



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

## Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	18 July 2024
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0044280

## About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual).

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

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 July 2024	10:00hrs to 18:30hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

According to residents and relatives, Cahereen Nursing Home is a nice place to live where residents were facilitated to avail of comfortable accommodation and safe care. On arrival at the centre, the inspector observed that some residents were having breakfast in the dining room, where a staff member was supporting those who required help. During the day, the inspector spoke with all residents and with six residents in more detail. In addition, the inspector spoke with five relatives who all praised the care and the communication they experienced. The inspector spent time observing residents' experiences and care practices, in order to gain insight into their life in the nursing home. Residents informed the inspector that they felt very well cared for, by a group of "gentle", "kind" staff. All residents were observed by the inspector to be content and appeared satisfied with all aspects of their care.

This inspection was unannounced. Following an opening meeting with the assistant person in charge, the inspector was accompanied on a walk about the premises. There was a lively atmosphere apparent, with residents walking independently or being accompanied from their bedrooms to the dining and communal sitting room. Residents and staff were seen to be familiar with each other and relaxed in the company of staff and the activity coordinator. Visitors were seen to come and go from the early morning. One relative said "we are always welcome". A second relative said the centre was, "a life saver" , when care at home was no longer possible. Visitors were observed to include small babies with their mothers, as well as spouses of residents.

Twenty seven residents were living in the centre on the day of inspection, with no vacancies. On the morning of inspection, a number of residents were sitting in the large comfortable sitting room, which was the hub of the centre. A staff member was observed leading an activity session, using board games, with the majority of residents seen to be participating with enthusiasm. The sitting room was open plan, along with the adjoining dining room. The kitchen was located next to the dining room, which meant that the chef was available throughout meal times. The chef was seen to come out regularly, to check with residents and staff as to the suitability and choices at meal times. The inspector observed that this communal area was decorated in a personalised manner, with suitable pictures, murals in the dining room, allergy information, information menu boards, plants, comfortable furniture and a large flat screen television. This space had natural lighting provided by the double-height, picture windows. The adjoining bright, conservatory was popular with residents who liked a quiet space or private visit. There was free access through the conservatory into the spacious, well-tended garden. One man sitting there said he was happy to look out at the lovely gardens and enjoy the sun and the fresh air. This resident told the inspector that "the place couldn't be better". Another resident spoke about how impressed she was with the centre and the staff, saying, "there are numerous parties here", and "some of the things they do here, blow me away".

There were a number of hand sanitisers in each hallway and staff and visitors were seen to use these regularly, throughout the day. Residents' bedroom accommodation was comprised of nine single and nine double bedrooms. A number of bedrooms had en suite toilet, showers and wash hand basins, while other residents shared communal showers and additional toilets. Rooms were observed to be decorated with personal items, from residents' homes, such as pictures, small furniture items, quilts and books. One resident had a beautiful bouquet of fresh flowers in the room, which she said was delivered weekly by her daughter. Resident said they were happy with their accommodation and felt they had adequate privacy and space for their needs.

The inspector observed that the rights of residents were respected, in how staff supported them throughout the day. Staff told the inspector that they had completed modules in promoting human rights-based care, and this informed their practice in a positive way. A number of family members, who were visiting, also praised the care, the management and the staff. The person in charge stated that new residents visited the centre in advance of admission, which helped them connect with staff, and allowed staff to assess the needs of each individual. One resident said that she "hadn't looked back" since admission, and she "finally felt safe and cared for" in Cahereen.

Residents meetings were held at three monthly intervals and the minutes of these were reviewed. At each meeting a range of issues, such as upcoming events, new staff, and food choices were discussed. In a sample of residents' survey results seen, the inspector saw that residents felt their rights were respected and that residents had been consulted about relevant issues. Comments such as "I know a lot of the staff" and "the food is very good", were seen in the residents' surveys. Residents said that staff, friends and relatives provided community news. Residents were seen to have a number of the daily papers delivered, which one resident said he read, "from cover to cover".

On the day of inspection, residents were seen to be nicely dressed in their choice of clothes, and they said they had regular visits from the hairdresser. The inspector observed that there was a good activities programme in place. A notice board contained details of the daily events. There was a staff member allocated to the role of activity coordinator and plans on expanding the programme were constantly reviewed, in line with expressions of interest from residents. For example, bingo was now played four days a week, following requests from residents, even though, residents said that they would like to play it seven days of the week, as it created such fun and banter. In the afternoon, the inspector observed residents enjoying group activities, such as chair-based exercises, bingo, ball playing and music. A snack trolley was brought around to each person, on two occasions throughout the day. Home baking featured on this, for example, chocolate cake, which was freshly baked that day. Choice was supported throughout the day; a number of residents said that tea would be served in the conservatory, or their room, if that was their choice. Some residents told the inspector that they enjoyed reading the papers, sitting outside having a cigarette, watching TV in their room, and meeting with visitors, as an alternative to the activities.

The dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up with condiments and napkins and there were two sittings at each meal. Residents spoke very positively with regards to the chef, the kitchen staff and the quality of food. Food was observed to be attractively presented and there were sufficient staff on duty to assist at meal times. The inspector observed that there was sufficient time afforded to each person to finish their meal. Residents described the food as "tasty" and "varied" and said they wanted to thank the chef for ensuring that each person always got their preferred choice.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

## Capacity and capability

This was an unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that Cahereen Nursing Home was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement that is, infection control, care plans and the directory of residents. These will be detailed under the relevant regulations in the following report.

The registered provider for the centre was Cahereen Nursing Home Limited, which was a company comprised of two directors. One director of the company, acted as the representative of the company, for the purposes of regulation and registration. The management team was strengthened by this director, who attended the centre regularly, to provide governance support. There was a clearly defined management structure in place, that identified the lines of responsibility and accountability within the centre. From a clinical perspective, the person in charge was supported in her role by an assistant director of nursing. The centre also had a team of nursing and care staff, maintenance, housekeeping and catering staff, an activities coordinator and a part-time administrator. The inspector found that the number and skill mix of staff, working in the centre, was appropriate to meet the assessed needs of residents.

There were effective lines of communication between staff and management in the centre. Staff attended twice daily handover reports to discuss any key risks or issues with residents. Regular governance meetings were held by the management team. The person in charge held two-monthly meetings with nursing, care, and catering staff, to promote communication within the teams. Staff had access to a comprehensive training programme that facilitated both in-person and online

training. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities, with regard to safeguarding residents from abuse, and fire safety management. There was good supervision of staff in the centre, including a comprehensive induction and appraisal process.

Management systems had been developed, to monitor the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits and monitoring of weekly quality of care indicators. These included monitoring falls, any pressure sores, restrictive practices, infections and the judicious use of antibiotics. A review of completed audits found that the audit system was effective in identifying areas for improvement and the development of action plans. There was a very low level of pressure sores acquired in the centre. Restrictive practices, such as bed rail usage, was monitored and risk assessed. A comprehensive annual review of the quality and safety of care provided in 2023, had been completed by the provider.

From a review of the incident log, specific incidents were notified to the Chief Inspector, in line with legislation. Complaints were rare and effectively managed. The person in charge had investigated and responded to any complaints raised by residents and their relatives. These complaints were recorded and the outcome was documented.

A review of a sample of staff files indicated that they contained the information required by Schedule 2 of the regulations. Assurances were provided that all staff were Garda vetted prior to commencing employment in the centre.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction surveys were completed to help inform ongoing improvements in the centre. This is further discussed in the quality and safety dimension of this report.

## Regulation 16: Training and staff development

The training matrix was reviewed. This indicated that all the required mandatory and appropriate training was up to date, Staff confirmed that they had understood the training, and evidence was seen throughout the day of the training being implemented in practice.

There were sufficient staff on duty to attend to residents' needs and senior staff were on duty, for supervision purposes.

Annual staff appraisals were undertaken and this documentation was available for review.

Induction processes were clearly outlined and nursing staff undertook annual training and competence evaluation, on medicine management.



There were qualified nurses on duty over the 24 hour period.

Judgment: Compliant

### Regulation 19: Directory of residents

There were some gaps in the records required to be maintained in the Directory of Residents:

These included :

- name and address of next of kin.

Judgment: Substantially compliant

### Regulation 21: Records

The required regulatory records were available for inspection purposes.

The filing system in the centre was secure and documents were easily retrievable, including notes related to former residents.

A sample of staff files were well maintained and complete.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems in place to monitor the quality of the service, to ensure the service provided to residents was safe, appropriate, consistent

and effectively monitored.

There was good supervision and induction for staff and training was provided as required.

Residents' rights were respected.

There was responsive attitude to any findings on inspection.

Resources were available for maintenance and staffing.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed on an annual basis.

It contained information on the ethos of the centre and on the complaints procedure, among other information required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were well managed:

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre.

The centre's complaints procedure was updated and in line with the regulations.

The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy, and included the outcome and any areas for improvement were identified.

Judgment: Compliant

## Quality and safety

Overall residents in Cahereen Nursing Home were found to be supported to enjoy a

good quality of life, which was respectful of their preferences. There was timely access to healthcare services and appropriate social interaction. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt safe. The assistant person in charge stated that all staff had completed training modules, in applying a human rights-based approach to care. In general findings on this inspection, demonstrated good compliance with the regulations inspected against. Nonetheless, some action was required in the following aspects of care, in this section of the report; that is, care planning and infection control.

Residents' health-care needs were met. There was weekly access to the general practitioners (GPs) who were described as, "good" and "attentive" by residents. Systems were in place for referral to specialist services, as described under Regulation 6: Health care. Residents' records contained evidence that a comprehensive assessment was carried out for each resident prior to admission. This was observed to be used in the development of each person's care plan. A sample of end-of-life care plans were reviewed, which demonstrated that the GP and staff actively engaged with residents, and their families, regarding end-of-life care decisions. Nonetheless, some action was required in the maintenance and audit of care plans, which was highlighted under Regulation 5.

The inspector observed that the registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre had been renewed since the previous inspection. The bed linen and residents' personal clothes, were laundered in the in-house laundry. The centre was observed to be clean and staff were seen to adhere to good hand hygiene practices. However, there were aspects of infection control that required action, to ensure that the centre had effective infection control process in place. These were described under Regulation 27.

There was good practice observed in the area of fire safety management within the centre. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensively documented. Advisory signage was displayed in the event of a fire. Training records evidenced that fire evacuation drills were practiced, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of high risk.

A safeguarding policy provided guidance to staff in relation to protecting residents from the risk of abuse. Staff demonstrated knowledge of aspects of their safeguarding training, and were aware of their responsibilities to report any allegations of abuse. The provider did not act as pension agent for any residents, and receipts were issued for individual spending.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available.

The inspector found that residents were generally free to exercise choice on how they spent their day. Residents were seen to walk outside, to go out with relatives and to be facilitated to go to local scenic areas and the nearby town of Macroom. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months, and informally through the daily communication with the staff team.

### Regulation 10: Communication difficulties

Care plans had been developed for those who had communication difficulties. These were detailed and contained strategies for staff to optimise communication with residents.

Music and other sensory activity sessions were available and staff explained how these activities stimulated interaction.

Residents, who had communication difficulties, were seen to be included in all activities, and were spoken with in a kind and reassuring manner by staff, who were familiar with their life histories and their specific needs.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had good access to personal storage space in their bedrooms where they had a wardrobe space, chest of drawers and bedside locker.

Some residents had additional furniture for storage, in accordance with their preference and choice.

The laundry on site cared for residents' personal clothing and good systems were described by laundry staff, to ensure labelling of clothes to enable clothing to be returned, in a timely and safe manner.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met.

Home baked desserts and cakes were a daily feature of mealtimes, and the kitchen

was clean and well equipped.

Residents were seen to be consulted about their likes and dislikes.

Systems were in place to ensure residents received a varied and nutritious menu and dietetic requirements such as, gluten free diet or modified diets were accommodated.

Residents' nutritional status was assessed monthly, weights were recorded and a dietitian was consulted where necessary.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was comprehensive and included the terms and conditions relating to residing in the centre, that is, the contract of care.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27: Infection control. Action was required to ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services, as published by HIQA, were implemented:

- Specifically designed clinical hand wash sinks for staff had yet to be installed
- Sharps bins (used to dispose of needles and syringes) were stored in the sluice room. These were not labelled as to the date of opening. One full bin had not been sealed and labelled for collection.
- The PPE dispenser, in the sluice room (personal protective equipment such as aprons and gloves) was not stocked up for staff use, to prevent splashes or contamination.
- A seal was missing from the top of one tap in the sluice room.
- A broken shower chair, in one shower room, was not conducive to effective cleaning, due to the broken surface.
- The 'formica' seal on the edges of a number of wardrobe doors was broken off, exposing the chipboard underneath. This meant that effective cleaning was not possible.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre.

Findings from previous inspections had been addressed and good practice had been maintained.

For example,

- All the fire -safe doors had been certified as, fit for purpose. (That is, doors that were designed to prevent the spread of smoke or fire for defined periods).
- Fire drills were undertaken at regular intervals, and this documentation was reviewed.
- Staff spoken with, were knowledgeable of what to do in the event of a fire.
- Daily, weekly and three monthly checks of fire safety equipment were recorded.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were well managed.

- The pharmacist was attentive to the centre and supported audit and management of medicines.
- Medicines were reviewed three monthly by the GP.
- Where a medicine was to be "crushed" this was clearly prescribed.
- The management of controlled drugs was found to be in line with the policy on medicine management and with An Bord Altranais agus Cnaimhseachais na hEireann Guidelines, for Nurses 2020.
- Nurses attended medicine training annually.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Some aspects of care planning required action, to comply with the regulations and

to ensure clarity and accurate record keeping:

In the sample of care plans viewed by the inspector:

- End of life care plans required completion and more clarity, as regards residents' end of life wishes, and the GPs recommendation. This meant that in the event of hospital admission or sudden collapse residents' wishes would not be sufficiently clear.
- Not all documents, that required a signature, had been signed by the admitting nurse.
- One clinical assessment tool had not been recorded accurately, as the scores had been added incorrectly.
- One care plan required updating, as the resident's BMI (body mass index) had decreased, since the care plan had originally been developed. (However, the resident had been appropriately referred to the dietitian and SALT).
- In addition, a personalised risk assessment was required in the care plan of one resident, who smoked, externally, throughout the day. This meant that not all associated risks were clearly set out for the needs of the individual involved and the centre as a whole,

Judgment: Substantially compliant

## Regulation 6: Health care

Health care was well managed.

The general practitioner (GP) was available to residents, on a weekly basis, and when required.

Residents had access to specialist services such as, psychiatry of old age, palliative care, speech and language (SALT), occupational therapy (OT), geriatrician, dietitian and optician.

Some residents had specialist chairs and all these had been assessed by OT.

The physiotherapist was on site on a weekly basis, to support residents with their mobility, for post falls assessment and updating care plans, as part of the falls prevention programme.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were promoted and protected:

Residents informed the inspector that they felt safe, and "at home" in the centre, and they attributed this to the staff, many of whom had been working in the centre for a number of years. Some staff were known to individual residents, and they had good insight into their likes, dislikes and their preferences.

Residents felt that they could raise concerns about the centre, and they told the inspector that their opinion would be listened to.

An advocacy group came to speak with residents and staff to explain the service, and how to contact them, if they needed independent support.

Three monthly residents' meetings were facilitated by the person in charge. Minutes showed that there were a number of relevant issues discussed and residents gave good feedback on life in the centre. Meetings were well attended and issues were followed up in subsequent meetings.

Visitors and residents both confirmed that they were treated with dignity and respect by the managers and staff.

There was a daily schedule of activities displayed and new activities, such as board games, had been introduced at residents' request. Residents had access to social outings, chair-based exercises, ball games, bingo, garden activity, art, religious services, visiting animal farm, external musicians and celebrations with family. Activities in general were meaningful to them and they praised the accommodation, the staff and the support provided.

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
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0044280

Date of inspection: 18/07/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Name and address of next of kin have been included for all residents. Cause of death is included for all residents who passed away. In the event that a resident is discharged from Cahereen Residential Care Centre, this section is also completed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Clinical sink will be replaced. We will purchase one with no overflow.            Bed pan washer is not used to clean wash basins.            Sharp bins are now labelled.            PPE dispenser in the sluice room was restocked.            Seal missing on the tap in the sluice room was replaced.            Broken shower chair has been replaced. Replacement ordered for the toilet cistern with crack.            Formica on wardrobes removed and repainted.            Chair in room 6 has been replaced.            One of our senior staff has completed the IPC link practitioner programme.            IPC audit has been completed every three months.            We have a new mopping system which consists of pre-soaked cleaning mops which eliminated the need for a janitorial sink.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plan audit has been carried out for all care plans. Updated all care plans and corrected the calculation error in the assessment tool. All documents are signed by the nurse.</p> <p>In the end-of-life care plans, the resident's wishes and the GP's recommendations are clearly documented.</p> <p>The Centre has a general smoking risk assessment record, but a personal risk assessment has also been completed for the resident who smokes externally.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/09/2024
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	Substantially Compliant	Yellow	14/08/2024

	consultation with the resident concerned and where appropriate that resident's family.			
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