



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

Issued by the Chief Inspector

Name of designated centre:	Riverdale Nursing Home
Name of provider:	Killyglasson Limited
Address of centre:	Laragh, Ballon, Carlow
Type of inspection:	Unannounced
Date of inspection:	07 November 2022
Centre ID:	OSV-0000273
Fieldwork ID:	MON-0038337

About the designated centre

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

Riverdale Nursing home is a purpose built centre situated in a rural setting just outside the village of Ballon in Carlow. The centre is registered for 31 beds which are accommodated in four twin and 23 single bedrooms. Communal spaces include a large reception area which is divided into seating areas, one which has a fire place and comfortable seating, a dining room, day room, quiet room, hairdressers room and meeting room. There is access to a large secure garden to the rear of the building and parking is available at the front. The centre had recently been extended and refurbished in 2015. The centre offers respite, convalescence and long stay to adults mostly over the age of 65, in some circumstances residents under the age of 65 may be accommodated. Residents with varying dependency levels are accommodated with 24hour nursing care available. The centre employs approximately 39 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

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 7 November 2022	09:30hrs to 17:40hrs	Arlene Ryan	Lead
Monday 7 November 2022	09:30hrs to 17:40hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day. The overall feedback from the residents was that they liked their home and were content in their surroundings. The residents were complimentary of the staff and said that the staff were good to them. The residents were well groomed and nicely dressed. The staff in the centre appeared familiar with the residents and were patient and attentive towards them. A number of residents were unable to have a conversation due to speech or cognitive impairments but were observed to be content and comfortable in their surroundings. Call bells were heard by the inspectors throughout the day and were answered promptly.

The inspectors arrived unannounced at the centre and undertook the COVID-19 infection prevention and control measures necessary on entering the designated centre. The person in charge and clinical nurse manager were not available on the day due to unforeseen circumstances, therefore the nurse on duty and operations manager facilitated the inspection. Following an introductory meeting the inspectors walked around the nursing home with the staff nurse. There were 21 residents residing in the centre on the day of inspection.

The team on site did not have access to the person's in charge office where much documentation was stored securely. This limited the information available to inspectors on the day of inspection. However, the inspectors were able to gain some information from residents, staff, observations and records maintained in the nurses' office.

The centre is a single story building comprising of 23 single bedrooms and four twin bedrooms. The centre is in effect, divided into two bedroom sections with communal rooms in the centre of the nursing home. There is a large living room and separate dining room available to residents with multiple access points to each of these rooms. There are large doors opening out into the rear garden of the centre however, residents were not using the garden due to the adverse weather conditions on the day. There is a range of comfortable seating available for residents in the day room, library and in the foyer of the building.

During the late morning time the physiotherapist was carrying out a group exercise activity with the residents in the living room as there was adequate space for the residents to participate with this activity. In the afternoon a local musician provided live entertainment for the residents, singing songs and playing his guitar. Residents told the inspectors that they enjoyed the activities but were not always aware of what was on and when. They did say that they looked forward to weekly Mass in the centre and that they loved live music and looked forward to these sessions. However, the activities schedule was not displayed for the residents to see and amendments to the schedule were not updated on the planner which was located in the nurses' office.

Residents who spoke with inspectors said that they were happy with the cleanliness of their rooms and the communal areas. There were alcohol based hand rub dispensers located throughout the building, however, there was no instructional information to guide users on its correct use. While staff hand hygiene technique was good, hand hygiene was not effective as staff were still using sinks in toilets to wash their hands. Additionally, a small number of staff were seen to either wear hand jewellery and one wore nail varnish and a small number of staff were seen to wear their face masks incorrectly. This impacted on effective infection prevention and control practice.

During the group physiotherapy session, where sixteen residents attended, residents were encouraged to use alcohol based hand rub to clean their hands to help prevent infection. The provider had installed two hand hygiene sinks in efforts to support good hand hygiene practice in the centre. These sinks did not meet national standards for clinical hand hygiene sinks.

Residents had a fresh supply of drinking water and refreshments throughout the day of inspection. Menus reviewed showed that residents had choice of two different meals at lunch and tea time. Food was seen to be served hot and well-presented and residents who required assistance at meal times were supported in an unobtrusive and encouraging manner. Residents who spoke with inspectors said they really enjoyed the food and there was plenty of it. They said they particularly like the fact that meat served was from a local butcher.

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

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the previous inspections compliance plan. Overall, this inspection found that the registered provider had made only small progress in respect of addressing the previously identified issues, which resulted in recurrent non-compliance in key areas of service such as: Regulation 23- Governance and Management, Regulation 17- Premises, Regulation 17- Infection Control, Regulation 5- Individual assessment and care plan and Regulation 9- Residents rights. Significant action was required to bring the centre into compliance with the care and welfare regulations.

Killyglasson Limited is the registered provider. The centre is registered for 31 residents. The centre had a recent history of poor compliance with the regulations identified during an inspection on 31 March 2022 which showed that the standard of care provided, and the oversight of the service had not been sustained. Similarly, on this inspection, the inspectors found that while there were management systems in

place, many of the capacity and capability and quality and safety aspects of the service had not been monitored appropriately and required assurances from the provider to ensure safe appropriate care was provided to the residents at all times. Findings are detailed under the individual regulations in the in the quality and safety section.

The person in charge, who is also the provider representative, works full time at the centre and is supported by a clinical nurse manager, and team of nurses, healthcare assistants, housekeeping, catering and maintenance staff. The operations manager had been temporarily allocated to another role within the nursing home whilst the recruitment of a replacement chef was ongoing. This impacted on the support available to the person in charge in their operational role.

The daily running of the centre is overseen by the person in charge. However, the support arrangements in place were not effective and strong enough to maintain sufficient clinical oversight of residents' nursing and medical needs. It was evident from the findings of this inspection that the person in charge required additional on-site support in establishing and maintaining such systems, such as monitoring and oversight of residents' care plans, complaints management and infection prevention and control. Action was required to address the level of compliance with the with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Policies and procedures were not all available to the inspectors on the day of inspection. Those which were available in the nurses' office were updated within the required time frame as per the regulations. However staff did not have access to all policies and procedures as they were locked in another office. Staff also did not have access to these documents out of hours.

Aspects of the evidence supporting completion of the previous inspection's compliance plan were not available to the inspectors such as, the actions taken following the fire safety consultant's review. The inspectors requested that this information be forwarded after the inspection. Nevertheless, a contractor was on site on the day of inspection servicing the fire extinguishers. Evacuation drill records were also available to inspectors and drills were carried out monthly including the evacuation of the largest compartment with night time staffing levels. Weekly fire alarm, generator and automatic door release checks were completed and recorded.

Overall inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the *National Standards for infection prevention and control in community services* (2018). Weaknesses were identified in infection prevention and control cleaning methods and the oversight of training and effective infection prevention and control practice. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. Findings in this regard are further detailed under Regulation 27: Infection control.

The findings of this inspection found that further training and supervision was required on standard infection control precautions, including safe sharps management, hand hygiene, the correct wearing of personal protective equipment

(PPE) and environment and safe equipment hygiene practices.

Regulation 15: Staffing

There were an adequate number of staff on duty on the day of inspection to care for the needs of the residents. There was a minimum of one registered nurse on duty at all times. However there was dedicated staff or activities coordinator available to plan for the social care needs and focus on the individually assessed needs of residents and therefore care staff were organising and facilitating any activities scheduled in the centre on an ad-hoc manner. As a result, the residents did not consistently avail of activities that met their needs.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained all of the details as set out in the Regulations.

Judgment: Compliant

Regulation 21: Records

Records in relation to Schedule 2 - 'Documents to be held in respect of the person in charge and for each staff member' were not available to inspectors on the day of inspection.

A record of visitors to the centre was not maintained in line with Schedule 4 part 12 of the Regulations.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management systems in place did not ensure that the service was safe, appropriate and effectively monitored. The inspectors found gaps in the oversight, recognition and management of risks and a reduction in compliance with the Regulations.

The following issues were identified;

- Infection prevention and control governance, guidelines, oversight and monitoring systems were not adequate.
- There were no effective deputising arrangements in place. In the absence of the person in charge, the inspectors did not have access to relevant information in respect of various aspects of the service.
There was a reliance on clinical staff to assist residents with occupational and social activities as there was no dedicated coordinator.
- The compliance plan following the previous inspection had not been fully implemented. For example the provider had given assurances that a sluice room contained within a communal shower room will be decommissioned. There was evidence on the day that this room was still being used.
- Staff did not have access to all policies and procedures on the day of inspection.
- The oversight and monitoring of residents' individualised assessments and care plans had failed to identify that appropriate care plans and clinical assessments were not being implemented reviewed and updated in a timely manner.
- No complaints had been documented in the complaints log since May 2021 despite staff awareness of some complaints received.
- Records of visitors to the centre were not maintained as per Regulation 21.
- Actions arising from residents' meetings were not followed up. For example, records showed that residents had requested more bingo and movies days, but there was no evidence to show that these had been implemented.
- Additional information was requested to be forwarded by email after the inspection, however this information was not received.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All written policies and procedures were not available to staff working in the designated centre on the day of inspection.

Judgment: Not compliant

Quality and safety

While residents were satisfied with the service provided, significant clinical risks were identified during this inspection as detailed under individual regulations. The findings of the inspection did not provide the inspectors with assurances that the

registered provided had taken all appropriate steps to provide a safe and effective service which was appropriately monitored to ensure it met residents' needs. Supervision and oversight of care delivery and associated documentation were not sufficiently robust to ensure that the plans of care and social needs of the residents were consistently promoted.

All residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, radios, newspapers, telephone and internet. Residents had access to an independent advocacy service. Activities were scheduled for residents, however they were recorded on a monthly planner. This plan was not available for the residents to see what was happening on any given day. The staff and residents told the inspectors about other concerts and parties that had taken place in recent months, but these were not recorded on previous activity schedules. The care staff and operations manager were responsible for organising and facilitating activities in the absence of an activities coordinator. Minutes of the residents' meeting indicated that the residents had requested more bingo sessions and movie days, but these had not yet been included in the schedule.

A large proportion of care plans reviewed for five residents had not been reviewed within the timescale required by regulation or did not provide sufficient detail to guide staff. This could lead to inappropriate care and support being delivered. For example, in two care plans reviewed in respect of the management of urinary catheters (a flexible tube for draining urine from the bladder), there was insufficient information to guide staff on the safe care of catheter drainage bags to reduce the risk of a resident acquiring a healthcare-associated infection.

While care staff supported activities in the centre, there were no care plans available to show that residents' social care needs were met and therefore could not provide assurances that residents had opportunity to participate in activities that met their interests and capabilities. This was a finding from the last inspection. Additionally, there was no care plan for a resident with a wound or for a resident with multi-drug resistant organisms (MDROs) to guide staff with regard to the prevention and control measures required to prevent infection.

The inspectors observed the lunch time meal and found that there were enough staff to assist those residents who needed help with or prompting to eat their lunch. Staff were discreet and respectful when assisting those residents who did not have capacity to eat independently. Food served was seen to be wholesome and nutritious.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding changes in a resident's condition. While staff were knowledgeable with regard to the signs and symptoms of COVID-19 and respiratory illness they did not report to their manager when they came on duty to confirm that they had no symptoms of respiratory illness. There was a successful vaccination programme in place in the centre which

was available to residents and staff.

There were ample supplies of PPE available. Appropriate use of PPE and hand hygiene was observed during the course of the inspection, with a few exceptions. A small number of staff were seen to wear wrist jewellery or wore their face mask incorrectly. For example, they either frequently touched or were observed to wear masks below their nose or chin. This could result in onward transmission of droplet or airborne infections. There was alcohol based hand rub available throughout the centre and these were being topped up which could result in cross-contamination. This was rectified on the day of inspection. Clean and dirty laundry was seen to be stored and managed safely.

Staff were knowledgeable about the management of spills and needle stick injuries. The sharps bin in use did not have the temporary closure mechanism engaged while it was not in use. It was stored unsafely on a ledge under the hand hygiene sink, this practice may result in resident and staff being exposed to clinical waste stored within them.

The centre was generally clean and well ventilated with a few exceptions. Used linen hampers were inappropriately stored in communal bathrooms'. These hampers did not have lids and as a result produced a foul odour. This impacted on a safe and comfortable environment for residents. In the sluice room, the hand hygiene sink and equipment sinks were unclean and there was no splash back behind this sink to allow for effective cleaning. A review of pillows were required to ensure that they were clean or had covers to allow for effective cleaning.

Regulation 11: Visits

Visitors were seen coming to the centre. Staff were checking for signs and symptoms of COVID-19, asking them to perform hand hygiene and to wear a face mask. There was a separate room available for residents to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms. Their wardrobes were organised with clothing folded neatly. Each resident had access to a lockable cabinet to store valuables if they chose to do so. There was a property book with a log of residents' items at the nurses station.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully conform to the matters set out in Schedule 6 as the following issues were identified:

- There was evidence that an inner room within a communal bathroom was still being used as a sluice and cleaners room. This was a recurrent finding from the previous inspection and posed a cross contamination risk to users of the shower room.
- Ventilation was not effective in all areas of the centre. For example there was mal-odour in some bedrooms and bathrooms.
- There was unsafe floor coverings in one bathroom where there was damage to the floor covering preventing effective cleaning.
- Not all areas of the centre were in a good state of repair. Evidence of some recent refurbishment work was evident, however other areas had chips and wear to paintwork. There were missing tiles on the walls in a cleaners rooms and the laundry room, preventing effective cleaning. There were some cracks in tiles seen on the floor of the kitchen.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The findings met the requirements of this regulation and residents were satisfied with food and refreshments provided.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the planned and safe discharge of a resident to another organisation was reviewed. All relevant information about the resident was sent to the receiving organisation including a general practitioner (GP) referral letter, consultant reports, test results, medication charts, speech and language therapist assessments and a summary of care plans and reasons for transfer. Appropriate transport was organised for the resident based on their individual requirements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the *National Standards for Infection Prevention and Control in Community Services* (2018) published by the Authority, were implemented by staff.

- Two sinks installed since last inspection did not meet nationally recommended standards. Staff reported using toilet sinks to wash their hands. Three staff were observed to wear wrist jewellery and one wore nail varnish while delivering direct care. This impacted on effective hand hygiene within the centre
- Six staff were seen to wear face masks below either their nose or chin or frequently touched the front of their masks. This practice could result in cross infection in the centre.
- Refresher training with regard to catheter care was required, to ensure safe and effective infection prevention and control. For example; a used empty urinal was found on a work surface in a resident's room and the tips of two catheter bags were observed touching the floor at the side of resident's beds. Urine collection bags were not changed to align with best practice guidelines.
- Inspectors were informed by three staff members that the contents of commodes, bedpans or urinals were manually decanted into residents' toilets or the sluice hopper prior to being placed in the bedpan washer for decontamination. This practice could result in an increase environmental contamination and cross infection.
- Household staff were reconstituting cleaning solutions in sluice room and a bathroom and there was evidence of over use of disinfectants such as chlorine based chemicals. Large amounts of the chlorine based solution was made up and stored in unlabelled containers and used for longer than twenty four hours. This was contrary to manufacturers' recommendations, best practice and could result in cross contamination of cleaning solutions.
- Floor brushes reviewed were heavily worn and dirty which could result in cross contamination and ineffective cleaning.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Linen skips had no lids and were observed to be inappropriately stored in communal bathrooms producing a foul odour. This was a similar finding from the last inspection.
- Four out of six pillows examined did not have a washable cover and there was staining seen on them. This meant that they could not be or had not been cleaned when required.
- The underside of the seats of four commode chairs reviewed were unclean.
- The bedpan washer was not working on the day of inspection and urinal bottles inspected were not clean. This meant that urinals were not cleaned effectively between uses. Service records from April 2022 were requested to

be sent to the inspectors following the inspection, and confirmation that the machine has been repaired was requested. This was not forwarded.

- The sharps bin inspected did not have the temporary closure mechanism engaged when it was not in use or was not signed when it was opened and assembled. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

In the five resident care records examined by inspectors, many care plans had not been formally reviewed at intervals within a four month period as specified in the regulations.

- There were no activities care plans available for three residents and no wound care or infection prevention and control plans for two other residents to ensure the health and social care needs of these residents were met.
- Recommendations made by the dietitian had not been updated on a nutrition care plan for another resident. Resident's weights were not routinely recorded in each resident's care records since July 2022. This may result in inadequate monitoring of residents weights to ensure that the nutritional needs of residents were met.
- Urinary catheter care plans did not give guidance with regard to management of night urinary catheter bags. Two used bags were observed to be hung on stands, with tips touching the ground and staff said these bags were changed weekly. Staff reported that when medicinal flushes were administered for one resident with a urinary catheter the leg bag was not routinely changed. These practices were not in line with evidenced based best practice and may result in a healthcare-associated infection.
- Visiting care plans contained outdated information to guide staff. For example: care plans instructed staff to take visitor temperatures, and facilitate four visits per week.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors observed some long periods of resident inactivity in the morning time in the communal areas, as staff were seen to be busy providing care to residents throughout the centre.

Care staff could only facilitate activities when they completed their other duties

assigned to their role, such as providing assistance with basic care needs. In the absence of a dedicated person to coordinate a plan of meaningful engagement with the residents, this meant that residents' social care needs were only met when the staff were not busy. The activity schedule was not available to residents as it was stored in the nurses office. It had not been updated with the activities that were seen to be provided on the day of inspection. This impacted on residents rights in access to opportunities to participate in activities in accordance with their interested and capacity.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverdale Nursing Home OSV-0000273

Inspection ID: MON-0038337

Date of inspection: 07/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We are actively in the process of recruiting a suitable candidate to fulfil the role of Activity coordinator.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All Staff records are retained and secured of the Director of Nursing and are available for inspection and the Operations manager will have a key to produce them for inspection	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All our staff have received IPC training and audits are being carried out by the Operations manager been given protected hours to carry out the audits. A senior will deputize in the absence of the person in charge. We do not schedule activities on days when we have therapists and musicians providing services in the Centre.	

The sluice room contained within a communal shower room has been fully decommissioned and all staff have been made aware.

All policies and procedures are now retained in the Nurse's office.

All care plans have been reviewed and updated.

The complaint that was received and dealt with has now been logged in the complaints register.

A visitors sign in and out record is now in place.

All actions from Residents meetings are being followed up by the operations manager and all requests and suggestions are accommodated and implemented where possible. Due to unforeseen circumstances and sick leave the additional information was not forwarded within the timeframe, The information is being forwarded with this compliance Plan.

Regulation 4: Written policies and procedures	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 All written policies are available in the Nurses office.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 The maintenance person has identified the areas that require attention and is working through a refurbishment program
 The cracked tiles have been treated with a impregnating Sealer.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

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

We have recently received the correct information regarding the sinks that meet the recommended standards and we will commence a replacement program in 2023

All staff have been requested to remove wrist jewellery and to refrain from wearing nail varnish

Staff have been trained in the correct use of face masks.

Training will be provided in regard to catheter care and to ensure that procedures are aligned with best practice guidelines.

All staff have been instructed to use bedpan washer at all times for decanting, washing and sterilizing bedpans and urinals.

Household staff have been instructed on the proper use of chlorine-based chemicals and their proper use. All containers containing liquids are now labeled

Floor brushes have been replaced

All linen skips now have lids and are stored correctly

All Residents are issued with their own pillows which are disposed of when no longer required We only use one washable cover per Resident as they find them uncomfortable to sleep on

All commodes have a daily cleaning schedule which will be audited more frequently.

The bedpan washer was serviced in April 2022 and is in working condition and all staff have been instructed to use it at all times when sluicing and washing bedpans and urinals

The sharps bins are stored within a locked trolley which is stored in a locked room.

Regulation 5: Individual assessment and care plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans have been reviewed and updated

All monthly weights will be entered in appropriate weight chart when recorded.

Dieticians' recommendations will be recorded in care plans as well as Chef's notes

Catheter care plans have been updated to give guidelines regarding the care of night bags which are now changes daily

Care plans have been updated to reflect current visiting arrangements.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We are actively in the process of recruiting a suitable candidate to fulfil the role of Activity coordinator. However, in the absence of an activity coordinator group activities such as exercise classes, Physiotherapy, hairdressing, singalongs, storytelling and weekly Mass is ongoing in the Centre

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/02/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/02/2023
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	Not Compliant	Orange	01/02/2023

	and are available for inspection by the Chief Inspector.			
Regulation 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.	Not Compliant	Orange	14/12/2022
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.	Substantially Compliant	Yellow	01/02/2023
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	01/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	01/03/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	14/12/2022
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	14/12/2022
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	14/12/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	01/03/2023

	accordance with their interests and capacities.			
--	---	--	--	--