hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Residents who could readily voice their opinions gave positive feedback regarding their life in the centre, and told the inspectors that they were looked after well by the staff in Middletown House Nursing Home. There was a large number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable. Visitors told the inspectors that they were happy with the care and attention that their loved ones received, and were complimentary of the staff, food and visiting arrangements.

On arrival, inspectors observed that all staff were wearing surgical face masks. There had been a recent outbreak of COVID-19 in the centre and although there was no confirmed or suspected cases on the day of inspection, the person in charge outlined that the Public Health department had advised in a phone call that staff should be given the option of wearing masks for an additional period of time. The person in charge and assistant director of nursing facilitated the inspection and were joined later in the day by the regional manager. The centre was warm and there was a relaxed and friendly atmosphere. During the walk around, inspectors saw that staff were assisting residents with their individual needs in an unhurried manner. It was evident to the inspector that the management and staff knew the residents well.

The inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate.

Middletown House Nursing Home is registered to accommodate 51 residents. There were 49 residents living in the centre on the day of inspection. The centre is divided over two main floors. The ground floor contains all of the main communal space in the centre, including a large dining room, sun room, sitting room and oratory. One of the passenger lifts in the centre was out of service. This lift serviced the first floor, which was split-level and contained direct access to the outside grounds. Management had implemented a solution whereby the residents were brought outside briefly via the exit door on this level, then back in the front door. With this temporary measure in place, residents continued to be able to access all of the centre's communal areas.

Generally, the communal areas were decorated in a homely and tasteful fashion and these areas were kept clean and free from clutter. There was comfortable seating options in each communal area and residents were seen to enjoy the sitting rooms where activities were held, or where residents gathered to watch TV. One resident told inspectors they loved their spot in the sun in the sun room and enjoyed

spending time there looking out onto the grounds. This level of cleanliness did not extend to all areas of the centre, in particular ancillary areas such as the sluice room, which were not cleaned to an acceptable standard.

Bedrooms were comprised of 31 single ensuite rooms and ten twin ensuite rooms. Many rooms varied in size, shape and layout, but all contained sufficient space for residents to store and access their personal belongings. Those rooms which were not ensuite had close access to toilet and bathing facilities. Some residents' rooms were very spacious with lovely views and residents told the inspector they loved these rooms. Some residents said they were waiting to move to a bigger or brighter room or a room on the ground floor. There is a well-maintained enclosed courtyard garden in the centre and this was observed to be used by a small number of residents during the day. The paths around the garden were fully wheelchair-accessible and there was nice garden furniture with sun shades to protect residents from direct sunlight. The garden was observed to be a place where staff also took their breaks, including smoking breaks. This detracted somewhat from the overall ambiance in the area.

Residents were observed leaving the centre to attend day care services, appointments and to go on visits with family and friends. The centre had access to a bus and an activity staff member organised occasional outings to nearby areas. On the morning of inspection, residents gathered to celebrate Mass in the main sitting room. This which was a weekly occurrence which was well-attended by residents. The activities coordinator was working all day and carried out small group activities and was seen visiting residents in their rooms during the day. The weekly activities were planned in advance and included Bingo, arts and crafts, live music, movies and quizzes.

Residents spoken with were complementary regarding the food on offer. This was supported by the observations of the inspectors who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspector saw that residents were offered snacks and drinks throughout the day. Meals were served directly from the main kitchen to all areas of the centre where residents chose to dine, to ensure the temperature was maintained during travel.

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

Capacity and capability

Overall, this inspection found that further action was required to ensure that the centre achieved and sustained compliance, and to ensure that a safe and effective service was provided for residents. Areas of significant improvement in relation to

infection control, residents' healthcare and overall governance and management were identified, and are discussed throughout the report.

Joriding Limited is the registered provider for Middletown House. The company is part of the Evergreen Care group, which is involved in the running of number of other nursing homes at a national level. The company has three directors, one of whom was assigned as a person participating in management, and who was involved in the organisation and delivery of the service. The person in charge worked full time and was supported by an assistant director of nursing, who deputised for the person in charge in her absence. Supervision and on-call arrangements were in place for weekends. Further support was provided to the management team through a regional manager. The person in charge was also supported by shared group departments, for example, human resources.

This was an unannounced inspection, undertaken following receipt of an application by the registered provider to renew the registration of the designated centre.

The registered provider ensured there was sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty at all times. Adequate healthcare assistants, activity and catering staff supported the daily operations in the centre. A review of domestic staffing levels was required as some aspects of the environment were not maintained to an acceptable standards.

Staff had access to a range of mandatory online courses and in-person training course sand the vast majority of these had been completed within the designated time frames. Since the previous inspection, staff had completed further training in cardio-pulmonary resuscitation (CPR) to address some of the findings of that inspection.

The centre continued to hold regular clinical governance meetings, staff meetings and daily handovers, which provided good communication systems between staff of different grades and departments. There was an established system of clinical and environmental auditing which was predominantly conducted via an electronic software platform. The audits completed included infection prevention and control, falls and medication management. The system allowed for areas of improvement to be identified and action plans put in place to improve compliance. For example, the medication management audits quickly identified deficits in the documentation of some residents' prescriptions, which were subsequently rectified, ensuring that opportunities for medication errors to occur were minimised. Nonetheless, inspectors found that findings of some audits did not align with the findings on the inspection. Weaknesses in the auditing system were identified, for example; the infection control audit included a section on the sluice rooms, but did not require comment on the level of cleanliness of the room.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had paid the annual fees in respect of each resident, and had notified the the chief inspector at the required intervals, of the number of residents that are accommodated in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to ensure residents care needs were being met. However, as infection and prevention and control standards were not being consistently maintained in all areas the numbers of cleaning staff available during the day required review. For example, the rosters showed that on four of the seven days in the preceding week, there was no cleaner on duty after 2.30pm. Given the size and layout of the centre, a review of this staffing model was required, to ensure that the environment was effectively cleaned and decontaminated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Improvements were seen since the previous inspection. A review of the centre's training records identified that important training such as safeguarding of older persons, fire safety and behaviours that challenge was completed for all staff.

Additional training modules were completed based on a staff member's role, for example chemicals training and medication management.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulation, including the name and contact details for the resident's next of kin and the date of the resident's admission.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents, and other risks, in place.

Judgment: Compliant

Regulation 23: Governance and management

Actions were required in order to strengthen the governance and management at the centre, to ensure that the service provided is safe, appropriate, consistent and effectively managed. For example:

- Poor findings in relation to infection control identified in the inspections in January 2023 and January 2024 had not been fully addressed despite commitments by the registered provider to review and implement changes.
- While there was a good system of auditing in place, some audits were not comprehensive enough to identify the issues. For example: There were disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection
- Lines of authority and accountability required review to ensure that there was sufficient oversight and management of domestic staff rosters and the standard of cleaning in some areas.
- While audits of call bell response times had been conducted, there was no quality improvement plan implemented when excessive response times were identified
- Greater oversight of residents medical and healthcare was required to ensure that evidence-based care is consistently provided. Findings in this regard are detailed under Regulation 6: Healthcare.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Quality and safety

Overall, residents received a good level of nursing care to meet their assessed needs. There was a commitment to delivering person-centred care with residents supported to maintain their independence. Notwithstanding this positive approach to care and support in the centre, the systems to oversee aspects of residents' care documentation, for example; clinical assessments, care planning, monitoring of weights and documentation of behaviours that challenge required strengthening, to ensure best possible outcomes for residents. Additionally, the premises required review to ensure that the environment supported and promoted good infection control practices.

The previous inspection identified that communal areas such as the oratory and dining room were locked and as such were not freely accessible to residents. Some of these areas were also being used for storage. During this inspection, improvements in the storage practices of the centre were observed. All communal areas were open and available for residents to use. The twin rooms were reconfigured to allow for the space occupied by resident's furniture. On the day of inspection the lift was out of order, and had been for a number of weeks, however a good interim plan was put in place until it is replaced. Residents continue to have access to all areas of the centre and are not affected by this issue. Further action was required to ensure all areas of the premises promoted a good quality of life for residents; this is outlined under Regulation 17: Premises.

There had been a recent outbreak of COVID-19 within the centre, which had been well-managed with the input of the Public Health team. On the day of inspection, good practice was seen in relation to the wearing of personal protective equipment (PPE) such as surgical face masks. However, there were some inconsistencies in how different areas of the centre were cleaned. Some areas, for example the dining room and the majority of residents' bedrooms were seen to be very clean, however high-risk rooms such as the sluice rooms were unclean, which posed a risk of cross-infection. On previous inspections of the centre it was identified that the storage of items including equipment used to clean other areas of the centre, was inappropriate and presented infection-control risks. Despite commitments by the registered provider to review these practices, inspectors again found that the sluice rooms were not maintained to an acceptable standard of cleanliness.

The residents living in Middletown House were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident that staff worked hard to ensure that residents' needs were met. The inspectors reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. However, further improvements were required to ensure that individual care plans were implemented based on the results of each residents' assessments. Inspectors found that some of the care plans in place contained outdated information, and some were not relevant to the person's individual requirements. This is outlined further under Regulation 5: Individual assessment and care plan.

There were systems in place to ensure that residents were reviewed by a General Practitioner (GP) regularly. During weekends and evening an out-of-hours service was appropriately utilised when residents required medical attention. A review of residents medical and nursing documentation including wound care charts, medical referrals and admission documents identified that the systems to oversee residents' healthcare were not fully robust. Findings in this regard relate to poor documentation of wounds and delays in implementing recommended treatment following professional reviews, which were not in line with best-practice guidance, or the centre's own policies. These are outlined further under Regulation 6: Healthcare.

There was a low level of restraint use in the centre, with only two of the 49 current residents using bedrails. A restraint register was maintained in the centre in line with regulatory requirements and there was evidence that restraints were checked frequently when in use. A small number of residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents each had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring. Staff had a good awareness of each residents needs, however the centre's policy for documenting these behaviours were not consistently followed, meaning that there was not a rigorous review of the reasons why these behaviours may have occurred. For example, behaviour support care plans were not personalised with residents triggers and how to alleviate them.

The inspectors found improvements were made following the last inspection, in relation to residents' access to communal areas within the centre. However, residents could not access the enclosed garden without seeking assistance from staff, as all the doors were locked. A residents' rights committee and satisfaction surveys showed evidence that residents were consulted with and participated in the organisation of the centre. Residents were consulted with about various aspects of the service provided to them, including their satisfaction with the timing and delivery of their food, the type and frequency of activities on offer, and the level of personal care provided to them. Residents' responses to these surveys were favourable and showed a good level of overall satisfaction. Residents were generally afforded choice in their daily routines. There were opportunities for residents to participate in group or individual activities daily and residents told inspectors that they enjoyed the activities and they there was always something to take part in. This was in line with

the compliance plan submitted following the previous inspection, where the provider had committed to improving the activities schedule and ensuring a staff member was responsible for activities over seven days.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents. There was suitable communal space to meet visitors in private. Residents were seen to be receiving visitors at times that suited them throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

The inspectors found improvements were made since the last inspection and the premises mostly conformed to Schedule 6 of the regulation to meet the needs of the residents. For example, communal areas were open and available for use by residents and equipment was now stored appropriately. However the following issues were highlighted as requiring further actions:

- Areas of the premises were not kept in a good state of repair for example there was considerable wear and tear to flooring, skirting and handrails throughout the corridors and bedrooms downstairs. For example, worn and chipped veneer and surfaces on furniture, and sections of doors and walls which had been damaged by equipment such as hoists.
- Unsafe floor covering in the passenger lift which posed a trip hazard to residents with mobility aids who used this lift.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection:

- The sluice room on the ground floor level was not well organised and was not clean. For example, the floor was stained and contained loose debris, there was a build-up of dust and grime on surfaces and there was an array of inappropriate items stored within, for example, cloths, gloves and vases. Records showed that this room was cleaned every day. Additionally, cleaning

equipment and chemicals were stored in this sluice room, and it was confirmed by staff that they prepared their cleaning trolleys here. This practice significantly increases the risk of environmental contamination and cross infection and is a repeat finding from the previous two inspections.
- The other sluice rooms also contained inappropriate storage of equipment. Additionally, inspectors observed sections of broken tile and exposed wood and debris on the floor
- A clinical handwashing sink was located in a locked store room. This meant that it was not easily accessible to staff.
- The lids of some laundry trollies which were in use by staff were not clean. Inspectors observed a cleaning trolley was also not clean and contained a layer of dust.
- An external area by the back door of the kitchen was a designated area to store cleaning supplies and it contained a janitorial sink. Inspectors observed a number of mops, buckets and sweeping brushes which were stored in this area, exposed to the elements and in close proximity to a number of waste and recycling bins. This entire area required review as it was not organised and served as a multi-purpose area which did not promote good infection control practices.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was completed for each resident on admission to the centre, however, these lacked the required detail to inform person-centred care planning. In a number of records reviewed by inspectors, areas of the comprehensive assessments were not completed. For example, wound care, mobility and personal care was not documented in the updated comprehensive assessment. This is not in line with the centres policy.

Care plans required improvement to ensure that the plan of care was developed and personalised based on the result of individual assessment. For example;

- a residents care plan was updated following a dietician review but the out-dated information still remained in the care plan and it was confusing to guide the care of the resident.
- a care plan documenting a residents food and fluid consistency had two different consistencies and it was difficult to identify at a glance what the correct consistency for the resident was.

Judgment: Substantially compliant

Regulation 6: Health care

Action was required to ensure that a high standard of evidence-based medical and nursing care was provided for all residents. This is evidenced by the following;

Recommended treatment or professional advice from social or healthcare professionals was not always followed. For example;

- the recommendations following a dietitian review, including increasing dietary supplements and obtaining the resident's bloods were not followed. There was no detail in the residents notes to support why the recommendation was not implemented.
- a recommendation for a follow up review within a specific time frame was not made, despite no improvement in the residents' condition

Wound care charts were inconsistently completed. For example;

- there were large gaps where there was no clinical measurements or assessment of the wound documented to show improvement or deterioration of the wound. This is required to demonstrate evidenced based practices.
- wound care plans in place to guide staff in the management of the wound contained conflicting information. For example, the frequency of dressing change and the specific dressing to be used differed from the wound care charts. This meant that the specific plan of care was not clearly identified and implemented
- a wound chart identified that a wound was deteriorating but the dressing was not reassessed in the appropriate time or referred to the appropriate professional as per the centres own policies

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

While there were overall good systems in place to respond and manage behaviours that challenge, assurance was not provided that residents were consistently supported in a manner that is not restrictive. For example:

- The inspectors reviewed care plans of those residents who had been involved in notifications submitted to the Chief Inspector. The centres policy is to complete an Antecedent Behaviour Consequence (ABC) chart following each episode of responsive behaviour. The ABC chart identifies trending of triggers for the resident and alternative therapies trialled to ensure that chemical restraint is used as a last resort. This was not consistently completed and therefore there was no comprehensive review of the behaviours to determine if further treatment or review was required

- The risk assessment for the use of restraints did not detail the alternatives trialled prior to using the restraint. This is not in line with the centre's own policy, and national policy.
- Not all restrictions in the centre were identified and risk assessed. For example, a resident was not supported to hold their own lighter, however a risk assessment setting out this restriction had not been completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were seen since the previous inspection in relation to residents' access to communal areas within the centre. All of the previously-locked doors within the centre were open and residents were free to access these areas. However, residents had restricted access to the secure garden. On the day of the inspection all doors to the secure garden were locked throughout the day. This meant that the residents' right to freedom of movement was not fully upheld.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0042022

Date of inspection: 03/07/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Our staffing levels within the home are constantly under review. To address issues within our household department, we have adjusted our housekeeping/cleaning hours to facilitate a later finishing shift during the week. This means that there will be staff available within the home until 5 pm during the week. In addition to this, we have nominated staff members to have oversight of the duties being performed each week and this information will be fed back to the IPC lead as arranged. This will enable greater oversight of duties and identify any shortfalls.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Our IPC lead nurse will conduct the environmental audit monthly for the first 3 months and then bimonthly to identify areas to be improved and to rectify the issues. Our housekeeping staff will report to the IPC lead weekly. We have delegated one housekeeping staff to oversee the cleaning, roster and documents. This staff member reports to the IPC Lead. We have adjusted our call bell audit to ensure that length of time of call, time of day, action plan with person responsible for action are all clearly identified. We are checking the call bell log daily. This is being documented and reported to nurse in charge should any bells be ringing for long periods. PIC/DPIC investigates if the response time is longer and liaises with the staff. Call bell audit conducts monthly, and	

the report will be used to improve quality of care.

Wound care plans are reviewed by DPIC weekly, and any actions are followed up. Liaise with TVN, dietitian, GP if required. Recommendations will be carried out within the time frame.

Regulation 17: Premises	Substantially Compliant

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

We have examined the work schedule of our maintenance personnel to ensure that they will have protected regular time to address the wear and tear of the home. This includes painting,r/v of furniture and flooring etc.

We have had a flooring company onsite to review the passenger lift and this floor has been replaced.

A quarterly environmental audit will be conducted with household and maintenance and address all the wear and tear on flooring, skirting boards. A work schedule has been developed to complete the painting work.

A decoration diary will be implemented this will incorporate the day-to-day maintenance tasks that arise along with the redecorating/refurbishment projects for the home.

Regulation 27: Infection control	Not Compliant

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

Sluice rooms have been cleaned and kept tidy at all the times. Daily checks carried out by PIC/DPIC/IPC lead. We have secured a chemical preparation and storage area separately from the sluice room.

All inappropriate items have been removed all the items from the sluice rooms and staff are reminded again about the correct storage of items. This will be included in the weekly report to the IPC lead as previously mentioned. Housekeeping hours are rearranged, and more supervision secured. The broken piece of tile has been replaced and the exposed wood for the frame of the sink has been sealed.

We are re arranging the space and door where one of the clinical hand washing sinks are located to enable free access to the clinical hand washing sink, whilst protecting the storage area.
The staining noted on the laundry trolley lid was rectified immediately and these are now

part of the IPC audit.

The items stored in the area to the back door of kitchen have been cleared and the area has been painted since. The janitorial sink will be removed, and the cleaning schedule is in place.

As mentioned, cleaning schedule and supervision is strengthened.

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:

DPIC/CNM are conducting a thorough care plan audit to identify any shortfalls and will retrain the staff nurses to enable the nurses to identify and address the care needs appropriately. We have developed a guide for the nurses on the assessments, care plans and timelines associated with each, this is available at the nurses station for each nurse to access.
Using our weekly kpi reports we are able to identify gaps in care plans and assessments. This information is used in our staff meetings, both departmental and individual meetings.

Regulation 6: Health care	Not Compliant

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

We will ensure that all reports/recommendations from members of the MDT are documented fully. The MDT member will have a nurse in attendance with them, when they are onsite and it will be this nurses responsibility to ensure that the information is recorded fully and with the correct timeline.

In relation to the Resident whom the inspectors noted re bloods etc, this Resident has known the GP for many years and the GP couldn't justify the need for blood tests as the resident is not able to tolerate the interventions. Blood test would not change the plan of action in this scenario. However, the blood test was carried out and all WNL.

Nurses have been trained and informed about wound management. We will ensure that all wounds are under weekly r/v by the DPIC whilst any upskilling of our staff is being conducted. The dpic has ensured that an audit has been carried out and completed the gaps identified. All wounds within the home form part of the weekly kpi report.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Nurses are trained in managing behaviour that is challenging, however more emphasis is needed for some of our newer nurses regarding the importance of correct documentation as per the policy of the home. This is part of our restrictive practice audit quarterly. Use of all restraints is documented in our restraint register.

We have reviewed our restraint documentation to ensure that it can be documented what alternatives had been trialed prior to applying the specific restraint.

The lighter for the resident was kept at the reception with the resident's permission. The resident is mobile and able to come to the reception whenever requires a cigarette. This was included in the care plan and risk assessment for smoking and now the risk assessment is completed for holding the lighter at reception.

Regulation 9: Residents' rights	Substantially Compliant

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

Doors open to the garden area have been risk assessed and one door is kept open. The findings of the risk assessments have indicated that the other doors were not appropriate to leave open, however we have placed an image with the door code within it to enable access through the door as they wish. The use of restraints are reviewed weekly in the KPI report.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	02/01/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines	Not Compliant	Orange	02/11/2024

	of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	02/11/2024
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	30/11/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before	Substantially Compliant	Yellow	30/10/2024

	or on the person's admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/10/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/10/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the	Substantially Compliant	Yellow	30/09/2024

	person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2024
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 the rights of other residents.	Substantially Compliant	Yellow	20/08/2024