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:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Unannounced
Date of inspection:	03 April 2023
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0039760

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

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
Monday 3 April 2023	09:00hrs to 18:00hrs	Geraldine Flannery	Lead
Monday 3 April 2023	09:00hrs to 18:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Inspectors spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Carlingford Nursing Home. Overall, residents expressed high levels of satisfaction with the care provided to them by staff. Many of the residents spoken with told inspectors that they were from the surrounding townland and how they were happy to remain living in the locality. Although the residents received good care and were well supported by staff, adequate systems were not in place for the effective oversight of some areas of the service including, medication practices, care planning, auditing systems and premises.

On arrival at the centre, inspectors observed that the reception area and foyer appeared calm, bright and inviting. It was comfortably furnished with seating and an old style dresser housed books, pictures and plants. Inspectors were told that residents often like to sit in the bright open space and listen to music. Carlingford Nursing home was laid out over two units, each with their own bedroom accommodation and communal sitting space. An oratory was located in one of the units. Mass was celebrated there every Thursday and at other times it was used as a communal space for residents' use.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. Single bedrooms had en-suite toilet facilities for privacy, while residents in multi-occupancy bedrooms shared communal bathrooms. With residents' permission, inspectors viewed a number of bedrooms and saw that they were bright, homely spaces, personalized with photographs and soft-furnishings from resident's homes. Inspectors noted that extensive refurbishment had taken place and works were still ongoing in some areas. Residents had access to an enclosed paved outdoor courtyard, which had a water feature, garden furniture and garden ornaments.

This inspection was carried out at the end of an outbreak of COVID-19 infection, which had impacted a small number of residents and staff. During a tour of the premises the inspectors observed that the main dining room was not in use, as the recent COVID-19 outbreak was not declared over. As a result, some residents continued to eat their food in their bedrooms while others had their meals in a communal area. Residents who spoke with inspectors expressed satisfaction with the food. Residents told the inspectors that there was always a good choice and snacks and drinks were available to them at any time.

A number of residents spoken with said that there were plenty of activities to choose from and that in particular they enjoyed the bingo. Two activity co-ordinators were employed and one was on site on the day of inspection. As a result residents from both units were brought together and the activity staff organised and encouraged resident participation in a larger group setting. An activities schedule was on display and inspectors observed that residents could choose to partake in board games, bingo, exercise, music and sing-along.

Inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their rooms, foyer and seated areas that looked out onto the courtyard. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They informed the inspectors that they were happy with the care provided and felt it was a good place for their loved one to live.

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

Capacity and capability

Overall, the centre provided a good standard of care to residents living there. There was a clearly defined management structure in place however, the person in charge and their deputy were new to their roles and this inspection found that action was required by the provider to ensure that the management oversight systems in place were effective in bringing the designated centre into compliance with the regulations.

The management systems in place to oversee the service were not sufficiently robust. For example, there was evidence of a schedule of audits in the centre, however they were not objective, sufficiently specific and measurable and did not effectively identify areas for improvements and risks. Also, staff supervision in their day-to-day work was not robust to ensure that local policies were consistently implemented in practice, specifically in relation to infection prevention and control and medication management. For example, inspectors observed that medicine management practices were not carried out in accordance with professional standards at all times as discussed further under Regulation 29. In addition, staff were not documenting medication records contemporaneously and accurately in line with good standards of record keeping and centre's own policies and procedures.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was Cooley Nursing Homes Limited. The senior management team included the provider representative, the person in charge, a regional operational manager and a newly appointed assistant director of nursing.

An annual review for 2022 was available for the inspectors. Evidence of residents' meetings and satisfaction survey were also available for inspection.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily

adopted and implemented by staff.

The person in charge was a registered nurse, who worked full-time in the centre and had the required experience in the area of nursing older people. The person in charge was off duty on the day of inspection, however they came in and facilitated the inspection together with the deputy nurse manager.

Throughout the day of inspection, staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them. There were no volunteers working in the centre.

The centre had a directory of residents in accordance with Schedule 3, which was in an electronic format. While the inspector noted that the directory was appropriately safe and accessible, it did not contain all the information required and will be discussed further under Regulation 19.

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector of Social Services. However, inspectors learned on the day of inspection that not all notifications were communicated in line with the requirements and will be discussed further in Regulation 31.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge in the centre on a full-time basis. They commenced the post of the person in charge in September 2022 and were supported by an operational manager and, most recently, an assistant director of nursing who deputised in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013, namely the address of resident representative and the details of their general practitioner (GP).

Judgment: Substantially compliant

Regulation 21: Records

The registered provider did not ensure that the records set out in Schedules 2, 3, and 4 are kept in a designated centre. The area where records were maintained was not part of the designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

The provider did not ensure that resources were appropriately allocated to ensure the service operated in line with its statement of purpose, as evidenced by the delayed administration of medicines. Although there were adequate amount of staff on duty on the day of inspection, the management of staffing resources and allocation of working hours required review as it had an adverse impact on some aspects of residents' care. Review of staff rosters showed that one nurse started at 7.45 am and another at 9.30 am, with the early starting nurse overseeing both units during the busy morning time.This arrangement required review to ensure all residents received their medication in a safe and timely manner.

Management systems in place were not sufficiently effective to ensure that the service delivered was safe, appropriate, consistent and effectively monitored.

- A number of audits had been carried out that had failed to identify areas for improvement, including environmental and infection control audits. The findings of these audits showed very high levels of compliance, which was not in line with the findings of this inspection. The audit tool in use was in a checklist format and did not contain an analysis of findings, action plans, nominated accountable person or time frames for improvement. Inspectors saw a sample of daily audits in infection control completed by staff in a tick-box format and which did not identify any action for improvement. Medication management audits also failed to identify and therefore address gaps in recording and administration practices.
- Oversight of clinical practice was also not effective. Inspectors observed delays in medication administration and a number of residents did not receive their medication at their prescribed times, which posed a safety risk.There

was insufficient oversight of staff practices in infection prevention and control as further described under Regulation 27, and an immediate action plan was issued to the provider on the day of inspection in respect of appropriate wearing of personal protective equipment (PPE).
- The pension-agency arrangements in the centre were not effective to ensure residents' finances were appropriately safeguarded.

The provider failed to identify areas of risk and was issued with urgent action plans in respect of:

- ensuring a working bedpan machine was in place
- ensuring all nursing staff received up-to-date training in medication management.

The registered provider had failed to comply with Condition 1 of its registration certificate, by failing to inform the Chief Inspector of changes to the designated purpose of some areas in the designated centre, as further detailed under Regulation 17. In addition, the inspectors observed a number of other areas serving the designated centre which had not been registered as part of the designated centre. The provider failed to recognise the risks posed to Schedule 2, 3 and 4 records, including the risk of fire, which records were not stored as required in the designated centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the following notifications as required under the regulation:

- The three-day notification required informing the Chief Inspector of an incident of alleged abuse to a resident.
- The three-day notification required informing the Chief Inspector of an unexpected death of a resident.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the service aimed to deliver high quality care to the residents. However, significant improvements were required in several areas, specifically medication management, individual care planning and assessments, infection prevention and control, pension-agency arrangements and premises to ensure that the care provided was safe and appropriate at all times.

It was observed that the nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily. Out-of-hours medical cover was also provided.

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. All staff spoken with were clear about their role in protecting residents from abuse. The provider acted as pension-agent for four residents and inspectors noted that the financial arrangements in place were inadequate to protect residents from financial abuse and will be discussed further under Regulation 8.

Laundry was carried out internally and residents confirmed they were happy with the service provided.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Following appropriate assessment, residents' resuscitation status was clearly documented and further reviewed at six months intervals. However, end-of-life care assessments and care plans were not consistently completed and did not include adequate detail to guide care in line with residents' wishes and will be discussed further in Regulation 13.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was generally kept in a good state of repair and suitably decorated. The single and twin bedrooms viewed on inspection allowed for enough private space for each resident. However, the triple room did not meet the regulatory requirements in terms of affording each resident an adequate amount of space not less than 7.4 m2, which area shall include the bed, personal storage space and chair. Notwithstanding the ongoing refurbishment works in respect of

premises, further improvements were needed as further detailed under regulation 17.

While the dining experience was limited due to the COVID-19 outbreak, inspectors observed that the food appeared appetising and nutritious. Staff were observed to be respectful and assist residents discreetly during meal times.

The designated centre had adopted the use of the National Transfer document which was used where a resident was transferred to and from acute hospital. Inspectors observed that this form was appropriately completed and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returns from another designated centre or hospital, there was evidence available that all relevant information is obtained by the designated centre.

Inspectors found that some procedures were not consistent with the National Standards for Infection Prevention and Control in Community Services (2018), and will be discussed further under Regulation 27.

Regulation 12: Personal possessions

The system for maintaining and the oversight of residents' personal possessions was not robust and not in line with local policy, specifically in respect of the management of petty cash and that all transactions must be co-signed.

Judgment: Substantially compliant

Regulation 13: End of life

Each resident did not receive end-of-life care based on their assessed needs. Inspectors found that end-of-life care plans were not in place for all residents, which meant that in the event of sudden deterioration residents' end of life wishes were not known to staff and therefore the care provided would fail to meet their physical, emotional and social needs or respect residents' dignity and autonomy. Where care plans were in place, they were not sufficiently detailed to include the religious and cultural needs of the resident or indicating a preference for location.

Judgment: Not compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents and in accordance with the statement of purpose. For example, some rooms in the designated centre were not used in line with statement of purpose;

- The smoking room had been converted to a day room facility for the residents, and the provider had failed to notify the Chief Inspector of changes to the purpose of this room. In addition, no alternative smoking facility had been provided for the residents who smoked, who were observed smoking in the garden. There was no sheltered facility/hut to protect the residents from the elements
- The 'Hug-a-mug' café was observed to be use as a staff facility, which was not in line with its designated function. Similarly a toilet in Foy unit was used by staff as a changing facility, which posed a significant infection control risk as it included staff lockers. Inspectors were informed that such arrangements were in place since the COVID-19 pandemic and would be reversed once current outbreak was declared over.

The registered provider did not ensure premises were in accordance with Schedule 6 requirements having regard to the number of residents. For example:

- The triple room in the designated centre was not of a suitable layout to meet each residents' needs. For example, the floor space available for any resident who would occupy the middle bed measured 4.2m2 and did not include a chair and personal storage space. This bed was unoccupied on the day of inspection.
- The size of the laundry was not adequate to meet the needs of the designated centre. Inspectors noted that there was a plan to extend the laundry in the future. The current floor space available in the laundry allowed for very little room to safely segregate the dirty and clean side of the laundry. Furthermore, the floor area was too small for the required equipment and as a result the linen skip was inappropriately stored on adjoining corridor. The laundry was not equipped in line with *National Standards for Residential Care Settings for Older People (2016).*
- The housekeeping facilities did not include a janitorial sink and the hand washing facilities in that room were too small and not fit for purpose.
- There was poor maintenance oversight and not all equipment was fit for purpose. Inspectors observed a number of damaged cushions, pillows, mattresses and chairs, a broken shower head in a communal bathroom. In addition the bedpan washer was not working on the day of inspection and assurances were requested from the provider following inspection. A number of rusty bed tables were observed that did not allow appropriate cleaning.
- Insufficient and inappropriate storage was observed throughout the centre. For example, four bedrooms did not have lockable storage units. The hairdressing room had personal protective equipment and maintenance materials stored on the floor; Assistive hoists were stored on corridor blocking fire evacuation routes; A store room near the Hug a mug café was cluttered with inappropriate items including incontinence pad boxes, chest of drawers, sacrament vestments, vacuum cleaner etc. and there was no coherent system

in place of oversight of storage areas.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

Action was required in the following areas to ensure good infection prevention and control practices in the centre:

- Inspectors observed poor practices with regard to the use of personal protective equipment (PPE). For example, staff were seen wearing their face mask under their nose and under their chin on a numerous occasions. An immediate action was given to the person in charge on the day of inspection, to ensure appropriate mask wearing by all staff.
- The bed pan washer was not functional on the day of inspection and an urgent action was issued to rectify this. Its service record was also not available on the day of inspection.
- Clinical and hand hygiene sinks were not of the required standards and specifications in some areas, including clinical room, laundry, housekeepers' room.

The environment was not managed in a way that minimised the risk of transmitting

a healthcare-associated infection. This was shown by:

- The cleaning processes in the centre were not in line with best practices. Inspectors observed significant dust and dirt behind the washing machines. Assurances were received following the inspection that this been addressed.
- Hair and dirt was observed in the hairdressing room. Building materials and dusty building equipment was inappropriately stored in the hairdressing room.
- The external clinical waste bin at the front of the building was unlocked, posing a safety risk to the public.
- Damaged and torn equipment such as cushions, pillows, mattresses was not identified and replaced in a timely fashion. This did not allow for effective cleaning and also posed a risk of infection.
- Inappropriate storage practices observed throughout the centre as detailed under Regulation 17 posed a cross-contamination risk.
- The laundry facility did not support effective segregation of clean and dirty processes and therefore posed a cross-infection risk.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- Administration of some residents' medicine did not occur at the time as prescribed by their general practitioner (GP). For example some residents did not receive medicines prescribed for administration at 09.00hrs until 12.30hrs. This posed a safety risk to the residents.
- The recording of medication administered to the residents was not contemporaneous. For example medication administered at 12 o'clock was incorrectly documented as having been administered at 9 am, with no rationale documented for the delay. This was not safe practice.
- Inspectors saw the inappropriate storage of custard and yogurts in the fridge used for medicine storage. This practice posed a health and safety risk.
- Inspectors saw out-of-date medicine products stored in the medicine room. A significant number of oral nutritional supplements were also out of date.
- Single use dressings observed to be open and partly used, required discarding.

An urgent action plan was issued on the day of inspection to ensure all staff nurses completed training on safe administration of medicine.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was needed to ensure appropriate care planning arrangements were in place to meet the needs of the residents. From a sample of care plans reviewed, inspectors found that;

- Although comprehensive assessments and risk assessments were completed they did not appear to actively inform the plans of care for the residents.
- When changes to residents' clinical conditions were taking place, the care plans were not consistently updated. For example, a resident's MUST score (Malnutrition Universal Screening Tool) had been completed which showed significant weight loss, but the residents' care plan had not been updated. Similarly, residents who had developed pressure sores or wounds, were being monitored but the care plan was not updated to provide guidance to staff on the appropriate interventions to manage the change in clinical condition.
- The majority of care plans reviewed were generic in nature and lacked the person-centred information and knowledge about residents.
- From the sample of records reviewed, inspectors identified that not all care plans were reviewed every four months.
  In a small number of instances risk assessment tools were not completed to inform the plan of care for a resident; for example food and fluid records charts were not completed in a meaningful manner to inform a nutritional assessment; where residents were at risk of pressure ulcers, the repositioning records were not maintained.

Judgment: Not compliant

Regulation 8: Protection

Action was required to ensure residents' finances was safeguarded. The pension-agency arrangement currently in operation involved the receipt of resident's pensions into the company account. From the company account the monthly payment to the registered provider was withdrawn and the balance credited into the residents' client account. While no inappropriate use of funds was identified, this system may not ensure that residents' finances were appropriately safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the

day of inspection were person-centred and courteous.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0039760

Date of inspection: 03/04/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Identified missing details entered into the register on 4.4.23. Staff meeting held post inspection with Nursing/administrative staff to regarding requirement to complete all register details, as stated. Person in charge PIC/deputy DPIC will check every admission and ensure full compliance is maintained, audited.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Existing floor plans will be amended to include the outside garage building- Amended Floor plans and associated SOP will be forwarded by 9.6.23 This designated area is identified on the floor plans ,is fully enclosed + locked. Excess PPE stock has been removed – storage space has now been significantly increased and re-organised.Identified inappropriate storage of cleaning products were removed and stored in the domestic storeroom. The PIC will continue to monitor compliance and review as part of the overall governance /auditing systems, with immediate effect 4.4. 2	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC held a staff nurse meeting 11.04.23- to communicate HIQA findings and required action plan for medication compliance. The management of staffing resources and allocation of working hours were reviewed ,in line with the Statement of Purpose -the 2nd Nurse shift is changed to 09:00,to support timely medication administration.Unforeseen circumstances can impact on routine nursing duties – therefore all nursing staff have been instructed to advise the PIC ,if they require assistance. The deputy PIC was available to assist,priority would have been given to the residents care,where assistance was requested. All Nurses completed the HSE land medication management module by 5.4.23. All Medication Kardex's continue to be reviewed monthly by the GP/Pharmacist and Deputy PIC. Any resident requiring crushed medication was reviewed on 05.04.2023 ,where an alternative format was required , the GP prescribed appropriately. Where the Home agents a pension agent – assurances were given regarding finances ,it was agreed Finance manager would apply to set up Individual designated resident accounts – applications currently in progress. PIC will forward confirmation of same . The faulty bedpan machine was reviewed by an engineer 6.4.23, a new bedpan washer has been installed.The identified hole in the garage bolier room ceiling was repaired on 4.4.23. The current Statement of Purpose (SOP) as stated existing floor plans will be amended to reflect the change of usage - from resident smoking to visitor /meeting room. The outer building/boiler garage ,with designated Archive storage has also been included SOP + Floor plan will be forwarded by 9.6.23 The outbreak was declared over (day of the HIQA inspection). All staff were informed regarding continued adherence to Infection control guidelines. All residents/staff and visitors continue to be updated, regarding changes to infection control guidance. Specifically -Masks were No longer required, this was effective from 4.4.23. Homes were facilitated up until the 19.4.23 to implement this change .(Email Communication regarding same forwarded to HIQA 31.5.23) PIC held Staff meetings to communicate IPC compliance. PIC /DPIC will continue to monitor and review as per audit schedule – to ensure compliance is maintained . The completion of current auditing /Management systems have been reviewed 10.04.23. The PIC/DPIC will ensure an analysis of findings/action plans/ nominated accountable person and clear time frames are included in all audits . This will ensure care provided is safe, appropriate, consistent and effectively monitored,including Infection Control and Medication management	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

Notifications submitted, as requested 3.4.23. PIC will ensure all 3-day notifications are submitted, as discussed. Where a resident request for no report to be submitted, the PIC will be advise of mandatory requirement to notify HIQA. PIC will continue to notify HIQA regarding any unexpected deaths. The resident identified was not an unexpected death but receiving End of life care. PIC will contact HIQA regarding any further deaths, where clarity is required.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions: All staff advised regarding the Home Policy to ensure x2 staff signatures/additional to the resident/relative for receipt of any monies. A card machine is now available for residents/families to lodge money directly into their accounts, this will help to reduce cash transactions. All residents have a property list completed on admission and 6 monthly. All residents have access to a lockable beside unit. PIC/DPIC will monitor/audit compliance is maintained, as per quarterly audit schedule. Completed 15.5.23 PIC

Regulation 13: End of life	Not Compliant

Outline how you are going to come into compliance with Regulation 13: End of life: All relevant Resuscitation forms are completed , in the event of any deterioration occurring - the residents preference is documented for medical intervention in hospital/Nursing Home/ or considered on a case-by-case basis. All forms were signed by the GP/PIC/resident /family. Deputy PIC further reviewed the End of Life wishes and now duplicated this information into E- nursing records , where appropriate ,care plans have been amended to reflect individual choices. All completed 15.5.23 . PIC/DPIC will continue to monitor/audit, End of Life care, and communicate changes daily, as required in handover meetings. This will include direct feedback from resident families, regarding end of life care -which to date has been excellent

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The temporary staff room, which facilitated the effective split of staff crossover ,as recommended during the pandemic ,is now back to a family/resident café room. All The floors plans and SOP have been updated to include the designated outside buildings. The Gazebo has been replaced ,this will continue to facilitate smokers to be sheltered when outside. One triple room size is 29m2 -currently occupied by two residents, individual residents preferences/needs are considered prior to admission into the 3rd bed. The space inside the bed curtains was reorganised –the existing dividing curtains will be further adjusted – this will ensure an area of not less than 7.4m2 of floor space ,which shall include the space occupied by a bed, a chair and personal storage space, for each resident in this room. This plan will be completed by 16.6.23, photos will be forwarded on completion. An ongoing replacement of laundry continues ,identified old pillows /mattresses were replaced ,as required. All air cell mattresses have a weekly checklist in place. A Full refurbishment of all bedrooms was completed March 2023, a few remaining identified old bedtables will be replaced - delivery expected end of May 2023. The One shower head which was found broken in the communal bathroom was changed . Both identified hoists have been removed to an alternate storage area. Each resident bedroom has a lockable storage unit in place . The small storeroom beside hug a mug café has a chest of drawers to store religious items for the local priest and his sacrament vestments . All other items have been removed .The hairdresser room + store room have been deep cleaned + reorganised. Wall mounted hand hygiene stations with alcohol- based hand rub, are available at all entrances /exits and outside every room .All other staff areas have access to hand washing facilities. We will continue to ensure infection prevention and control requirements are considered and incorporated as part of any future refurbishment or internal works. .	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The outbreak was being declared over the same day of the inspection at 12 midday ,all staff informed updated regarding infection and prevention control measures. New guidelines post covid outbreak updated and informed to all staff on 03.04.2023	

A Janitorial sink was installed 2020 ,this is available to facilitate disposal of waste water. The identified Domestic sluice and storeroom was deep cleaned.
Laundry facilities -Dust behind the washing machines was removed 04.04.2023 .
Laundry staff maintain daily dusting ; a deep clean checklist is completed and checked weekly by PIC . The larger laundry trolley with x4 separate sections has been removed Smaller individual laundry receptables can be brought directly to the washing machine.
Standard 2.7 -The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident…we are comfortable we achieve this standard . We will continue to achieve this standard through regular review and auditing and when necessary make changes to our operational processes.

The Clinical waste bin was removed following outbreak ,new lock fitted ,all staff instructed to keep same locked at all times. All infection control actions reviewed by PIC 10.4.23, daily monitoring by PIC/DPIC is maintained and completion of regular audits will ensure adherence to same.

The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All nurses completed the HSE land medication management module immediately and was submitted to HIQA. Staff nurse shift amended to 09:00 start time .
PIC held a nurse meeting 11.4.23, regarding areas identified and required medication standards . All issues identified were actioned .
Medication fridge labelled for Medications only, any required yoghurt pots/custard pots, used during medication administration ,stored in the kitchen. Night checklist reviewed and updated to include checks for medication /supplement expiry dates/ including single use dressing(checked they were unopened + within expiry date)

Daily monitoring and Monthly medication audits completed by PIC /DPIC to ensure compliance is maintained.

Regulation 5: Individual assessment	Not Compliant

and care plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Nurses completed HSE land care plan training and supervision in respect of Records and care planning standards . All identified care plans updated ; weekly audits completed by DPIC/PIC to ensure compliance maintained . .	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: An application to request Individual designated client accounts has been submitted to the relevant Bank – PIC will notify HIQA when confirmation of same is received from Finance Manager. Expected completion 14.6.23	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	24/06/2023
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident	Not Compliant	Orange	15/05/2023

	concerned are provided.			
Regulation 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Not Compliant	Orange	15/05/2023
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Not Compliant	Orange	04/04/2023
Regulation 13(2)	Following the death of a resident the person in charge shall ensure that appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical, are made.	Not Compliant	Orange	04/04/2023
Regulation 17(1)	The registered	Not Compliant	Orange	16/06/2023

	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 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	15/05/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	04/04/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	15/05/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	15/05/2023
Regulation 23(a)	The registered	Substantially	Yellow	10/04/2023

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	15/05/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	04/05/2023
Regulation 29(5)	The person in charge shall	Not Compliant	Orange	04/05/2023

	ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	04/05/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of	Substantially Compliant	Yellow	04/04/2023

	Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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).	Not Compliant	Orange	15/05/2023
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.	Not Compliant	Orange	27/05/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	14/06/2023