



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

## Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	02 October 2024
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0045012

## About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in recently extended single-storey premises in a rural location. There are two twin rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

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

Number of residents on the date of inspection:	61
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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
Wednesday 2 October 2024	08:15hrs to 16:30hrs	Yvonne O'Loughlin	Lead
Wednesday 13 November 2024	09:20hrs to 17:20hrs	Yvonne O'Loughlin	Lead
Wednesday 2 October 2024	08:15hrs to 16:30hrs	Brid McGoldrick	Support
Wednesday 13 November 2024	09:20hrs to 17:20hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff were working to enable residents to have a good quality of life. Feedback from residents and visitors regarding the service they received and their quality of life in Sancta Maria Nursing Home was positive. However, there were significant findings in relation to Infection control, which impacted both the quality in terms of residents' rights and the safety aspects of the service provided to the residents. In addition, the registered provider was required to take action in respect of fire safety concerns, infection control practices in the centre, and improvements to the premises.

The inspectors observed and acknowledged that a substantial amount of fire safety work had been accomplished, which was a requirement of a restrictive condition attached to the registration of the designated centre. However, inspectors identified that not all required work was completed and further action was required. For example; the fire doors in the old section of the centre were in need of review to provide assurances that they would contain a fire. This matter is discussed in more detail under Regulation 28: Fire precautions.

This unannounced inspection of Sancta Maria Nursing Home was carried out over two days, with day one starting on the 2 October 2024 as a focused Regulation 27: Infection and control inspection. Due to the findings on day one and identified risks an urgent compliance plan was issued to the registered provider and, a day two inspection was later carried out on the 13 November 2024.

On day one of the inspection, following an introductory meeting the inspectors completed a tour of the centre and observed some areas of the centre and some equipment that were visibly dirty, this included the kitchen and the kitchenette. Findings in relation to cleanliness are discussed later in the report.

The design and layout of the building were observed to be suitable for the needs of the residents cared for within the centre, however, a number of improvements were required in relation to premises and maintenance. In addition, a number of fire related works had also not been completed and remained outstanding, as further discussed in the report.

The layout of the centre was over one floor and divided into two areas called the Memory Care Unit and the Main House. The Memory Care Unit had accommodation for 16 residents with a diagnosis of dementia and/or cognitive impairment. On day one of the inspection there were 11 residents in this unit and on day two there were 13 residents. The remaining residents were cared for in the Main House.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout both days. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. At the reception area there were notice boards to inform visitors and

residents about the service provided in the centre and other easily accessible information booklets.

Inspectors raised concerns about the inappropriate arrangements at the centre in respect of the use of premises, end of life care and residents' rights. The centre had one end-of-life room registered with an adjoining room for family members that was accessible both from the outside and within the room. This room was registered as an extra facility to support families to be with their loved one when they were dying. On the first day of the inspection there was one resident who was actively receiving end-of-life care and who was not accommodated in this specifically dedicated room. This palliative room was occupied by another resident who was not requiring end-of-life care. The many visitors and relatives that were present for the resident who was dying were seen using the adjoining family room, which was at some distance from the resident's bedroom. Such arrangements were inappropriate and required full review as discussed further in the report under Regulation 17: Premise.

There was mixed feedback from residents about the activities provided. Residents said they enjoyed the activities provided, however, they thought that there could be more activities made available to them. There were no activity staff working in the centre on a Sunday. The person in charge told the inspectors that care staff will arrange the activities but there was no extra staff allocated to facilitate this.

Inspectors observed that the staffing in the Memory Care Unit was not sufficient to meet the complex needs of the residents living there. On day two of the inspection, the inspector observed one staff member supervising 13 residents while the second care staff was on their break. There was also a registered nurse rostered to work in this unit but at the time they were attending to other residents from another unit. This left insufficient support available to the residents as the inspector had to intervene when a resident became distressed.

Residents had access to an internal courtyard to sit outside and go for short walks. On the first day of the inspection this area was overgrown and poorly maintained. This is a repeat finding from a previous inspection.

On the second day of the inspection the cleanliness of the entire centre had improved and the courtyard was made safe for residents and appeared neat and tidy.

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

## Capacity and capability

Overall, the registered provider had failed to provide a safe and effective service for

residents that was compliant with the regulations. Inspectors found that there were concerns in relation to most of the regulations under the remit of infection prevention as well as fire precautions.

This unannounced 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 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control.

The centre has a restrictive condition on its registration certificate in relation to achieving compliance with Regulation 28: Fire precautions by 30 September 2024. This condition had been attached during the previous registration renewal as a result of ongoing concerns in respect of the governance and management of fire precautions in the centre. Although extensive work in respect of fire safety had been completed, inspectors found that the significant risk in respect of fire containment had not been fully addressed. The registered provider had not informed the Chief Inspector of any delays to the completion of the required works and had not applied to vary their restrictive condition. Despite commitments given to the Chief Inspector following the last inspection, this inspection found ongoing non-compliance and insufficient action taken by the registered provider to achieve compliance. There was repeated non-compliance with respect to a number of regulations, such as Regulation 23: Governance and management, Regulation 27: Infection control and Regulation 28: Fire precautions.

Ronnach Teoranta is the registered provider of Sancta Maria Nursing Home and is managed by the Mowlam Healthcare Group. The local management team consists of the person in charge, one assistant director of nursing, and a clinical nurse manager. The management team are supported by senior members of the Mowlam Healthcare team who are appointed as nominated people participating in the management of the designated centre.

Due to significant risks identified on day one of the inspection, inspectors issued an urgent compliant plan request which included;

Actions to be completed by 10 October 2024:

- Ensure sufficient resources in housekeeping, healthcare assistants and catering staff.
- Ensure a deep clean of the centre including the kitchen and kitchenette and that all kitchen equipment was in good working order.
- Ensure that the call bell system and both bed pan washers were in good working order.
- Ensure that water safety measures were in place to protect residents from the risk of a *Legionella* bacteria infection.
- Ensure residents had access to drinking water at all times.
- Ensure sufficient ventilation in the kitchen and kitchenette.

The second day of this inspection was carried out to follow up on the issues

identified above. The inspectors found that the provider had taken some steps in addressing the actions found on the first day. For example, the centre including the kitchen areas had been deep cleaned. One bedpan washer had been replaced and the other machine was in working order. However, some of the issues had not been addressed. For example, the ventilation system in the kitchen and kitchenette was not working. The kitchenette had a temperature of 29 degrees celsius despite the window being open on both days of the inspection. Water samples had not been retested from the outlets that showed high counts of *Legionella* bacteria, this was identified on the first day of inspection. This is discussed under Regulation 23: Governance and management.

Inspectors found that there were insufficient resources in housekeeping, healthcare assistants and catering services to meet the needs of the centre. For example, on the first day of inspection, there were two housekeeping staff on duty, one chef and two catering assistants. The impact of this was evidenced by areas of the centre that were not cleaned to an acceptable standard. Also, on the first day of the inspection there were many residents who were not up and dressed by 11:30 am. This meant that residents were not able to participate in the schedule of activities if they so wished that had started at 11am. Notwithstanding the improvement seen in staffing by the second day of inspection, action continued to be required as there was no qualified chef working in the kitchen. The inspectors saw evidence that food safety records were not consistently and appropriately maintained. This is discussed further under Regulation 27: Infection control, Regulation 23: Governance and management and Regulation 15: Staffing.

On the second day of the inspection, the Memory Care Unit in the centre accommodated 13 residents who had a diagnosis of dementia. The nurse allocated to this unit had responsibility for caring for other residents outside the unit also. This meant that there was not adequate supervision of staff in this unit during peak times such as the medication round. This is further discussed under Regulation 16: Training and staff development.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not sufficiently robust as it had failed to identify key areas for improvement and poor infection prevention and control (IPC) practices. This is discussed under Regulation 23: Governance and Management.

The person in charge had overall responsibility for IPC and antimicrobial stewardship. On the day of inspection the provider had an IPC link nurse to support the person in charge who had not completed the national IPC link nurse programme but was intending to do so at the next available time.

## Regulation 15: Staffing

The provider had failed to ensure sufficient staffing levels in the centre to meet the needs of the residents, and for the size and layout of the centre. For example;



- A review of the staffing rosters against the staffing resources outlined in the statement of purpose found that there were vacancies in household and catering staff. There was not enough staff employed to ensure effective cleaning and decontamination of all areas of the centre, the findings are detailed under Regulation 27: Infection control. There was one vacancy in the clinical nurse manager role due to planned leave.
- Throughout the inspection, residents were observed waiting for long periods of time for staff to be available to assist them with hygiene and shower needs. This impacted on the opportunities to partake in social activities but also on meeting their care needs. For example, one resident did not have their urinary catheter (tube to drain the bladder) emptied and was observed to be full and not secured appropriately.
- There were insufficient catering staff on duty to cater for the main kitchen and the kitchenette. The impact of this was that some residents had no replacement of fresh drinking water in the afternoon on day one of the inspection.
- There was only one health care support staff supervising in the Memory Care Unit on day two of the inspection. The registered nurse was required to leave the secure unit and attend to other residents outside of the unit. During this absence the one care staff was unable to effectively meet the needs of all residents. Such arrangement required review.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff supervision in the Memory Care Unit was inadequate given the level of complex needs of the residents accommodated in that unit. Six residents were observed huddled together in the reception area with one staff member present to assist and supervise them. The nurse assigned to the unit had left to attend to other residents elsewhere. While these six residents were huddled together a seventh resident joined them and this caused agitation and responsive behaviours from the other residents, which one staff member found difficult to manage. The inspector had to intervene to ensure residents were safe as no other staff was in the unit at that time. This unit provides accommodation to 16 residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspectors found that the management and quality assurance systems that would ensure that the service delivered to residents was safe and effectively monitored remained inadequate in a number of areas, and consequently, most of

the inspectors' findings on this inspection had not been identified by the provider through their own oversight and auditing processes. This was evidenced by;

- The inspectors found that the registered provider was in breach of Condition 4 of its registration as fire-related works had not been completed in the time frame agreed. There had been no application to vary and no communication with the Chief Inspector in this respect.
- Management systems in place did not ensure that the cleaning procedures in the centre were completed to the recommended standards to protect residents from infection and were not in line with local policy. This is further detailed under Regulation 27: Infection control.
- The provider had received a report in May 2024 highlighting three water outlets with high counts of *Legionella* bacteria in the water supply. The flushing regime had been increased but the water had not been retested. On the second day of inspection an action was to close these bathrooms until the provider was assured that there was no further risk to the residents.

There were insufficient resources provided to ensure effective delivery of care in accordance with the statement of purpose, or to meet residents needs: This was evidenced by;

- There was not enough staff working in the kitchen and as household staff to provide a good service to the residents in terms of cleanliness of the centre and the kitchen areas.
- There were no resources allocated for the provision of activities on Sunday. Inspectors were informed that care staff were taking on this responsibility, however no additional resources were allocated for this, which meant that healthcare staff were expected to provide this in addition to their allocated responsibilities.
- One resident was outside smoking unsupervised without a smoking blanket and his coat had holes in it from cigarette burns.

Assurances provided by the registered provider in the urgent compliance plan following day one of inspection had not been fully addressed. On day two of this inspection the following was found:

- There was only one house keeping staff on duty on one day. The provider had assured the Chief Inspector that agency staff would be provided to ensure appropriate staff numbers were in place. This was not the case as evidenced by the staffing rosters provided to the inspectors.
- The oven and cooker that were no longer in use had not been removed in line with commitments given.
- Ventilation works in the kitchen were to be undertaken by 20 October 2024; this work had not yet started.
- The battery in relation to the call bell system had not yet been rectified and continued to display the warning sign 'battery critical'.

Judgment: Not compliant

## Quality and safety

Ineffective systems of governance and management described in the capacity and capability section of this report impacted on the quality and safety of care provided to the residents in key areas like IPC and fire safety and did not ensure that residents were adequately protected from an infection and a fire emergency.

Inspectors found that the provider did not comply with Regulation 27 and the *National Standards for Infection prevention and control in community services* (2018). Weaknesses were identified in infection prevention and control governance, environment and equipment management. Details of issues identified are set out under Regulation 27: Infection and control, Regulation 9: Residents` rights, and Regulation 17: Premises.

On day one of the inspection, the inspectors found that the standard of environmental hygiene and equipment hygiene of the centre fell below an acceptable standard. This is discussed further under Regulation 27: Infection control. On day two of the inspection the cleanliness of the centre and equipment had improved.

Clinical hand washing sinks were available in key areas, including hallways, the treatment room, and the sluice, ensuring staff had convenient access for proper hand hygiene. However, some barriers to good hand hygiene practice was observed. For example, not all rooms had easy access to a hand sanitiser to facilitate hand hygiene at the point of care.

The nurses` station had a notice board which displayed up-to-date guidance and best practice. Staff were knowledgeable about standard precautions and this was evident by practices observed throughout the day. For example, linen was managed in a way to reduce the spread of infection. Staff were using appropriate personal protective equipment (PPE) based on their risk assessment. However, staff had not implemented that knowledge and the principles of training into practice. For example, urinals had not been washed in the bedpan washer after use, this is discussed under Regulation 27: Infection control.

The premises was designed and laid out to meet the individual and collective needs of the residents. However, there were areas where improvements were needed in relation to the internal courtyard and equipment in poor repair. The internal courtyard disrepair was also highlighted as a concern at one of the residents` meetings. These findings are discussed under Regulation 17: Premises.

The provider had recently upgraded the premises in parts in relation to fire safety. There had been an increased amount of fire drills, a new ramp had been placed outside an emergency exit and external emergency lighting had been improved . However, significant actions are still required regarding outstanding items from a previous compliance plan from the inspection in February 2024 and the restrictive

registration condition, specifically in respect of containment, as detailed further under Regulation 28: Fire.

Residents were not provided with activities of their choice at all reasonable times. There were no activities staff rostered on a Sunday. The person in charge informed inspectors that most residents have visitors on Sunday or go out for the day. This did not ensure that each resident's social and occupational needs were appropriately met. Consequently, opportunities for residents to participate in activities in accordance with their interests were not made available and impeded on the rights of residents.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting.

Judgment: Compliant

### Regulation 17: Premises

The registered provider failed to use the premises as registered and in accordance with the statement of purpose. For example;

- A room which was registered for palliative purposes only was found to be in use by a resident who was not at the end-of-life. This meant that the room was not available to meet the needs of another resident who was dying and to facilitate having their family close by.

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example

- The premises were not kept in a good state of repair externally and internally:
  - The ceiling in the assisted bathroom had holes that required sealing.
  - The walk way around the courtyard was not safe for residents to use as it was overgrown and had briars.
  - The ventilation in the kitchenette was not in good working order. For example, the temperature of the room was 29 degrees celsius on a cold day with the window open.
  - The kitchen had equipment that was not in good working order and needed repair. For example, the walk-in fridge freezer was leaking and

over iced. A fridge and an oven needed repair or replacement.

Judgment: Not compliant

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

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control for example:

- The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:
  - The bedpan washers in the sluice rooms were not in good working order. This meant that urinals and bedpans may not have been cleaned properly thus increasing the risk of infection spread. Four urinals found in residents rooms were dirty at the base and had been reused without being cleaned in the bedpan washer.
  - Resident equipment was visibly dirty. For example one commode had an "I am clean sticker" with a date of being cleaned but underneath was heavily stained.
  - The centre did not have a schedule to deep clean the residents` rooms. On the first day of inspection there was a musty smell and some of residents` rooms were not clean. The kitchen and the kitchenette were visibly dirty in some areas. For example, the bain marie was dirty in the kitchenette and had crockery inside that was visibly dirty. The hairdressing room had a musty smell and there was hair on the ground from a previous visit.
  - Staff were walking through the kitchen to access milk and other items for residents` use as there was no fridge near to the entrance door. This increased the risk of infection spread.
  - Three showers had high counts of *Legionella* bacteria in the water supply that came through the shower head. This increased the risk of residents developing a healthcare associated infection.

- Some barriers to good hand hygiene practices were observed. For example, not all residents rooms had easy access to a hand sanitiser and this increased the risk of the spread of infection.
- The provider had not substituted traditional needles to those with a safety device in line with evidence-based guidelines; this increased the risk of staff getting a sharps injury.

The inspectors acknowledge the centre had been deep cleaned following the urgent compliance plan and on day two of the inspection the centre including residents equipment was clean and tidy.

Judgment: Not compliant

### Regulation 28: Fire precautions

Arrangements for the containment of fire was inadequate. For example;

- Fire doors in the old section of the centre were in need of a review to provide assurances that they would contain fires.
- The ironmongery on the doors did not appear to be fire-rated. Many of the doors had damaged or missing smoke seals in the old section of the centre.
- The nurse's store and a separate store on the corridor of the Memory Care Unit did not have doors which had the characteristics of fire doors including the required number of hinges.

This was a repeated non compliance and a breach of a condition of the registration of the designated centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents` care plans were on a computerised system. Residents who had a urinary catheter had a detailed care plan in place to guide the care.

Judgment: Compliant

### Regulation 6: Health care

Inspectors identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention

practices. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff were knowledgeable about the usage of the most appropriate antibiotics and a policy was available to guide staff. Residents were referred to specialists as required, for example tissue viability and dietitians.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents did not always have access to appropriate activities of their choice. There were no activity staff rostered on a Sunday to support the needs of the residents. Healthcare staff were expected to provide activities to residents on a Sunday while also fulfilling their role as a healthcare support staff member. This would impede on the rights of residents.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0045012

Date of inspection: 02/10/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• There is an active local and overseas recruitment process under way to fill vacant posts. The Human Resources (HR) Department is supporting this process; the Person in Charge (PIC) and the Healthcare Manager (HCM) have a fortnightly meeting with the HR Recruitment team to review progress.</li> <li>• Since the inspection, we have appointed 1 Catering Manager, 2 General Assistants and 2 Healthcare Assistants (HCAs). 5 HCAs have been recruited from overseas and they are expected to commence in post by the end of March 2025.</li> <li>• We are in the process of outsourcing the housekeeping service to an external contractor, which will be in place by early February 2025. Current staff will transfer to the external service provider but will continue to work in the centre on their existing terms and conditions of employment.</li> <li>• The external contractor will fill all allocated housekeeping hours with the appropriate personnel. They will also supply a regional manager to support the centre's management team in overseeing and monitoring the quality of the housekeeping service.</li> <li>• In the interim period, we will support the housekeeping service with agency staff backfilling vacant posts or staff who are unavailable for work, in order to maintain standards of cleaning throughout the centre.</li> </ul>	
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> <ul style="list-style-type: none"> <li>• We have reviewed the allocation of staff in the Memory care unit. The CNM oversees this unit, providing effective supervision and ensuring appropriate deployment of staff.</li> </ul>	

- A Staff Nurse is rostered to the unit at all times, supported by Healthcare Assistants: 2 during the day and 1 at night time.
- Commencing in January 2025, staff who are allocated to work in the Memory Care Unit will receive enhanced in-person education in the Behavioural & Psychological Symptoms of Dementia (BPSD) to ensure that they have a good understanding of how to manage responsive behaviours, including recognising behavioural triggers and implementing appropriate de-escalation techniques.
- The PIC will ensure that nursing staff receive in-person education in assessment and care planning for residents in the Memory Care Unit so that the documented care plan for responsive behaviours ensures a consistent approach to care by all staff. Care planning education was provided in October 2024 for nursing staff.
- All staff will receive further online and in-person education on Safeguarding which will help to raise awareness and foster a culture of protection towards the safety of residents. In-person education sessions were provided in November with more training planned for January 2025.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The fire-related works will be completed by 28/02/2025. We will then arrange for the works completed to be reviewed by a competent person and will request a report to be provided confirming that the works are compliant with fire safety.
- We will outsource the housekeeping service in early 2025 to an external company to ensure that the cleaning procedures in the centre will be completed to the recommended standards to protect residents from infection.
- The water outlets that were shown to have high Legionella bacteria counts as highlighted in the report in May 2024 have had the water retested and an increased flushing regime has been introduced. The report of the water tests is available. The water that has been retested for Legionella bacteria show acceptable results.
- There are 5 staff in post in the catering department, in line with the centre's Statement of Purpose. A Catering Manager has recently been appointed.
- We will ensure that the activity programme for residents' activities includes Sundays. We will allocate resources to ensure that staff who are deployed to activities are not also expected to provide direct care to residents and that healthcare staff focus only on their care responsibilities.
- We have reviewed the smoking shelter and it is equipped with a smoking blanket. Risk assessments for residents who choose to smoke have been reviewed and appropriate safety care plans are in place for all smokers, including the requirements for supervision.
- The outsourcing of the housekeeping service will ensure that an appropriate number of housekeeping staff will be on duty each day. Until the service is outsourced we will book agency housekeeping staff to backfill vacant posts or to cover staff absence. Two housekeeping staff members have been recruited.

- The oven and cooker that are no longer in use have been removed from the kitchen. A new cooker was installed in November 2024.
- The ventilation works in the kitchen are more extensive than originally anticipated; these works will be completed by 31/01/2025.
- The battery in relation to the call bell system has been rectified. A further issue was identified with the central panel and this will be repaired and work will be completed by 31/01/2025. The works to the panel will not affect the current functioning of the call bell system.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The room which was registered for palliative purposes only will be used to provide palliative care. This will facilitate family members to be close by when a resident is nearing end of life. The arrangements for residents allocated to this room have been reviewed and implemented. The resident who previously occupied this room has been relocated to an alternative room having been consulted and consented to the relocation. Residents at end of life will be considered on a case by case basis by the PIC and ADON; consultation with the resident (where possible) and the resident's family will take place in consideration of the transfer to the Palliative Care suite, and if this will facilitate the family to spend more time with their loved one, the transfer will be arranged.
- The ceiling in the assisted bathroom has been repaired.
- The walkway around the courtyard is now safe for residents to use as it has been cleared and overgrowth has been cut back.
- The ventilation in the kitchenette repairs will be commenced on 13/01/2025.
- The walk-in fridge freezer has been repaired and we will replace the door. The fridge and the oven have been replaced.

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

- One bedpan washer has been replaced and the other has been repaired. This will facilitate the effective cleaning of urinals and bedpans.
- Compliance with Infection Prevention & Control standards will be the responsibility of the PIC. There will be a designated lead IPC nurse in the centre who will receive enhanced education in IPC standards and will support the PIC in monitoring overall standards of cleaning and decontamination of equipment.
- The housekeeping service will be outsourced to an external contractor, an established

cleaning company with staff and area managers who are knowledgeable about cleaning protocols, procedures and IPC policies.

- There is a schedule in place to clean and/or decontaminate resident equipment, and compliance with this will be monitored by the Person in Charge (PIC), supported by the lead IPC nurse.
- There is a schedule in place to deep clean the residents' rooms, and compliance with this will be monitored by the PIC.
- The entire building has been deep cleaned by an external contractor, including the kitchen and kitchenette. There is a plan to outsource the housekeeping service in early 2025.
- Additional housekeeping hours have been allocated to facilitate the catering staff to undertake deep cleaning of the kitchen and equipment to expected standards, including ovens, fridges, surfaces, extraction fans, floors and walls. The PIC will monitor compliance with this.
- A new fridge is in place outside the main kitchen so that staff have no need to enter the main kitchen to access items for residents.
- Water samples from the three showers that had high counts of Legionella bacteria in the water supply have been retested, found to be safe, and the report is available.
- We will establish additional hand sanitising units in the centre to facilitate good hand hygiene practices. The location of these units will be in the corridor areas and treatment rooms throughout the centre.
- The PIC or designated deputy will conduct monthly hand hygiene audits as part of the observational walkabout. The PIC will address non-compliances with individual staff as required.
- The centre has stopped using traditional needles and is now using needles with a safety device to reduce the risk of needlestick injuries.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire doors in the older section of the centre have been reviewed by the Fire Consultant. We will replace some of the doors by 28/02/2025, and we will ensure that they are fire-rated and that smoke seals are present. The doors have been measured and ordered, and we await delivery and installation of same. The first doors to be fitted will be the in the nurse's storeroom and a separate store room on the corridor of the Memory Care Unit. All existing fire doors have been inspected and adjusted where required, so they are functioning effectively as fire doors while the replacement doors are awaited.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
• We will ensure that residents have access to appropriate activities of their choice. Residents will be consulted about their preferences, and the Activities Coordinator will ensure that their preferences are reflected in the range of varied and meaningful activities available in the centre.

• We will ensure that the activities schedule includes Sundays and that there are appropriate staff allocated to the provision of activities, and not as part of care responsibilities.

## 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.	Not Compliant	Orange	31/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	31/01/2025

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	31/01/2025
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	Red	28/02/2025
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	Not Compliant	Red	31/01/2025



	Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2025
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	31/12/2024