



**Health  
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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:	Glenashling Nursing Home
Name of provider:	Glenashling Nursing Home
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 February 2024
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0042588

## About the designated centre

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

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24-hour nursing care to people with the following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose-built facility. Accommodation consists of 51 single-rooms and 12 twin-rooms. There are 44 beds with en-suite facilities. There are 13 communal rooms available to residents, which include an oratory and a hairdressing room. The centre's stated aims are to provide evidence-based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

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

Number of residents on the date of inspection:	71
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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
Tuesday 20 February 2024	09:00hrs to 15:45hrs	Helena Budzicz	Lead
Tuesday 20 February 2024	10:20hrs to 15:45hrs	Carol Grogan	Support
Tuesday 20 February 2024	09:00hrs to 15:45hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors met with the majority of residents during this unannounced inspection of Glenashling Nursing Home and spoke with 20 residents in more detail. Inspectors also met a number of visitors who were visiting family members in the centre. The residents and relatives spoken with were highly complimentary of the staff and the care they provided. From the inspectors' observations, it was evident that residents living in the centre received a high standard of quality and personalised care. Throughout the day, the inspectors observed that residents were actively listened to, and their needs and wishes were acknowledged and respected.

Communal areas were nicely decorated, with suitable furnishings and a large flat-screen television set. Bedrooms provided sufficient space for residents to live comfortably. Inspectors saw that residents were supported and encouraged to personalise their bedrooms with items such as photographs, posters from magazines, ornaments and prints to help them feel comfortable and at ease in the home. Inspectors spoke with several residents, who expressed satisfaction with their bedroom accommodation and were proudly showing their rooms to the inspectors.

The inspectors saw that staff knocked before entering residents' rooms and greeted residents in a warm and friendly manner. During the day, inspectors saw care staff provide assistance to residents in an unhurried, respectful and gentle manner.

Menus were displayed on a notice board in the dining room with a choice of food available for each meal. Inspectors observed the lunch-time dining experience and saw that the food provided to residents smelled nice and appeared appetising. Tables were nicely set, residents and staff chatted with each other, and assistance was provided as and when required. Residents told inspectors that they were asked about their meal preferences, and inspectors observed that staff members were offering residents a number of choices. For example, there was a variety of drinks available and gravy and other sauces were served in the sauce boat as per residents' wishes. Residents spoken with complimented the food. One resident said that 'the portions served are big, and there is always plenty of food available if they want to eat more'. Another resident stated that 'they like plain Irish food and the food cooked in the centre is very tasty'.

The inspectors observed that many residents were participating in activities during the day. Other residents were seen enjoying a quieter time in a more private area of the nursing home, and some residents were watching their favourite morning show. One resident told the inspectors that they 'had plenty to do to keep them occupied during the day'. Residents were seen enjoying the company of the centre's two dogs and were proudly taking care of them.

The inspectors reviewed the residents' meeting records, which showed that residents' meetings occurred regularly. Residents were well-supported to practice their religious faiths and were facilitated to attend weekly Mass in the centre.

The ancillary facilities generally supported effective infection prevention and control. These areas were well-ventilated, clean and tidy. For example, the infrastructure of the three on-site laundry rooms supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes.

Clinical hand-wash sinks were accessible and located on the corridors within close proximity of residents' bedrooms, sluice rooms and treatment rooms so that they were convenient for use. Alcohol-based product dispensers were also available along corridors. However, inspectors observed further opportunities for improvement as discussed under Regulation 27: Infection control.

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 inspectors were assured that there was strong governance, management and leadership in the centre that ensured residents were supported and facilitated to enjoy a good quality of life by a responsive team of staff who delivered safe, appropriate and person-centred care based on a human rights-based approach.

This was a one-day unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had a history of good regulatory compliance, and the inspection found that this continued to be the case, with some infection prevention and control areas requiring some improvement, as detailed under the respective regulation.

The person in charge, who is also the registered provider representative, was supported by the director of nursing, an assistant director of nursing, two clinical nurse managers and a team of nursing, health-care, household, catering, activity and maintenance staff. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The inspector found that the leadership team and staff on the day of inspection were knowledgeable about the care and support needs of residents.

There was a very keen focus on quality improvement staffing levels, ensuring that the assessed needs of the residents living in the centre were being consistently met.

The provider has in place a detailed training matrix which demonstrated appropriate and mandatory training sessions were undertaken by staff at regular intervals. The centre had comprehensive infection prevention and control guidelines that covered aspects of standard and transmission-based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Staff supervision was implemented through daily observation by management staff.

The provider had arrangements in place to oversee the quality and safety of care and to take action where opportunities for improvement were identified. The provider had a comprehensive approach to quality improvement and reviews in place. Monthly KPI audits and quarterly trending reviews were carried out, and there was evidence of actions taken to improve the quality and safety of care. For example, infection prevention and control audits covered a range of topics, including environmental hygiene and hand hygiene. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

In addition, inspectors saw evidence of good practice in that the recording and investigation of incidents, complaints, and audits included a root-cause analysis, evidence of an action plan, review and feedback from residents and staff involved. These outcomes were also used in the quality improvement plan to improve care and service delivery.

Throughout the inspection, inspectors observed a rights-based approach to care that recognised the individual needs of residents. This was also evident in the new approach to care planning being introduced by the Director of nursing.

Inspectors identified some examples of good antimicrobial stewardship practices. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Inspectors were informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative monitored the use of commonly used antibiotics, which were classified as either "green", which are generally preferred narrow-spectrum agents, or "red", which are broad-spectrum agents generally best used very selectively.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant organisms (MDRO) colonisation, including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL), was routinely undertaken and recorded. Staff informed inspectors that a resident had been identified as being colonised with CPE during a recent hospital admission. Appropriate control measures had been implemented on their return to the centre. However, a review of laboratory reports found that staff had not identified that this resident had previously tested positive for CPE colonisation in May 2020. This meant that appropriate infection prevention

and control measures were not in place from May 2020 to January 2024. Findings in this regard are reported under Regulation 27.

The inspectors were provided with all Schedule 5 policies and procedures and found that these had been updated at intervals not exceeding three years or more frequently when required.

#### Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs with regard to the centre's size and layout. Inspectors meet two staff who had recently started in the centre and who were undergoing induction and supervision. Staff members were knowledgeable regarding the residents' individual needs, and residents were assisted with meeting their needs without delay.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training, including fire safety, safeguarding residents from abuse, infection control and prevention and safe moving and handling procedures training. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training. Staff were appropriately supervised and supported to perform their roles and responsibilities.

Judgment: Compliant

#### Regulation 23: Governance and management



There was effective governance, management and leadership in the centre. The arrangements in place ensured effective oversight of a safe and quality of care on a consistent basis. There was a defined management structure in place with clearly defined lines of authority and accountability. A rights-based approach to care was evident.

The registered provider had audit and monitoring systems in place to oversee the service, which included regular management meetings within the centre, and records showed that these meetings were used to review key clinical and operational aspects of the service.

Key-areas of the quality and safety of the service were regularly reviewed using a comprehensive programme of auditing in clinical care and environmental safety.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frames

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. Inspectors saw evidence that procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy. The complaints policy and procedure identified the person to deal with the complaints, the review officer, and outlined the complaints process in detail.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures had been reviewed at regular intervals and were accessible to all staff working in the centre. Staff demonstrated a working knowledge and understanding of the policies and procedures within the centre.

Notwithstanding this, further action is required to ensure that procedures, consistent with the standards for the prevention and control of health care associated infections published by the Authority were implemented by staff, which is detailed under Regulation 27: Infection control. This regulation was found to be substantially compliant as detailed in the report and in the verbal feedback given during the inspection and at the feedback meeting.

Judgment: Compliant

## Quality and safety

The inspectors observed that the person in charge and staff members were working hard to provide a rights based person-centred model of care. Residents with complex care and social needs were provided with a range of information to facilitate their own decision-making and were enabled to live a good quality of life.

The inspectors reviewed a sample of residents' care plans and found that they met the requirements of Regulation 5: Individual assessment and care planning. The inspectors saw evidence on the day of inspection that residents had access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services.

Measures to ensure residents were safeguarded from the risk of abuse were in place, and the procedures to be followed by staff were set out in the centre's policies. Staff who spoke with the inspectors clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

The location, design and layout of the centre were generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure and well maintained with appropriate lighting, heating and ventilation. The outdoor space was readily accessible and safe, making it easy for residents to go outdoors independently or with support if required.

For the most part there were good infection prevention and control practices by staff. Staff had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of a recent outbreak report found that the outbreak was identified, managed, controlled and documented in a timely and effective manner. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection.

The provider also had a number of effective assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists and colour-coded cloths to reduce the chance of cross

infection. Cleaning carts were equipped with a locked compartment for the storage of chemicals and had a physical partition between clean mop heads and soiled cloths.

Residents' equipment was generally clean, with some exceptions. For example, inspectors observed brown discolouration markings on the underside of a small number of shower chairs, including in the en-suite of room accommodating a resident with a history of MDRO colonisation. There was a hydrotherapy (jacuzzi) bath available within the centre. While the external surfaces of the bath were cleaned after use, the pipes/ jets did not receive routine disinfection via a dedicated cleaning and disinfection system.

Three communal 'wash and dry' toilets (that combined the functions of a toilet, a bidet and a drier in one unit) were used for personal hygiene purposes. Inspectors were informed that these toilets were on a daily cleaning schedule and were not used by residents with known MDRO colonisation. However, there was no evidence that these toilets were disinfected after every use, making them a potential source of cross-infection. Findings in regard to infection prevention and control are further discussed under Regulation 27.

The staff took a positive and supportive approach to residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and demonstrated in the care of these residents that they were actively observing and listening to residents' verbal and non-verbal expressions and clues. The staff members were able to identify triggers and develop the most effective strategies to effectively de-escalate and successfully prevent individual residents' responsive behaviours. The person in charge supported a monthly full-day review of residents' behavioural issues with a behavioural psychologist. The staff members involved in the residents' care were also present during these reviews to offer a different point of view on situations experienced in residents' care. Together, the team created a person-centred plan of care with the resident on how to best support their individual and collective needs.

There were no visiting restrictions in place on the day of the inspection. Inspectors were informed that visitors could visit at any time, and there was no booking system in place.

## Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had their nutritional needs met with wholesome meals that were safely prepared, cooked and served. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents could request an alternative if they did not want anything on the menu. There were adequate numbers of staff available to assist residents at meal times.

Judgment: Compliant

## Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy that included all of the required elements to meet the regulation. Hazards and specific risks outlined in the regulation were identified, and appropriate measures to control the risks were outlined. There were arrangements in place for the recording, investigation and learning from incidents involving residents in the centre.

Judgment: Compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control; however, further action is required to ensure all procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- The service generally had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship, but some action was required to be fully compliant. For example, accurate surveillance of MDRO colonisation was not undertaken. A resident was transferred to the hospital in September 2020, and their MDRO status was not communicated on the transfer form. There was evidence available in their file that this resident was identified as being colonised with an MDRO in May 2020. However, staff said they were not aware of this information, and, as a result, appropriate infection control measures were not implemented until January 2024, when this resident's MDRO colonisation status was again identified during hospital admission.
- Care was generally provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection, but some action was required to be fully compliant. For example, staff informed inspectors

that they manually decanted the contents of urinals into toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.

- Equipment was generally decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection, but some action was required to be fully compliant. For example, the pipes/ jets of the hydrotherapy bath were not effectively cleaned after and between uses. These baths are potentially a high-risk source of fungi and bacteria, including Legionella, if not effectively decontaminated after use. In addition, assurances were not provided that the three communal “wash and dry” toilets were effectively decontaminated after every use and, as such, served as a potential source for spreading antimicrobial-resistant bacteria.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The director of care was implementing a new holistic person-centred approach to the care plans, which would be included as part of the transfer letter when the resident was transferred to the hospital to ensure an easier transition for residents and support staff. The inspectors saw that there were individualised care plans in place, such as personal care, nutrition, mobility, recreational social care plans and a variety of other care plans depending on residents' needs. The inspectors reviewed in more detail the wound care plans and assessments and found that wounds were regularly monitored, dressing used and wound healing progress was recorded, and the care plans were regularly reviewed and updated.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to general practitioners (GPs) of their choice. Residents also had access to health and social care professionals such as physiotherapy, speech and language therapy, occupational therapy, dietitian and tissue viability nurse.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Staff who spoke with inspectors were familiar with the centre's policy on safeguarding and were in receipt of regular safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre. There were equal opportunities for residents to participate in activities in accordance with their interests and capabilities. Residents had access to television, newspapers, community resources and events and expressed their satisfaction with the activities on offer.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were reflective of residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

The centre was actively promoting a restraint-free environment. The Restraint register was well maintained in the centre. Any implementation of restraint followed the trial of alternatives, was informed by appropriate assessments, and was subject to regular review.

Judgment: Compliant

### Regulation 11: Visits

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

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 11: Visits	Compliant

# Compliance Plan for Glenashling Nursing Home OSV-0000040

Inspection ID: MON-0042588

Date of inspection: 20/02/2024

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following the Inspection, the Registered Provider reviewed (a) its Centre's infection prevention and control procedures; and (b) the measures taken by the Centre's staff to implement those procedures. Following its review, the Registered Provider has put in place the following Compliance Plan to address the sub-compliances itemised in the report of the the Inspection:</p> <ol style="list-style-type: none"> <li>1. In relation to the Centre's procedures for the surveillance of the risk of MDRO colonisation within the Centre, the Registered Provider conducted a review of those procedures. It is assured that those procedure were in place on the day of the Inspection. However, to assuage the specific concerns raised by the Inspectors by reference to one particular Resident the Registered Provider has but in place enhanced infection control and antimicrobial stewardship measures around that resident to govern his/her care, to include procedures to ensure that appropriate communications are always made to hospitals when transferring the resident from the Centre into those hospitals' to receive care there. Measures Effective Immediately.</li> <li>2. The Registered Provider has put in place enhanced procedures to ensure that the Centre's staff all decant the contents of urinals within the sluice room only, prior to the urinals being placed in the bedpan washers. Any practice of decanting the contents of urinals into toilets within the Centre is ceased. Effective immediately.</li> <li>3. The Registered Provider has had regard to the Inspection report which confirms that while the external surfaces of the Centre's hydrotherapy bath were cleaned after use, the Inspectors were not assured that the pipes/air jets received routine disinfection. Accordingly, to assuage the Inspectors' concerns, the Registered Provider has put in place an integrated cleaning and disinfection system to ensure that the pipes/air jets of the hydrotherapy are routinely disinfected going forward. Effective immediately.</li> <li>4. The Registered Provider has made arrangements to put in place an enhanced system to ensure that all three "wash and dry" toilets within the Cente are effectively decontaminated after every use. Effective Immediately.</li> </ol>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	28/03/2024