



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Finglas
Name of provider:	CareChoice Finglas Limited
Address of centre:	Finglas Road, Tolka Valley, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0005307
Fieldwork ID:	MON-0038563

About the designated centre

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

The designated centre provides long term residential care, transitional/respite care and convalescent care for persons, male and female, aged 18 years or over. The premises can accommodate up to 89 residents in five units located over five floors; Tolka, Rivermount, Farnham, Claremont and Bellevue. There are two passenger lifts between floors. All bedrooms are en-suite with additional assisted shower and bathroom facilities on Rivermount and Claremont units. The majority of bedrooms are single occupancy. At least one twin room is available on each unit except on Bellevue. Each unit has its own lounge and dining area and there are additional quiet seating areas available for residents to meet with their visitors in private. Outside garden space is situated on the ground floor of the premises in a secure garden area to the rear of the building. Outside space is also available in a covered patio area which accommodates the resident smoking area and is accessed from the communal lounge on the ground floor. The centre is located in north Dublin close to local shops and amenities and is served by local transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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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
Wednesday 30 November 2022	08:45hrs to 19:30hrs	Leanne Crowe	Lead
Wednesday 30 November 2022	08:45hrs to 19:30hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

On the day of the inspection, inspectors spoke with a number of residents and visitors, all of whom expressed their satisfaction with the service provided in CareChoice Finglas. However, a small number of residents stated that improvement was needed in relation to residents' rights.

On arrival to the centre, the inspectors were guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an introductory meeting with members of the nursing management team, the inspectors completed a walk around the centre. Inspectors observed that staff were attending to residents' personal care and a number of residents were up and ready for the day's activities.

Inspectors spoke with ten residents living in the centre throughout the inspection. Overall, residents were satisfied with the care they received and the standard of cleanliness in their bedrooms and communal areas. Residents felt that their health care needs were met through regular assessment and review by their general practitioner (GP).

Overall, the general environment and residents' bedrooms and communal areas inspected were clean, warm and well-ventilated. These rooms were also nicely decorated in a homely and comfortable manner.

Inspectors observed that alcohol hand gel was available at point of care within each room. Posters illustrating the correct procedure to perform hand rubbing were clearly displayed above all alcohol gel dispensers.

Residents said that staff answered bells in a timely manner and that help was always there when they needed it. Residents were positive about the support provided by staff and care was seen to be given in a kind and unhurried manner. The inspectors observed good communication and gentle supportive approaches to residents throughout the centre. Staff were observed chatting and taking their time with residents as they went about their day.

Residents confirmed they felt safe, and would speak to any member of staff should they have a complaint or raise issues of dissatisfaction with the service. Two residents who spoke with inspectors said that if they had any concerns or complaints, they were responded to quickly.

Residents said that they were happy with the visiting arrangements and visits were seen to take place safely in residents' bedrooms or dedicated communal rooms.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Inspectors found that there was a robust governance structure in place to support the management and oversight of the operation of the centre. Improved focus and oversight was now required to achieve regulatory compliance in areas such as governance and management, contracts of care, infection prevention and control and residents' rights.

This was an 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). During this inspection, inspectors assessed the progress with the compliance plan from the previous inspection in October 2021. The registered provider had addressed most of the outstanding actions from the previous inspection, with the exception of some actions in relation to infection control. Additionally, inspectors followed up on unsolicited information of concern that had been received prior to the inspection, which alleged deficits in relation to the quality of personal care provided, environmental hygiene, food and nutrition, staffing and complaints management. These were partially substantiated on inspection but inspectors found that the management team had already identified some of these issues and were working to address them.

CareChoice Finglas Limited is the registered provider of CareChoice Finglas. A director of the company represented the provider entity. The person in charge was supported in their role by this director, as well as various members of the senior management team. The person in charge oversaw a nursing management team that comprised an assistant director of nursing (ADON) and two clinical nurse managers (CNMs), as well as an additional ADON that was working in the centre on a fixed-term basis. They also oversaw the work of a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable of their roles and responsibilities.

On the day of the inspection, there were 68 residents being accommodated in the centre. Inspectors noted that the service had encountered some staff turnover in the centre over the past year. This was being monitored closely by the management team and there were ongoing recruitment efforts in place to maintain safe and consistent staffing levels. However, a review of rosters demonstrated that there was an ongoing need to supplement the staffing complement with agency staff, with up to 12% of shifts being filled by agency staff per week in some units in the month prior to the inspection.

There were governance systems in place to support the day-to-day operation of the

centre. For example, there were regular meetings between the person in charge and members of the senior management team, as well as nursing management, heads of departments and other staff within the centre. A schedule of audits on areas of clinical and operational practice were carried out, with action plans developed and completed in response to any identified area of improvement. An annual report on the service for 2021 had been completed.

The provider met some of the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*, however further action was required to be fully compliant. Weaknesses were identified in infection prevention and control guidelines, equipment and environmental hygiene, premises and barriers to hand hygiene were identified during the course of the inspection. This is further discussed in Regulation 27: Infection control.

The person in charge was the overall lead for infection prevention and control in the centre. They were supported by a nurse manager and assistant director of nursing, and four nurses acted as infection control champions. While infection control was discussed at management and staff meetings, the last two infection control committee meetings were attended by two staff, a nurse and a chef, no senior managers had attended the meeting to monitor the effectiveness of infection control programme in the centre. The provider had facilitated a nurse manager to complete a qualification in infection control to support the infection prevention and control in the centre. The person in charge gave inspectors assurances that this staff member would be given four hours protected time each week to further enhance the infection control programme, once they had completed their course in December 2022.

A sample of residents' contracts of care were reviewed. While the contracts met most of the requirements of Regulation 24, there was insufficient written evidence of residents or their representative agreeing to changes to their terms and conditions, such as moving to a different bedroom.

A summary of the complaints policy was displayed in the reception area of the centre. A record of complaints was maintained, which included details of each complaint, their investigation and any actions taken to address issues identified. These records demonstrated that complaints were dealt with promptly and to the satisfaction of the complainant.

Regulation 15: Staffing

The staffing complement on the day of the inspection met the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme was in place which facilitated staff to avail of any training that would be required to support residents' needs. A small number of staff required initial or refresher training in fire safety, infection prevention and control, safeguarding and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The management team had already identified this prior to the inspection and training sessions in the relevant topics were scheduled to take place in the weeks following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place for the oversight and monitoring of care and services provided for residents, including regular audits and meetings amongst the management team and staff. However, inspectors found that the opening and closing of the centre's dementia-specific unit, Bellevue Suite, within a five-week period in September and November 2022 raised concerns that the provider:

- had sufficient resources to ensure the effective delivery of care
- had management systems in place to ensure that the service is safe, appropriate and consistent.

This is evidenced by the following:

- Staffing levels had been entered into the centre's risk register in September 2022, highlighting that they posed a risk of suboptimal care and standards. There were measures in place to recruit staff, resulting in the recruitment of 11 full time and part time care assistants by 26 October 2022, as stated in a management meeting on that date. However, inspectors noted that the opening of the Bellevue Suite took place within weeks of this risk being recorded on the register and it was not clear whether the level of this risk had been reduced prior to deciding to open the Bellevue Suite. Therefore inspectors were not assured that the risk had been sufficiently mitigated prior to admitting or transferring residents.
- Inspectors were informed during the inspection that a decrease in the dependency levels in other units during this time period, combined with a rate of admissions to the Bellevue Suite that was slower than anticipated, lead to the decision to close the unit and transfer residents to units on the remaining floors. Management meeting records referenced the opening and closure of the Bellevue Suite, but did not reflect any impact on residents or what measures had been put in place to minimise disruption to residents.

Therefore the inspectors were not assured that the decision-making behind the opening and closing of the unit within such a short period of time had adequately considered the impact on cognitively-impaired residents that were consequently moved twice to different units during approximately a six week period.

An annual review of the service for 2021 was available for review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. While the terms and conditions of each resident's accommodation and the fees to be charged were clearly stated in each contract, inspectors found there was insufficient evidence to demonstrate that any changes to the residents' terms and conditions, such as residents' bedrooms, were agreed upon by the resident and/or representative.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place that was in line with regulatory requirements. Records had been maintained in relation to the management of and response to complaints. A copy of the centre's policy was clearly displayed in the building.

Judgment: Compliant

Quality and safety

Many residents in this centre received a good standard of service. Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, inspectors were not assured that in relation to the opening and closing of the centre's dementia-specific unit between September and November 2022, that the registered provider had meaningfully consulted with the impacted residents and/or their relatives. This is discussed in more detail under Regulation 9, Residents' Rights.

Residents were supported to access appropriate health care services in line with

their assessed needs and preferences. Residents had regular medical reviews and were referred to allied health professionals if required. There was evidence of visits from allied health professionals and their recommended interventions were recorded and implemented.

While there was evidence of good infection prevention and control practices, some practices observed demonstrated instances of inappropriate cleaning processes for equipment and the environment, inappropriate storage; these are further detailed under Regulation 27: Infection control.

Infection prevention and control guidelines covered aspects of standard and transmission-based precautions and the care and management of residents with multi-drug resistant organisms (MDROs). However, there was outdated guidance available to staff with regard to the safe management of nebuliser equipment (a device that turns liquid medicine into a mist which is then inhaled through a mouthpiece or a mask. Sometimes asthma medication is given through a nebuliser) and could result in healthcare-associated infections for residents.

Surveillance of infections, such as blood borne viruses and colonisation was not routinely undertaken and used to inform practice. This meant that the provider did not monitor local trends in blood borne virus infections and colonisation development of antimicrobial resistance within the centre. However they were actively monitoring other types of infections such as respiratory and urinary tract infections. Antibiotic consumption was bench marked against antimicrobial prescribing guidelines to ensure good antibiotic stewardship in the centre. Antimicrobial prescribing guidelines were available at each nurses' station for staff to use as a reference.

Infection prevention and control practice was monitored by senior nursing staff however staff required refresher training in effective hand hygiene and the correct wearing of face masks to prevent potential onward transmission of healthcare-associated infections.

There was no dedicated hand wash sink in one clinical room and a number of stainless steel clinical hand wash sinks had been installed along corridors to support good hand hygiene practice in the centre. These stainless steel sinks did not comply with current recommended specifications. Inspectors were informed of plans to replace them with sinks to meet national specifications for clinical hand hygiene sinks. A small number of staff reported that residents' sinks were used as dual purpose and a cleaning store room was located within a sluice room on one floor, this practice and arrangement may result in cross contamination in the centre.

Residue from sticky tape was seen on trollies and cupboard doors in the treatment rooms which impacted on effective cleaning.

The inspectors identified 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 a resident. Ample supplies of PPE were available. Staff knew how to manage sharps injuries, however, safety engineered needles were not available to staff. This increased the

risk of needle stick injuries in the centre. Clean and dirty laundry was seen to be stored and managed safely.

There was a well-managed and successful vaccination programme in place. All of the residents who were eligible had received their COVID-19 booster and influenza vaccines. While staff had good knowledge on how to manage blood and body fluid spills, if household staff were not on duty there were no cleaning agents available to staff on every floor, to effectively clean potentially contaminated surfaces, if required.

Staff assigned to cleaning duties had good knowledge with regard to physical cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. However, disinfectants, such as chlorine based solutions and 70% alcohol wipes were being used on equipment and the environment, when there was no indication for their use.

Residents who had a medical device, such as a urinary catheter (a flexible tube for draining urine from the bladder) had information in their care plan to guide staff. However, there was no information and guidance on the care of the catheter site to prevent infection. This practice may increase the risk of a resident acquiring a healthcare-associated infection. Care plans reviewed for residents with multi-drug resistant organisms (MDROs) provided detail to inform infection prevention and control practices.

A number of residents exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The majority of staff had completed up-to-date training in the management of responsive behaviours, those that were outstanding were scheduled to complete it in the weeks following the inspection. Inspectors observed staff supporting residents with responsive behaviours throughout the day of the inspection and found that, for the most part, staff provided appropriate and person-centred care to these residents.

The provider had good oversight of fire safety. The centre was provided with fire fighting equipment and fire detection and alarm systems, included emergency lighting, that provided the appropriate fire alarm coverage. The service records for these systems were up to date. Daily, weekly and quarterly fire safety checks were conducted and recorded.

Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines. Visitors were seen attending the centre throughout the inspection and both residents and visitors were satisfied with the arrangements were in place

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant. For example:

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

- Cleaning equipment and sinks were located within the sluice room in the Bellevue unit. This increased the risk of cross contamination on this floor.
- Three floor brushes observed were heavily worn and dirty and there was no cleaning chemicals available to staff on each floor when household staff were off duty. This could result in ineffective cleaning of surfaces.
- Boxes of supplies were seen stored on pallets on the floor in the cleaners store in the basement. This prevented effective cleaning of this area.

The provider had not ensured that all precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. This was shown by:

- Staff did not have up-to-date policies with regard to the cleaning and decontamination of medical equipment. For example, the safe cleaning of reusable nebulizers. Masks were seen to be unclean and chambers were not rinsed with sterile water and stored dry. This may result in the risk of transmitting a health-care associated infection
- A small number of care staff were seen to wear hand jewellery or did not wear face masks correctly when delivering direct care. For example, masks were seen to be worn below their nose or chin or staff frequently touched the front of their mask. Five members of staff told inspectors that they used resident sinks as dual purpose to wash their hands. These practices impacted on effective infection prevention and control in the centre
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning of small items of equipment. Cleaners were inappropriately using disinfectant chemicals for general cleaning purposes when there was no requirement for their use. This practice could result in surfaces and equipment not being cleaned appropriately and possible damage to surfaces with prolonged use
- Continence wear was observed to be stored in open packets or out of their packets on linen trolleys or storage shelves, which could result in cross-contamination
- Inspectors were informed by four staff members that the contents of urinals were manually decanted into residents' toilets prior to being placed in the macerator machine for disposal. This practice could result in an increase

environmental contamination and cross infection.
Judgment: Substantially compliant
Regulation 28: Fire precautions
There were systems in place to monitor fire safety precautions.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
<p>Inspectors reviewed a sample of resident care plans and nursing documentation. Inspectors found that further oversight was required to ensure that the prescribed care interventions to meet those needs were clearly set out for staff to follow. For example:</p> <ul style="list-style-type: none"> • In two care plans reviewed for residents with urinary catheters, there was no guidance for staff with regard to the maintenance of the catheter site to prevent infection • A resident care plan did not clearly guide staff in relation to the administration of crushed medications. <p>Additionally, improvement was required in relation to the recording of care plan reviews in consultation with residents and/or their representatives.</p>
Judgment: Substantially compliant
Regulation 6: Health care
There were arrangements in place to ensure that residents' health care was being delivered appropriately. Residents had good access to general practitioner (GP) services as well as other allied health professionals such as tissue viability nurse, dietitian, occupational therapy, palliative care, speech and language therapy and psychiatry of old age.
Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were measures in place to support residents who exhibited responsive behaviours.

All instances of restraint in the centre were implemented in accordance with national policy. An action relating to the documentation of alternative measures is details under Regulation 21, Records.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to investigate any suspicions or allegations of abuse.

Residents' finances were managed appropriately, with all records maintained as required.

Judgment: Compliant

Regulation 9: Residents' rights

In relation to the opening and closing of the dementia-specific unit, Bellevue Suite, between September and October 2022, a number of existing residents were transferred from units on other floors to this unit, based on their assessed needs. There were records to evidence that the residents and/or their representatives were consulted with prior to transferring each resident to the Bellevue Suite upon its opening and returning them to another floor following its closure. No complaints or concerns were raised, according to these records. However, some of these discussions took place on the day the residents were due to transfer, which did not provide assurances that meaningful engagement occurred with the residents and/or their representatives, nor did it demonstrate that residents were gradually introduced to an environment that they may not be familiar with.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Finglas OSV-0005307

Inspection ID: MON-0038563

Date of inspection: 30/11/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Resident safety and wellbeing remains our highest priority, with sufficient resource acquisition and appropriate staffing levels forming an integral component of this process. • The Director of Nursing in collaboration with the Assistant Directors of Nursing, consistently reviews the number and skill mix of staff to ensure the same remains appropriate and safe. • A robust recruitment programme is in place within the home overseen by the Director of Nursing in collaboration with HR, whereby emphasis is placed on recruitment of long-term staff and agency staff utilized as a last resort. • Any risks which have been identified in the home are entered by the Director of Nursing in the risk register. Control measures are implemented to mitigate the risk of potential harm in all incidences and their efficacy subject to continuous review to promote safe outcomes. • We will ensure that emphasis is placed on minimizing potential disruption to residents and this approach forms the basis of any potential future care related changes. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the</p>	

provision of services:

- Any alterations made to the terms and conditions of a resident's contract inclusive of bedroom changes, is done so in consultation and agreement with the resident and/or their representative and is now reflected in a newly devised accompanying contract addendum document.

Regulation 27: Infection control

Substantially Compliant

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

- All cleaning equipment has subsequently been removed from the sluice room on Bellevue effective 5/12/2022. There is a dedicated sink now assigned in the sluice room on Bellevue that is separate to where cleaning equipment is stored
- The three floor brushes which were noted to be heavily worn on the day of the inspection, have since been removed from circulation and replaced with new ones.
- As of 5/12/2022 arrangements have been made that in the absence of household staff, cleaning chemicals are available for staff use on each floor. Cleaning trollies containing any chemicals will be securely stored and available via key access only.
- A full review of the cleaner's storage area in the basement has been initiated, any changes implemented further to this review will be conducted with a projected date for completion of 30/6/2023.
- It is acknowledged that on the date of the inspection, one policy folder in the centre contained outdated guidelines relating to the cleaning and decontamination of medical equipment. This folder has since been updated to reflect our most recent IPC policy guidance (January 2023). Content within CareChoice's IPC policy is informed by the following contemporary guidance documents;
 - i) Community Infection Prevention and Control Manual (A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings Developed by the HSE Community Operations) March 2022
 - ii) NCEC Draft Guidance on Infection Prevention and Control 2022 (January 2022) National Clinical Guideline No. X DRAFT V. 1.0
- Following inspection, education training has been provided to staff relating to the safe cleaning of re-useable nebulisers in the form of Toolbox Talks sessions.
- Spot checks on nebuliser cleaning and decontamination will be conducted by the IPC link nurse and CMT at regular intervals.

- Staff education on appropriate PPE usage completed, gaps noted with respect to wearing masks addressed in daily staff huddles. All staff working in the centre have been reminded to ensure that hand jewellery is removed whilst delivering direct care. Monthly uniform/IPC audits and regular spot checks will be conducted by CMT to ensure compliance regarding the same.
- The practice of staff using resident sinks to wash their hands is not permitted in the centre and staff have been reminded to adhere to the same. Clinical hand wash sinks have been installed in areas throughout the building to ensure that they are within close proximity of residents' rooms, alcohol hand sanitizer dispensers are also in place at various access locations facilitating staff to perform hand hygiene to minimise risk of infection.
- Detergent wipes are now used in the centre for general cleaning purposes and disinfectants used only for use on surfaces where there is a known infection. Toolbox Talks on 'IPC: Cleaning & Decontamination of the Environment & Equipment' has been recirculated to staff.
- Storage reviewed further to the inspection. Staff advised not to leave continence wear in open packets which posed a potential cross contamination risk. Spot checks to ensure compliance will continue.
- The practice of decanting the contents of urinals into resident toilets prior to being placed in the macerator machine has now ceased. Staff have been reminded of the potential environmental contamination and cross infection risk the practice poses.

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

- A review of all urinary catheter care plans in the centre has been initiated, and all now incorporate guidance for staff relating to the maintenance of the catheter site to prevent infection.
- All residents residing in the centre have robust medication care plans in place to guide care processes. Medication care plans are individual specific, and all now encompass the appropriate format in which individual medications are to be administered in line with personal preference and/or clinical recommendation.
- Careplans within the centre are reviewed at four-monthly intervals with the resident and/or their representative or more frequently as dictated by an alteration in the clinical status or preference of a resident. Recording of care plan reviews are now completed to reflect care interventions, processes and outcomes.

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

- We place vital significance on the process of consultation and participation of residents and/or their representative relating to all aspects of the organization of the centre. We will ensure that emphasis on meaningful engagement with residents and/or their representatives coupled with appropriate notice, forms the basis of any potential future care related changes.

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 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	31/05/2023
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.	Substantially Compliant	Yellow	31/05/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned,	Substantially Compliant	Yellow	31/05/2023

	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.			
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	30/06/2023
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.	Substantially Compliant	Yellow	31/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/05/2023

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2023