



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Announced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0033367

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 57 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 24 single rooms (2 of which are apartments), 8 twin bedded rooms, 2 four bedded rooms and 3 Triple rooms, all of which are fitted with a nurse call bell system and Saorview digital TV. Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 February 2024	09:35hrs to 18:35hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The consistent feedback from residents living in Maria Goretti Nursing Home was that staff were caring and the centre was a nice place to live. The inspector heard positive comments about the sense of the 'community spirit' that was felt by residents living in the centre.

This was an announced inspection which was carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge and the assistant director of nursing. Following an introductory meeting, the inspector spent time walking through the centre, observing the lived experience of residents in their home environment and to observe staff practices and interactions. The inspector noted that many residents were relaxing in communal areas where activities were taking place, and other residents were being assisted with their personal care needs. The atmosphere in the centre was welcoming and the inspector observed that staff mingled among the residents, providing assistance and encouragement as necessary.

Maria Goretti Nursing Home is a single-storey facility located in Killmallock, Co Limerick. The designated centre is registered to provide long term and respite care to a maximum of 57 residents. There were 49 residents living in the centre on the day of this inspection. The main centre comprised of a reception area leading to two large sitting rooms and resident bedroom accommodation, which was arranged in single, twin and multi-occupancy bedrooms. All bedrooms had en-suite bathroom facilities. There were a variety of other communal rooms available for resident use, including a dining room, chapel and a family room. Communal rooms were comfortably furnished and decorated in a homely manner, and residents were encouraged to display their own artwork in one of the sitting rooms.

Resident bedrooms were personalised, and single bedrooms viewed by the inspector had adequate storage facilities. However, the inspector noted that the location of wardrobes in some twin bedrooms and multi-occupancy bedrooms meant that residents could not access their personal belongings without entering another residents' bed space.

There were views of a spacious enclosed garden from resident accommodation, however, one of the doors to the garden was locked with a key. This meant that residents could not independently access the secure outdoor space from all parts of the centre. Furthermore, the unlocked door that was accessible to residents activated an alarm each time it was opened. The inspector walked through the garden and found that it was a secure, well-maintained area, decorated with raised flower beds and seating for resident comfort.

The centre was found to be well-lit and warm, making the environment homely and comfortable. The corridors in the centre were long and provided adequate space for residents to walk around, with handrails attached to assist residents with their

mobility. However, the inspector noted that call bells were not in place in several resident bedrooms. Communal sitting rooms were noted to be clean, however, the inspector found that two dining rooms were not cleaned to an appropriate standard. Furthermore, some of the surfaces and finishes in resident bedrooms, including wall paintwork and flooring, were worn and as such did not facilitate effective cleaning.

Residents were supported to engage in a variety of meaningful activities in the centre and activities board was displayed at each communal area, for resident information. The inspector viewed photographs of recent events which were displayed in the reception area, including a visit from a local pet farm and a local school. The inspection took place on Valentines day and the inspector observed gestures of kindness from staff, who were seen delivering red roses and confectionery to residents. There were three birthday celebrations on the day of inspection and a selection of refreshments and cakes were prepared for resident enjoyment. Residents attended a lively music session on the afternoon of the inspection and one resident told the inspector how much they enjoyed this.

Residents were observed reading newspapers, and they had access to televisions and radios in their bedrooms and in the communal areas. A number of residents enjoyed spending time independently in their bedrooms. The inspector spoke with one resident who told them that staff often made time to visit them in their bedroom, to sit and chat, and they were very grateful for this.

Information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported access this service, if required.

Visiting was facilitated in line with national guidelines and the inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

Capacity and capability

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated centre for older people) Regulations 2013, as amended. The inspector reviewed the compliance plan response submitted following the previous inspection in June 2023, which had identified non-compliances in relation to fire precautions, infection control, and governance and management. This inspection found that the provider had taken action to improve the fire safety systems. Notwithstanding this positive finding, the inspector found that the compliance plan response to the previous inspection findings had not been fully implemented. The inspector found that Regulation 23: Governance and management, and Regulation 27: Infection control were not in

compliance with the regulations. This was a repeated finding. Action was also required in relation to Regulation 24: Contracts for the provision of services and Regulation 21:Records.

Maria Goretti Nursing Home Partnership is the registered provider for Maria Goretti Nursing Home. A director of the partnership represented the provider entity. The person in charge was supported in their role by an assistant director of nursing (ADON) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. The assistant director of nursing deputised in the absence of the person in charge.

On the day of inspection there were 49 residents living in the centre with 8 vacancies. Although there were sufficient nursing staff on duty on the day of inspection and the registered provider had recruited additional nursing staff since the previous inspection, records demonstrated that planned nursing staff levels at night were not consistently maintained. The management team informed the inspector that an additional health care assistant was rostered when nursing staff numbers were reduced to one on night duty, however, this arrangement did not ensure that there was adequate clinical supervision in the centre at night. This is a repeated finding.

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. The inspector found that staff had completed training in the areas appropriate to their role.

There were management systems in place to monitor the quality of the service provided. Regular meetings took place with staff and management in relation to the operation of the service. Records of meetings were maintained and detailed the agenda items discussed such as complaints, training and audit outcomes. Records demonstrated that audits were completed in areas including infection control, care planning and medication management. A sample of audits viewed by the inspector contained quality improvement actions, however quality improvement plans were not always progressed to completion within the time-frame set out. For example, an environmental audit completed in August 2023 identified the requirement for storage units in en-suite bathrooms in multi-occupancy rooms. The recorded completion date was December 2023, however, this was not addressed at the time of inspection and residents personal wash basins were being stored in a manner which posed a risk of cross infection, as evidenced under Regulation 17: Premises. Similarly, the requirement for the reconfiguration of multi-occupancy bedrooms was identified as an audit action, however, this was not completed at the time of inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector, as required by the regulations.

A directory of residents was maintained by the registered provider, however, it did not include all of the requirements of Regulation 19. For example, there were

incomplete details in relation to admissions. This is discussed further under Regulation 21: Records.

A review of a sample of the contracts for the provision of services in place for residents found that several residents who were admitted to the centre on a short-stay basis did not have a contract of care in place. This is discussed under Regulation 24: Contracts for the provision of care.

A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff. Issues relating to the storage of records is addressed under Regulation 21: Records.

An annual review of the quality and safety of the service had been completed for 2023. This set out a quality improvement plan for 2024.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the health and social care needs of residents living in the centre, considering the size and layout of the building.

However, a review of rosters and discussion with the management team demonstrated an inability to maintain planned nursing staff levels at night, due to inadequate staffing resources. This is actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that all staff were offered appropriate training in fire safety, moving and handling, and safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 21: Records

The management of records was not in line with regulatory requirements. For example;

- The provider was acting as a pension agent for three residents. Records viewed by the inspector demonstrated that individual accounts were held for each resident in the centre. However, the records did not clearly demonstrate the deposit of each residents' pension amount into their account and the withdrawal of monies to pay for the service provided.

A review of the directory of residents found that the information specified in Paragraph3(h) of Schedule 3 was not entered into the directory as follows;

- the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.

One box of records containing resident information were being stored in an electrical room. The door to the room was a locked but the key was accessible and the storage of records in this room did not ensure they were safe and secure.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure that the service had sufficient staffing resources in place to meet the assessed clinical care and supervision needs for residents at night time. While the management team had recognised the requirement for an additional staff nurse at night, this staffing resource was not consistently in place.

The management systems reviewed on the day of the inspection did not provide assurances that the service provided was safe, appropriate and consistent. This was evidenced by:

- The oversight of clinical care did not ensure that three residents, who were admitted to the centre for a period of respite, had care plans in place to inform their care needs.
- Inadequate oversight of the maintenance of the premises meant that some areas of the centre were in a poor state of repair.
- Poor oversight of cleaning practices relating to infection prevention and control meant that the standard of cleaning was not adequate.
- Issues identified on audits were identified on inspection and, while a time bound action plan was devised, the issues had not been actioned.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing, with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident. For example, residents admitted to the centre for a short-stay period had not been offered a contract care regarding the terms on which they would reside in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

Judgment: Compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents were happy with the care received and gave positive feedback about the staff and management team. Improvements that had been made in relation to fire precautions since the previous inspection helped to ensure that residents were safe. However, action was required to ensure that infection control and premises were brought into compliance with the regulations. Additionally, action was also required to ensure compliance with Regulation 5: Individual assessment and care planning and Regulation 9: Residents' rights.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of residents' files, and found that while the care plans for residents who were admitted to the centre for long-term care were generally person-centred and informative, care plans were not developed for residents who attended the centre for care on a short-term basis. This posed a risk that the residents health and social care needs would not be met. For example, a comprehensive assessment and cognitive assessment completed for a resident

demonstrated that they may demonstrate a responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) however, there was no care plan recorded to describe potential triggers and de-escalation techniques, to support the residents care. Similarly, a resident admitted to the centre with specific mobility requirements did not have a plan in place to ensure their safe mobility.

Residents had timely access to a General Practitioner (GP) and a physiotherapist was employed by the centre. Referrals were made to allied health services including tissue viability nurses, dietitians and occupational therapy services, where required.

There were fire safety systems in place to mitigate the risk of fire. Records demonstrated that the fire alarm system and fire doors were tested on a weekly basis. Records showed that the provider had commissioned a review of all fire doors since the previous inspection and appropriate action was taken to address any deficits identified. Fire-fighting equipment, the fire alarm system and the emergency lighting system were serviced within the required time-frames.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was warm and homely, and residents were supported to personalise their bedrooms. However, some areas of the centre were in a poor state of repair. For example, floor surfaces in several resident bedrooms and en-suite bathrooms were damaged. This is discussed further under Regulation 17: Premises.

While there were cleaning schedules in place, and the provider had recruited a house-keeping supervisor to enhance the oversight of cleaning in the centre, the inspector observed that some areas of the centre and items of resident equipment, were not cleaned to an appropriate standard. This posed a risk of cross-contamination and therefore risk of infection to residents. Infection prevention and control practices in the centre required review to ensure that they were in line with the national standards.

The provider had systems in place to ensure that residents were protected from the risk of abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. The provider acted as a pension agent for three residents and there were systems in place to safeguard residents' monies, however, the inspector found that the record-keeping of deposits and withdrawals of funds to pay for the service was not in line with best practice.

Residents were supported to participate in meaningful activities and the weekly schedule included arts and crafts, reminiscence, sing-alongs and bingo. Residents had access to television, radio and newspapers. Residents were provided with opportunities to express their feedback about the quality of the service through scheduled resident meetings and questionnaires. The most recent survey outcome was very positive and there were comments recorded such as 'all of the staff have gone above and beyond for me.'

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre. There was a chapel for resident use and mass was held weekly in the centre.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 10: Communication difficulties

The inspector was informed by the person in charge that there were no residents with specialist communication requirements at the time of the inspection. Resources were available to support the communication needs of residents.

Judgment: Compliant

Regulation 11: Visits

Visits by resident's families were encouraged and practical precautions were in place to manage and associated risks. Residents access their visitors was unrestricted. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified which were not in line with Schedule 6 of the regulations:

- A shower hose fixture was not available in a residents communal bath and shower room.
- Wall and floor surfaces in several resident bedrooms were not maintained in a satisfactory state of repair. There were holes in some wall surfaces and floor covering, was peeling away from wall surfaces. This meant that debris and dirt had built up in the gaps between the wall and covering.
- Some items of resident equipment were damaged, for example two bedrails and a bed bumper.

- The layout of twin and multi-occupancy rooms required review, so that residents could access their personal storage without encroaching on another residents bed-space.

There was not sufficient suitable storage space in the designated centre. This was evidenced by;

- the inappropriate storage of equipment such as resident personal care trolleys in a hairdressing room and communal shower room.
- chemicals were stored openly on two house-keeping trolleys, which had the potential to cause harm to residents.
- Personal wash-basins used by residents in multi-occupancy rooms were stored one top of the other after use.
- The storage of staff lockers in a visitors toilet.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that some procedures were not consistent with the national standards for the prevention and control of health care associated infections published by the authority including;

- Residents equipment was not stored in a manner that reduced the risk of cross contamination. For example, while residents had individual hoist slings, some were stored on top of hoists and not returned to residents rooms after use.
- The surface of one hoist was visibly unclean.
- Some areas of the centre were visibly unclean with high levels of dust and debris observed on hand sanitizer units.
- The sluice room did not facilitate effective infection prevention and control measures. For example, the room was cluttered, items were stored on the floor and this did not support effective cleaning of floor surfaces.
- The clinical hand-wash sink in the sluice and house-keeping room did not meet the required specifications for clinical hand-wash sinks.
- There was no drip collection tray in the sluice room and equipment was dried on a rack positioned over a sink area. This may pose a risk of cross contamination from residual liquid, onto the surface below.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident files found that residents who attended the centre on a short stay basis did not have a care plan prepared, based on a comprehensive assessment of need, within 48 hours of their admission to the centre. Furthermore, residents who attended the centre on a short stay basis were not consulted about the development or revision of a care plan, and a care plan was not made available to the residents concerned for review.

Judgment: Not compliant

Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies. All staff were facilitated to attend safeguarding training. Incidents and allegations of abuse were investigated and dealt with appropriately by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

One door from the centre to the enclosed garden was secured with a key-lock, which meant that residents could not choose to access this outdoor space via this door independently, if they wished. There was direct access to the garden from one area of the centre, however, this door was alarmed and a member of staff was required to deactivate the alarm each time the door was opened.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0033367

Date of inspection: 14/02/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1.- Residents directory- All information that was not written into same has since been added into directory. All staff nurses have been shown how to complete the directory on admission of new and previous residents. New Admissions checklist has been created and displayed in nurses station to guide nurses. This will become part of orientation plan for newly recruited nurses.</p> <p>3. Resident Accounts- There will be a change in process to current system, the individual account of each resident will reflect the total amount received from pension deductions will be made accordingly showing the balance. The pension receipt will continue to remain attached to each individual account. In addition the accountant will carry out audits quarterly over the year to ensure transparency and oversight.</p> <p>4. Records- the box of records which were stored in electrical room were removed on 15/2/24 and stored appropriately in the storage area allocated for records.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Full nursing compliment now in place since 30/03/2024.</p> <p>2. Short term/Respite Care plans- All short term/ respite care plans were updated on 15/02/24 and going forward all care plans will be completed with 48 hours as per Health</p>	

Act 2007. All staff nurses will receive care plan training on the 12th April also.

3. Maintenance- A full environmental audit was conducted and areas in need of flooring and repair were highlighted. An improvement plan with short, medium and long term goals in relation to maintenance is currently being created and a SMART timeframe will be devised.

4. Cleaning Practices – All housekeeping staff will complete additional training on HSEland in relation to IPC and effective cleaning practices. Increased auditing of cleaning practices and daily inspections will be carried out by Management and housekeeping supervisor to ensure increased oversight and governance.

5. Audit actions- Audits that were highlighted on day of inspection were reviewed and necessary purchases were made to action the issues highlighted.

Regulation 24: Contract for the provision of services	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

1. Short Term/Respite Contracts of Care- A new short term/respite contract of care has been created and is in place since March 2024.

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

Outline how you are going to come into compliance with Regulation 17: Premises:

2. Shower Room- Shower head and hose will be replaced by 30/04/2024.

3. Wall and Floor Surfaces- A full environmental audit was conducted and areas in need of repair and flooring were highlighted. An improvement plan is currently being created to reflect these repairs needed and a timeframe of completion using SMART framework is in place.

4. Bedrails and Bumpers- Both bedrails and the bedside bumper highlighted during the inspection were replaced on 15/02/2024. Staff have been informed to be vigilant on the condition of bedrails when removing same throughout the day and night and report same to management and document in maintenance repair book also.

5. Multi Occupancy Rooms- Provider and management are meeting with a company on 5/04/24 to look at reconfiguration of multi occupancy rooms.

6. Storage- Personal Care Trolleys- All personal care trolleys will now be stored in the storeroom in Abbeylands corridor.

House Keeping Trolleys- 2 closed boxes will be purchased for the house keeping trolleys and are in place since 29/03/2024

Wash Basins- Disposable wash basins have been purchased and are now being used by

<p>all residents in the nursing home.</p> <p>7. Staff Lockers- All staff lockers are now stored in staff room.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>1. Personal Equipment Slings- All individual slings are kept in resident en-suite rooms. All hooks for same have been reviewed and are in place in relevant en-suite rooms.</p> <p>2. Hoist- The hoist in question was cleaned thoroughly on 14/2/24 and increased oversight of cleaning equipment and records for same will be undertaken by management and house keeping supervisor.</p> <p>3. Hand Sanitizers- All sanitizers are included on the daily cleaning schedule. The hand sanitizer in staff dining room has been relocated to ensure it can be clearly seen for cleaning purposes.</p> <p>4. Sluice Room- Sluice was decluttered , all equipment on the floor was removed and signage placed in sluice room and on the door of same to remind staff of inappropriate storage of equipment .</p> <p>5. Clinical Hand Washing Sinks- Two new clinical handwashing sinks will be bought and installed in sluice room and house keeping room. To be completed by 31st May 2024.</p> <p>6. Drip Collection Tray- New drip collection trays have been sourced and will be purchased and installed by 31/05/2024</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Short term/Respite Care plans- All short term/ respite care plans were updated on 15/02/24 and going forward all care plans will be completed with 48 hours as per Health Act 2007. All staff nurses will receive care plan training on the 12th April also.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- New door to enclosed garden will be sourced and installed by 30/06/2024
- Risk assessments will be completed for all other fire doors leading to the garden area.

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 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	30/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/02/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	15/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	30/03/2024

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	30/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30/09/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	15/02/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	15/02/2024
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	Not Compliant	Orange	15/02/2024

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2024