



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 November 2024
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0045521

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 36 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 18 single bedrooms, seven twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of five single bedrooms. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Thursday 28 November 2024	09:00hrs to 16:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector met with the majority of the 34 residents living in the centre and spoke with seven residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One residents said they were 'in the lap of luxury' and described staff as 'exceptional'. Another resident told the inspector that staff could not do enough for them.

There was a calm and welcoming atmosphere in the centre. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated. Staff were seen to actively engage with residents in a respectful and kind manner, ensuring their needs were responded to and that their privacy and dignity was promoted and protected when providing care.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visitors also complimented the quality of care provided to their relatives by staff, who they described as approachable, attentive and respectful.

Residents were very complimentary of the home cooked food in the centre. A group of residents attended the dining room for their meals, while the some residents chose to have lunch in their bedrooms or in the sitting room. There were adequate numbers of staff available to assist residents at meal-times. Residents were assisted with their meals in a respectful and dignified manner.

Residents had access to a range of activities for social engagement. The inspector observed that the residents were supervised in all communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. Residents who did not wish to participate in activities were observed to be relaxing in communal areas or in their bedrooms watching television or reading newspapers. Staff confirmed that that resident voting in the upcoming general election had recently been facilitated.

Ardeen Nursing Home was originally a residential home built almost 100 years ago. It was converted to an nursing home in 1969 and extended over the years. It is registered to provided care for 36 residents near the centre of Thurles. There were 34 residents living in the centre on the day of the inspection. Bedroom accommodation comprised 18 single, seven twin bedrooms and one four bedded room.

The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. It stood on two acres of private grounds overlooking mature private

gardens. The outdoor courtyard and garden area was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home. On the day of the inspection communal areas throughout the centre were adorned with christmas trees, lights and colorful decorations. While the centre generally provided a homely environment for residents, some of the décor and finishes including flooring were showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance.

The ancillary facilities generally supported effective infection prevention and control. Staff 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. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. The main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean with some exceptions. For example, the underside of removable shower trays in communal bathrooms were unclean. Equipment viewed was generally clean.

There was an ongoing maintenance programme in place. The inspector was informed that 16 bedrooms had recently been refurbished and had floor covering replaced.

Alcohol-based hand-rub wall mounted dispensers were readily available within resident's bedrooms an additional hand hygiene sink were also available within easy walking distance of residents bedrooms. These sinks complied with the recommended specifications for clinical hand hygiene sinks.

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

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection focused on the infection prevention

and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents' rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The centre has a good history of compliance with the regulations and was found to be mostly compliant under regulations reviewed on the last inspection. However, during this inspection, the inspector found evidence that there were insufficient management systems to ensure the safe delivery of care, particularly in the areas of infection control and outbreak management.

The inspector followed up on the actions of the compliance plan that the provider had committed to take to address the findings of previous inspections. Improvements to the layout of six bedrooms had been made and the Director of Nursing outlined plans to reconfigure a further room to support resident privacy.

Ballincaoirigh Ltd., the registered provider, has two company directors, one of whom is involved in the operational management of the centre. The centre was managed on a daily basis by a Director of Nursing (DoN) who was responsible for the overall delivery of care and support to the residents. The DoN was supported in their role by an Assistant Director of Nursing (ADoN) and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified. The low staff turnover and full staff compliment was indicative of good working conditions, job satisfaction and a supportive environment. It also provided continuity of staff which promoted consistent, high quality care for residents.

The ADoN had been nominated 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.

There were sufficient numbers of housekeeping staff on duty to meet the needs of the centre on the day of the inspection. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour codes cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Infection prevention and control audits were undertaken and covered a range of topics including hand hygiene, use of personal protective equipment, equipment and environment hygiene, laundry and sharps management. High levels of compliance were consistently achieved in recent audits. However, a number of issues identified

on the day of the inspection had not been identified in local audits. Findings in this regard are detailed under Regulation 27.

Staff working in the centre had managed an outbreak of influenza and an outbreak of COVID-19 in 2024 to-date. A review of notifications submitted found that both outbreaks had been notified to HIQA when detected. However, documentation reviewed indicated that the influenza outbreak may have gone undetected for up to a week before the outbreak was declared. Formal review of the management of both outbreaks had been completed. The management of the influenza outbreak is discussed further in the quality and safety section of this report.

Surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including Vancomycin-resistant *Enterococci* (VRE) and Carbapenemase-Producing *Enterobacterales* (CPE). This meant that staff were unable to monitor the trends in development of antimicrobial resistance within the centre.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets/ showers were run weekly. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of these controls.

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 all staff were up to date with mandatory infection prevention and control training. Nursing staff had completed antimicrobial stewardship training and housekeeping staff had attended a nationally recognised specialised hygiene training program for support staff working in healthcare.

However, further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including CPE. Findings in this regard are reported under Regulation 27.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. Additional training on outbreak management had been delivered after the influenza outbreak.

However, the inspector identified, that all staff were not knowledgeable in the management of residents colonised with MDROs including CPE. Findings in this regard are detailed under Regulation 27.

Judgment: Compliant

Regulation 23: Governance and management

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

- Improved oversight of the systems in place to assure that outbreaks are detected in a timely manner was required.
- MDRO colonisation was not routinely monitored and recorded. Staff and management were unaware that a small number of residents were colonised with MDROs including VRE and CPE. This may have impacted the implementation of effective infection prevention and control measures when caring for these residents.
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection (as detailed under Regulation 27) indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- While some *Legionella* controls were in place, water was not routinely tested to monitor the effectiveness of the *Legionella* control programme.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Residents' rights were upheld in the centre. All interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available. There were no visiting restrictions in place. Visits and social outings were encouraged and facilitated.

Notwithstanding the positive feedback from residents and visitors, the findings of this inspection are that improvements are required in infection control, antimicrobial stewardship and outbreak management.

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

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents with their consent.

The inspector 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.

However, further improvements were required to progress the antimicrobial stewardship programme. While staff were monitoring antimicrobial consumption monthly, no analysis or feedback to prescribers was identified. This consumption data was not routinely audited to inform quality improvements.

A review of resident files found that only one urine sample had been sent for laboratory analysis. There was no evidence that nursing staff routinely advocated for prescribing based on microbiological sample results in line with national guidelines, for example when residents had a history of frequent urinary tract infections. Details are outlined under Regulation 6.

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Based on a sample of care plans viewed, it was evident that validated risk assessments were

regularly completed to assess clinical risks such as risk of incontinence and pressure ulcers.

However, a review of care plans found that the MDRO status was not documented in the care plans of two residents. As a result, the inspector was not assured that appropriate infection control and antimicrobial stewardship measures were in place when caring for these residents. Furthermore, care plans of residents with a history of repeated urinary tract infections did not detail measures that may minimise or reduce infections.

Where residents were temporarily absent from a designated centre, in an acute hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre. Notwithstanding this good practice, the centres transfer template document did not include a specific section to record healthcare associated infection history and MDRO status. Findings in this regard are detailed under Regulation 25.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste and used sharps.

However, a number of practices were identified which may impact effective infection prevention and control. For example, there was ambiguity regarding the correct procedure for decontamination of commode basins and urinals. Some staff were unaware of the measures required to prevent the spread of CPE colonisation. Issues identified are detailed under Regulation 27.

Improvements were also required in the detection and management of outbreaks. An outbreak of influenza was declared in January 2024. Several potential contributory factors were identified on the day of the inspection which impacted the early detection and control of the outbreak. For example;

- An accurate line listing was not commenced when eight residents first became symptomatic on 10th December and a further five on 11th December. A notification submitted to HIQA on 16 January stated that the outbreak had commenced on 13 January.
- There was difficulty obtaining PCR testing kits for influenza testing. The delay in testing delayed early detection and controls and likely contributed to onwards transmission.
- Five residents tested positive for influenza while in hospital. The results of these tests were not communicated to staff in the nursing home for several days. As a result there was a one week delay in declaring the outbreak.

An outbreak report had been completed and the contributing factors had been acknowledged. The inspector saw evidence that learning had been implemented. For example, stocks of PCR testing kits were available and a line listing was maintained to record and facilitate early detection of potential outbreaks. Minutes of staff

meetings confirmed that the findings of the outbreak report and associated learning had been communicated to staff.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The local transfer template document did not contain a section for details of health-care associated infections and colonisation status. This may impact the sharing of accurate information when residents are transferred to hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- An influenza outbreak was not detected and managed in a timely manner. The delay in the identification and early rapid response to the outbreak impacted effective infection prevention and control.
- Staff were unaware of the MDRO status of two residents. As a result appropriate control measure may not have been consistently implemented when caring for these residents.
- A number of healthcare assistants had not heard of CPE. Further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including CPE.
- Reusable sponges were used for personal hygiene. Sponges retain moisture, creating an ideal environment for growth and multiplication of harmful bacteria such as including CPE and VRE. Even with cleaning protocols, it can be challenging to ensure sponges are thoroughly disinfected.

- Sinks in multi-occupancy bedrooms were not kept clear of extraneous items including toothbrushes and personal hygiene products. This increased the risk of cross contamination.
- Staff informed the inspector that commodes and urinals were manually emptied and rinsed prior to decontamination in the bedpan washer. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- The underside of the four shower grids viewed in communal bathrooms were visibly unclean. This posed a risk of cross infection.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of linen trolleys in communal bathrooms.
- Clean and dirty linen was transported on the same trolley. This posed a risk of cross contamination.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. For example:

- A review of care plans found that accurate infection prevention and control information was not recorded in two resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO.
- Care plans for residents with a history of urinary tract infections did not detail measures to reduce or prevent infection.

Judgment: Substantially compliant

Regulation 6: Health care

The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, while antibiotic consumption was monitored, there was no evidence to show that this data was used to inform antimicrobial stewardship initiatives. Audits antibiotic use were not routinely undertaken.

There was no evidence that urine samples were obtained (where appropriate) by nursing staff to enable antimicrobial therapy to be streamlined and optimised on the basis of laboratory results.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in their care and had choice in the time they wish to go to bed and when they could get up. The centre promoted the residents independence and their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0045521

Date of inspection: 28/11/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Ensure sufficient resources are available, to ensure effective delivery of care, in areas of IPC, and Outbreak Management ie Vigilant observation, monitoring for symptomatic residents, to ensure outbreaks are detected in a timely manner. Sufficient Multiplex Test Kits , Isolate. Accessing prompt results from Lab. Appropriate use of PPE. Consultation with G.P,s in relation to prescribing. Discussion with Public Health, and CHO3 IPC Link Practitioner. Enhanced Cleaning with Chlorclean. Review following Outbreak Closure. Ongoing Audits to ensure compliance with the National Standards for IPC.</p> <p>Monitor and record MDRO,s to implement effective IPC control measures ,update Care Plans and ensure all Staff are aware of infection status and are knowledgeable in the management of residents colonised with MDRO,s. (Information leaflets available to all staff)</p> <p>Accessed HBE,as indicated by EHO.to test water 6 monthly for Legionella. Testing scheduled for Jan/Feb 2025. Approx.</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>Transfer Form has been updated to include MDRO Status,</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Ensure sufficient resources are available, to ensure effective delivery of care, in areas of IPC, and Outbreak Management ie Vigilant observation, monitoring for symptomatic residents, to ensure outbreaks are detected in a timely manner. Sufficient Multiplex Test Kits , Isolate. Accessing prompt results from Lab. Appropriate use of PPE. Consultation with G.P,s in relation to prescribing. Discussion with Public Health, and CHO3 IPC Link Practitioner. Enhanced Cleaning with Chlorclean. Audit and review following Outbreak Closure.</p> <p>Monitor and record MDRO,s to implement effective IPC control measures ,update Care Plans and ensure all Staff are aware of infection status and are knowledgeable in the management of residents colonised with MDRO,s. (Information leaflets available to all staff)</p> <p>Sponges have been replaced by Colour coded flannels. Sinks in multi occupancy have been cleared of extraneous items, Information leaflets in relation to MDRO,s available to Staff. Cleaning schedule has been reviewed in relation to shower grids, We have reviewed linen trolleys and storage of same. 2 separate Laundry trolleys with lid to hold used linen on order from Homecare Med. Current linen trolleys will be used to store clean unused linen only.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care Plans of residents with MDRO,s being reviewed and updated, including accurate IPC Information, thus directing care of residents who were colonized with an MDRO.</p> <p>Care Plans of residents with history of Urinary Tract Infections being reviewed and updated, and measures to reduce or prevent infection will be detailed.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Further development of Antimicrobial stewardship is in progress, Although antibiotic consumption is included in monthly K.P.I.Register, we plan to Audit Antibiotic use, as indicated by HSE Guidance," RESIST "</p> <p>MSU Samples are sent routinely, Culture and Sensitivity test has been discussed with Laboratory Staff, culture is completed, but sensitivity is only completed if : Bacteriological Colony Count is 100,000 or above (Information from Laboratory Staff)</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	20/01/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	30/11/2024

	designated centre, hospital or place.			
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	10/01/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	10/01/2025
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.	Substantially Compliant	Yellow	30/01/2025

