



**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:	Carnew Nursing Home
Name of provider:	Genesis Healthcare Ltd
Address of centre:	Gorey Road, Carnew, Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0008471
Fieldwork ID:	MON-0040479

About the designated centre

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

Carnew Nursing Home is a new 90 bed creatively designed, split-level building, built to a high specification. The centre has three units - Oak, Birch and Rowan. The centre had three twin en-suite rooms in Birch unit and the remaining 84 rooms are single en-suite. Each level has its own access to internal courtyards. The centre is located in the countryside, on the outskirts of Carnew village, situated approximately 16 kms from the town of Gorey Co. Wexford and 15 km from the town of Bunclody, Co. Wexford. Carnew Nursing Home delivers care to residents over the age of eighteen with varying and complex needs ranging from lower dependency individuals to maximum dependency requirements. The centre also cater for residents who require general care, including residents with dementia, physical disabilities, chronic physical illness, psychiatric illness, frail elderly, and those requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
--	----

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 6 September 2023	09:00hrs to 17:45hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector spoke to the majority of residents in the centre to gain an insight into their experiences of living in Carnew Nursing Home. Overall, residents were very positive about how they spent their days in the centre and about the staff. Residents indicated that staff were caring, responsive to their needs and always came to them when called.

The inspector arrived in the morning for an unannounced inspection to monitor compliance against the regulations and standards. The inspector was greeted at the entrance by the assistant director of nursing and following an introductory meeting was guided on a tour of the premises. The person in charge was rostered to work on the day of inspection but was off-site. However, the roster was adjusted so the assistant director of nursing was working.

On the morning of inspection residents were up and about. Some residents were relaxing in their rooms and others were in the dining room having their breakfast.

Carnew Nursing Home was registered to accommodate 90 beds with 13 residents on the day of inspection. The statement of purpose outlines that there is a maximum of four admissions per week and the registered provider was adhering to this at the time of inspection. The centre operated as three units; Oak, Birch and Rowan. Oak unit was operational at the time of inspection. The centre had three twin en-suite rooms in Birch unit and the remaining 84 rooms were single en-suite. Residents had personalised their rooms with photographs, pictures and belongings from home. Pressure relieving mattresses and cushions were observed in residents' rooms. Communal areas included a dining room, activities room and tv room in each unit. In addition Oak and Rowan unit had a visitor's room. Communal rooms were nicely decorated with comfortable furniture and bright colour schemes. Wayfinding signage was in place in each unit which assisted in orientating residents and facilitated them to mobilise around the unit independently. All three units had access to an internal courtyard. Seating was available for residents in the courtyards and the garden was blooming on the day of inspection. A bicycle was painted the Wicklow colours and was on display in the garden off Oak unit. The inspector observed residents watering the plants and sitting out relaxing in the garden. The inspector was informed that the door to the garden was open every day until 10pm.

The registered provider had employed 1 WTE (wholetime equivalent) of activities co-ordinator. The inspector was informed that as numbers increase a second activities co-ordinator will be appointed. An activities schedule was on display on the residents' noticeboard. On the day of inspection, mass was celebrated onsite and this occurred every Wednesday. On the day prior to inspection there was live music and this was on twice monthly. In addition, an external person did knitting with residents. Residents' art work was on display in the activities room. Residents had an option of attending the community day centre which was on the grounds of the nursing home. Three residents attended on the day of inspection and were

accompanied there and back by activities staff. WiFi and newspapers were available for residents and all bedrooms had a smart television where residents could access their own streaming services.

Residents were consulted about the centre through residents' meetings. Two meetings had taken place since the centre was registered. Meeting minutes reviewed indicated that residents were advised about their right to make a choice in the centre and access to advocacy services. In both sets of minutes reviewed residents indicated that they would like more exercise classes and there was a discussion on a summer outing and where they would go. However, no timebound action plan accompanied the first meeting and the second meeting minutes were in draft at the time of inspection.

The dining experience was observed. Six residents were eating in the dining area. One healthcare assistant was supervising residents and none of the residents required one to one assistance. Three residents were in the community day centre and the inspector heard those residents requesting that their lunch was kept for them. Three residents were in their bedroom and one resident was sitting at the nurses' station. A staff nurse, healthcare assistant and the activities co-ordinator were circulating in this area assisting the residents. Residents were provided with a choice at lunch-time and the menu was on display each table. Residents were complimentary about the food.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the regulations and standards. This was the registered provider's first inspection since the centre was registered on 8 June 2023. The inspector followed up on notifications received since registration. While policies and practices were still embedding in the centre at the time of inspection, actions were required under Regulations 15: Staffing, 16: Training and staff development, 23: Governance and management and 34 Complaints procedure.

Genesis Healthcare Limited is the registered provider for Carnew Nursing Home. The registered provider is not involved in the running of any other designated centres. The company has two directors one of whom is the registered provider representative. The inspector was informed that the registered provider representative was onsite on the Sunday prior to inspection. The person in charge reported to the registered provider representative, worked full time and was supported in the role by an assistant director of nursing who was supernumery, staff nurses, healthcare assistants, an activities co-ordinator, catering, household, administration and maintenance staff. There was a recently vacated clinical nurse

manager post. Staffing was in line or in excess of what was outlined in the statement of purpose for the number of residents living in the centre except for the vacant clinical nurse manager post. The person in charge was also supported by a group director of services, quality and governance who attended onsite weekly. There were sufficient staff on duty to meet the needs of the residents living in the centre on the day of inspection.

The registered provider had a training matrix in place, however, the inspector was informed that the training matrix was not up-to-date and an updated matrix was submitted following inspection. Staff had access to mandatory training; for example; safeguarding, dementia training and infection prevention and control. All staff who administered medications had completed training in medication management and the training matrix submitted following inspection indicated that the majority of staff had completed fire safety training and safeguarding training. However, gaps remained which are discussed under Regulation 16: Training and staff development.

The directory of residents was reviewed by the inspector. One gap was noted which was rectified while the inspector was onsite. Otherwise, all information as set out in schedule 3 was maintained in the register.

The assurances systems in place in the centre required further development and oversight in order for the registered provider to be assured of the quality and safety of care. The person in charge prepared a governance report on a monthly basis to the registered provider and the group director of services, quality and governance. This included, for example; the occupancy in the centre, the number of falls, pressure ulcers and complaints received. No meeting had taken place between the three senior people in the centre to date, however, the inspector was informed that a meeting was scheduled for September 2023. Notwithstanding this, all three members of the senior management team attended two staff meetings. Meeting minutes contained an action plan and actions from the previous meeting were discussed. The registered provider had a schedule of audits in place which were taking place monthly. However, the audits were not comprehensive enough and were identifying few issues. Furthermore, none of the audits provided to the inspector contained a time bound action plan.

Incidents were recorded on an electronic system. A small number of incidents were reported to date and there were a variety of incidents reported. All incidents requiring notification to the Office of the Chief Inspector were reported within the required timelines.

The inspector reviewed the complaints log. A complaint was documented, investigated, contained the outcome and the satisfaction or otherwise of the complainant. A second complaint was being reviewed at the time of inspection. The complaints policy and procedure required review to ensure it was in line with Regulation 34. This is discussed under the regulation.

Regulation 15: Staffing

Staffing rosters reviewed were not in line with the staffing in the centre on the day of inspection. For example; the person in charge was rostered as being on duty but was not onsite on the day.

In addition, a clinical nurse manager (CNM) post was recently vacated. The statement of purpose outlines that the centre should have a clinical nurse manager for the number of residents currently residing in the centre. Management informed the inspector that they were recruiting for a CNM.

Judgment: Not compliant

Regulation 16: Training and staff development

Gaps in training and staff development were identified:

- Three staff had not completed training in fire safety.
- Eight staff had not completed fire evacuation training.
- Two staff were outstanding in safeguarding training. The inspector was informed that this was booked for the week of 12 September.
- Four staff had not completed training in dementia.
- 19 staff had not completed hand hygiene training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement to ensure the service provided was safe, appropriate and effectively monitored. For example;

- While audits were being completed it was difficult to identify what actions were required and there was no time bound action plan to inform ongoing quality and safety improvements in the centre.

- The oversight of staff training required strengthening to ensure that training matrix and staff training was up-to-date.
- No meeting with the three senior people in the centre had taken place on the time of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the Office of the Chief Inspector within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint procedure required review to ensure that it met the amendments to the regulations that had come into effect in March 2023 (S.I. 298 of 2022). For example; the procedure did not contain the time lines for the investigation and conclusion of the complaint and the review of the complaint.

Judgment: Substantially compliant

Quality and safety

Overall, residents and visitors expressed satisfaction with the care provided and the quality of life experienced in Carnew Nursing Home. On the inspection, areas for action were identified in premises, individual assessment and care plan, healthcare, protection, residents rights, infection prevention and fire precautions.

Residents had access to a general practitioner who attended onsite once weekly. A physiotherapist attended onsite fortnightly and the inspector was informed that this would be increased as more residents were admitted to the centre. There was evidence that residents were reviewed by the physiotherapist. In addition, residents had access to other health and social care providers if required. There was evidence that residents were assessed for their suitability for access to the national screening services for example; diabetic retinopathy screening. At the time of inspection the registered provider was identifying a local dentist that residents could attend if

required. The community intervention team was available in the community if required and had attended onsite.

Carnew Nursing Home was a new purpose built centre, built to modern specifications opening in June 2023. The provider had employed a maintenance person who was onsite five days a week. The centre was bright and airy with wide corridors and assistive handrails throughout. Residents' had access to call bells and the inspector observed that residents' in their rooms had these within reach. On the week prior to inspection, a fault was identified with the call bells in a number of en-suite bathrooms and the inspector was informed that this was addressed. The inspector rang a sample of call bells and these were working. Management stated that in the coming weeks staff would be provided with bleeps so they would be able to identify immediately which resident required assistance. The centre was clean on the day of inspection. Training on the principles and practices of cleaning was provided by the household manager. Household staff were knowledgeable and described the processes to the inspector. The household staff role included cleaning, laundry and changing residents' bed linen once weekly or more frequently if required. The registered provider must be assured that the correct infection control practices are adhered to when household staff are moving from cleaning duties to caring duties. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. The registered provider had installed a number of hand hygiene sinks that were compliant with the required specifications except for one sink in the pharmacy room in Birch Unit. Hand gel dispensers were located in key locations throughout the centre. Weekly flushing of taps was taking place throughout the centre and the records were in place for this. Notwithstanding the good practices actions were required under Regulation 27: Infection control.

Systems were in place for monitoring fire safety. The registered provider had an up-to-date fire safety management policy in place. Servicing of fire extinguishers had taken place in February 2023 and the quarterly and annual servicing of the fire alarm and emergency lighting was completed in February and June 2023. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Daily checks of, for example; escape routes and fire alarm checks were carried out except for three days in August. Signage to guide staff on the evacuation routes was clear and on display in a number of locations throughout the centre. Each resident had a personal emergency evacuation plan in place which was located inside each resident's wardrobe. Staff were able to describe horizontal and vertical evacuation. However, improvement was required with the fire drills. This is discussed under the regulation.

There was a centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. A small number of residents' requested to retain their own pharmacy and this request was respected. Additional good practices are discussed under the Regulation 29.

Improvements were required with individual assessment and care planning. While some records reviewed were person-centred, others did not have the required care

plans in place to guide care. Furthermore, not all assessments were completed on a resident within 48 hours of admission. Validated assessments tools were completed to assess various clinical risks including risk of malnutrition, pressure ulceration and falls.

The registered provider has a policy in place for the "Security of residents' accounts and personal property" which was up to date. The registered provider was not a pension agent for any residents, however, the processes in the centre required strengthening to ensure they are in line with the policy. The majority of staff had completed safeguarding training and staff were knowledgeable on what constitutes abuse and who to escalate concerns of abuse to. Residents reported that they felt safe in the centre.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected for example choice at mealtimes and a choice of when residents get up in the morning or go to bed. Residents spoken to confirmed they were given a choice. Residents were actively involved in the organisation of the service. A resident committee had been established and two meetings had taken place. Advocacy services were available if required and these were displayed on the residents' notice board in Oak unit.

Regulation 17: Premises

Actions were required to ensure the premises conformed to schedule 6 of the regulations:

- The layout of room 22, a twin room in Birch unit required review to ensure that there was room within the resident's personal space for a bed, personal storage and a chair.
- The doors to the external garden in Rowan required review as the door leading out to the garden closed behind the inspector and the assistant director of nursing when they were in the garden and the door was unable to be opened via fob access or otherwise. The assistant director of nursing identified another door leading to the garden that could be accessed via fob access however, there is a risk that a resident could get locked out of the centre and become disorientated if exiting via the identified garden access door.

Judgment: Substantially compliant

Regulation 27: Infection control

While inspectors observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure procedures are

consistent with the national standards for infection prevention control in community services. For example:

- There was inappropriate placement of clinical waste bins in the pharmacy room, at a nurse's station and a black bag was contained within the clinical waste bin in a sluice room.
- The centre was routinely using alcohol wipes to clean equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.
- There were no cleaning schedules in place for cushions in communal areas and residents' rooms.
- Signage to provide guidance to staff on hand hygiene technique and the five moments of hand hygiene were not on display in key locations in the centre.
- The hand hygiene sink in the laundry was inaccessible as it was blocked by a Hoover and stock. This was brought to management's attention on the day.
- The registered provider had not identified an infection prevention and control link practitioner in line with the centres' own policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required in fire precautions so that the registered provider is assured that residents could be safely evacuated in a timely manner. For example;

- Two fire drills had taken place since the centre opened in June 2023. Staff informed the inspector and fire drill records confirmed that no fire drills had taken place of the largest compartment with the lowest level of staffing. This is not in line with the centre's policy which states that a "drill should incorporate a night-time evacuation scenario taking into account the staffing at night".

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place for the management of medicines. Staff spoken to were knowledgeable about the systems and processes in the centre. Medications were stored securely including medications requiring strict control measures (MDAs). Staff had access to advice from a pharmacist and the inspector was informed that the pharmacist was available to speak to a resident if they requested it.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans and validated assessment tools to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example;

- No care plan was in place for a resident with a wound.
- Three residents with diabetes had no care plan in place.
- A newly admitted resident did not have the care plans completed within 48 hours of admission.
- A resident was not reassessed for a falls risk following a fall.

Judgment: Not compliant

Regulation 6: Health care

An action was required to ensure that residents' healthcare needs are met:

- A resident was identified as having weight loss prior to admission to the centre, however, there was no evidence from records reviewed that the resident was referred to a dietitian.

Judgment: Substantially compliant

Regulation 8: Protection

A record of residents' money, personal possessions and valuables held on behalf of each resident was not held in the centre in line with the centres' own policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Actions were required by the registered provider to ensure residents' rights were respected:

- No time bound action plan accompanied residents' meetings. Residents' had raised in two consecutive meetings that they would like more exercise classes but there was no record that this had been actioned.
- Residents' were required to pay €50 per week for physiotherapy, occupational therapy, speech and language therapy, newspapers, television and social programme and activities. Residents did not have an opt out of this if they did not receive these services. Furthermore, under sub-regulation c) ii) resident should have access to "radio, television, newspapers and other media".

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carnew Nursing Home OSV-0008471

Inspection ID: MON-0040479

Date of inspection: 06/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The Director of Nursing (DON) was rostered to be working and was working off site at pre-arranged meetings, as is part of her role. The Assistant Director of Nursing was rostered to work that day in the DON’s absence and in a supernumerary capacity to support staff and oversee resident care. • We have promoted a staff nurse to the Clinical Nurse Manager (CNM) position, working two days per week and we have recruited two full time CNMs who will be commencing in October and November, subject to satisfactory checks. We have recruited into these positions ahead of our staffing plan, as laid out in the Statement of Purpose and Function. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff receive in-house fire training on induction. Further external fire training has been carried out which includes fire evacuation. As well as this, we have carried out a fire drill and will continue to do this on a regular basis. • All staff have now received safeguarding training with our external trainer. • Training is booked for dementia training to include our new starters. • Hand hygiene training is included with the Infection Prevention and Control training, carried out by our external trainer. We also carry out a hand hygiene session on staff induction. • We have assigned a member of staff as an Infection Prevention and Control Lead and she will carry out hand hygiene training on staff induction and conduct hand hygiene audits. 	

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"> • We have developed the audits to include identified areas for improvement, actions required for improvement with timeframes and person(s) responsible. Audits will be shared at staff meetings and Governance meetings. • The DON will have oversight of staff training and is reviewing the matrix. New starters will be given dedicated time to do HsEland training and dates booked on induction for mandatory training provided by our external trainer. This will be noted on the induction document. • The DON will discuss staff training at the weekly management meetings and make available an up-to-date training matrix to the Group Director of Services, Quality and Governance, with the monthly governance report. • A governance meeting with the two company directors, the Group Director for Service, Quality and Governance and the Acting DON has taken place, with an agenda and minutes of the meeting taken. The next meeting will be held in December. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The complaints procedure has been reviewed to reflect the amendments to the regulations that came into effect in March 2023. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The layout in room 22, within Birch Unit has been rearranged to allow better room within the personal space including the bed, storage, and chair. • The doors to the external garden in Rowan Wing have been reviewed fob access is required to ensure residents cannot get locked out of the Centre. Fobs have been ordered. This is an area that is not open to residents at present. 	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The appropriate waste bins are now in place. This will become part of our environmental audits. • Alcohol wipes are no longer used to clean equipment. The cleaning schedule has been updated to reflect this, and the correct cleaning method is in place. • Signage providing hand hygiene technique and the five moments of hand hygiene are now displayed in key locations in the Centre. • The hand hygiene sink in the laundry is now accessible for use. Staff have been made aware the area must remain free of clutter. This is monitored daily to ensure compliance. • We have identified an Infection Prevention and Control lead and she is working with the Director of Nursing to develop an action plan for the Centre. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • An unannounced fire drill was carried out on the 3.10.23 in the largest compartment with the lowest level of staffing. This provided positive learning for staff and will continue to have these drills on a regular basis. 	
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> <ul style="list-style-type: none"> • All care plans have been reviewed and all necessary plans developed and are in place. • Care plans will be checked by the DON and/or designated CNM when a new resident is admitted. • Care plan audits will be carried out monthly. • The resident who fell has been reassessed by the physiotherapist and a plan put in place, with an updated care plan. • We are planning a meeting with the software provider to make some changes, relating to feedback we have received from staff to assist us to improve the assessment and care planning process. • Care plan training has been scheduled for November. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

- The resident had been referred to the dietician, however the care plan system did not demonstrate this. This has been rectified and staff are aware they must document all referrals and follow up.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- A more robust process has been put in place to ensure all monies coming in and going out are documented and signed for.

Regulation 9: Residents' rights

Substantially Compliant

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

- Time bound action plans have been put in place for all resident meetings. Minutes of the meetings will be shared with the Director of Nursing who will ensure an action plan is put in place with timeframes and responsibilities. The minutes will also be shared at the governance meetings.
- Exercise classes are in place, incorporated into our activities programme. We have appointed an HCA with physiotherapy experience who will work with our physiotherapist to develop exercise specific classes and carry out one-to-one sessions.
- All residents have access to a television and radio service in their rooms and in the TV room. Newspapers are delivered daily to the home and are made available for all residents. We also have local newspapers and local newsletters available.
- The additional services are discussed with residents and/or their family on admission and they are asked whether they would like to avail of them. We will consider putting an 'opt out' clause in the contract of care.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	11/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/10/2023

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	11/10/2023
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	11/10/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/10/2023
Regulation 34(2)(a)	The registered provider shall ensure that the complaints	Substantially Compliant	Yellow	11/10/2023

	procedure provides for the nomination of a complaints officer to investigate complaints.			
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	11/10/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	11/10/2023
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after	Substantially Compliant	Yellow	11/10/2023

	the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	11/10/2023
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.	Not Compliant	Orange	11/10/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	11/10/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	11/10/2023
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	11/10/2023

	residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	11/10/2023
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	11/10/2023