



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

Issued by the Chief Inspector

Name of designated centre:	St Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Unannounced
Date of inspection:	24 June 2024
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0043099

About the designated centre

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

The centre provides 24-hour nursing care for up to 24 residents over the age of 18 years, male and female, who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, two of which have en-suite facilities. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options and a number of other sitting areas with views outside. A separate dining room is available on the opposite end of the lounge and sitting areas, with 17 bedrooms in between and seven bedrooms on the first floor. There is a passenger lift available to residents. An accessible, safe, and secure outdoor courtyard contains block paving, seating areas and a variety of shop front displays. The philosophy of care is to provide high-quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Monday 24 June 2024	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead
Monday 24 June 2024	09:00hrs to 17:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

The environment was homely and nicely decorated. Inspectors observed some residents having their breakfast in a peaceful sitting room while others were having breakfast in their bedroom or in the dining room. There was music playing in the background and in general there was a relaxed atmosphere. Staff were available to assist those in need and were observed to be interacting in a person-centred manner with the residents.

The centre provides accommodation for a maximum of 24 residents and is laid out across two floors with access by stairs, lift and a chair lift. Residents had access to a number of communal day spaces on the ground floor such as a day room, dining room, a conservatory and a sun room. However, inspectors observed that residents' access to the private visitors room was restricted. A key code pad was in place and residents met on inspection did not have capacity to use this key code pad. This meant that this communal space was not available at all times to the residents.

Inspectors did a walk-around of the centre and observed that corridors were clutter-free and internal fire exits kept clear. However, one external fire exit was obstructed and another was not even, which could impede or delay the evacuation of residents. Residents had access to an enclosed garden from the back of the building and residents could freely enter the garden if they chose to do so. Access out the front door was restricted by a door code for safety and security and some residents had the code and were able to go out for a walk.

Residents' accommodation was located on both floors. All bedrooms were single occupancy, two of which were en-suite. All other residents shared toilet, shower and bath facilities. There were 18 residents living in the centre on the day of the inspection, a number of residents' bedrooms were viewed both occupied and unoccupied. The registered provider was in the process of painting and refurbishing one of the vacant rooms at the time of inspection. Inspectors found that bedrooms were personalised with items such as family photographs and ornaments.

There was one house keeping staff member working on the day of the inspection, inspectors observed that they were busy cleaning residents' bedrooms. However, some of the processes and systems in place, did not reflect good infection prevention and control practices as outlined further under Regulation 27.

Residents were seen to be offered drinks such as water, juice and tea, throughout the day of the inspection. Choices were seen to be offered for the main meal served at lunch and tea-time. Residents were offered soup at 11am and were also offered dessert after meals. Residents were provided with a choice of meals which, on the day of inspection, consisted of stew or baked ham, while dessert was sponge cake and cream. Inspectors observed that staff were available to assist residents at mealtimes. Staff checked with the residents which meal they would prefer and ensured that the food was hot on arrival to the table. Residents were generally

complimentary about the food within the centre and told inspectors that they had 'plenty to eat' and 'got a choice'. One resident said that at times the soup serving could be cold. Staff facilitated and supported residents in a discreet and un-rushed manner.

Overall residents' rights were upheld within this centre. Visiting was not restrictive and inspectors saw lots of visitors coming and going throughout the day. Residents described the staff as 'lovely and very pleasant', including some residents reporting that management were also very good to them. Residents' religious needs were met. Mass was televised daily and on a monthly basis a priest celebrated Mass in the centre. Volunteers from Legion of Mary came into the centre twice a week offering residents Holy Communion.

There was an activity schedule on display within the day room, however inspectors observed that this schedule differed from the printed copies on walls in some residents' bedrooms. The registered provider employed one activity coordinator who was not working on the day of the inspection. Residents spoken with said there was a good choice of activities and that the activities person was excellent. Residents told inspectors that they missed her when she was on her days off. On the day of the inspection, a healthcare assistant was assigned to activities. Inspectors observed that mass was shown on television in the morning and observed staff engaging in meaningful activities such as bingo with residents after lunch. Inspectors were told that recently a band had come in to play music for the residents. Overall residents reported satisfaction with the activity staff, however many stated that they would like to see more activities available especially from external providers, such as, dog therapy.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that residents were supported and encouraged to have a good quality of life in the nursing home. Inspectors followed up on the compliance plans from the previous inspection dated 19 October 2023 and acknowledged the improvements and positive changes made by the provider. However, this inspection found that further action was required by the provider to ensure that the management systems in place were effective in bringing the designated centre into compliance with Regulation 7: Managing behaviour that is challenging, Regulation 27: Infection Control, Regulation 23: Governance and Management, Regulation 5: Individual Assessment and Care Plan, Regulation 17: Premises and Regulation 28: Fire Precautions.

This was an unannounced monitoring inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and

Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), to seek assurance that the newly appointed person in charge was in place and to determine if the provider was in a position to apply to remove the restrictive condition placed on their certificate of registration.

Ballyhavil Limited is the registered provider for St Ursula's. The governance and management team had been strengthened since the last inspection. The newly appointed person in charge had commenced in March 2024, she had been deemed fit to be named person in charge, having met the criteria outlined under Regulation 14: Person in Charge. They were being supported by a clinical nurse manager appointed in May 2024 and by the registered provider. Both the person in charge and the provider representative were on leave on the day of this inspection. However, the clinical nurse manager was on duty and they were supported onsite by the registered provider. The inspectors saw that there were management systems in place to oversee the service, and although audits were being completed on a more consistent basis since the last inspection, further improvements were required to ensure the audit tools used reviewed every aspect of the service and were completed in a more detailed manner. This will be discussed further in the report under Regulation 23 .

An annual review of the quality and safety of the service had been completed. It included a full review of the service provided in 2023 and a quality improvement plan for 2024. However, the feedback from residents was not detailed enough, it consisted of a very short paragraph. Nevertheless, it did appear to reflect the voices of the residents who spoke with inspectors on this inspection.

The registered provider had ensured that the records set out in Schedule 2 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 were made available to inspectors and those reviewed on the whole were complaint.

The training records reviewed assured inspectors that all staff had up-to-date mandatory training in place. Schedule 5 policies and procedures and notifications of residents' who had died were all reviewed and found to be in compliance with the regulatory requirements.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post-registration management qualification in health care services and works full-time in the centre. The inspectors found that the person in charge had a continuous quality improvement strategy in place to deliver safe consistent services for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspectors for review and evidenced that all staff had up-to-date mandatory training and other relevant training in place.

Judgment: Compliant

Regulation 21: Records

Actions required from the last inspection were addressed. A sample of staff files reviewed contained all the required information. Inspectors found that records were stored securely, safely and appropriately.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure a safe, effective and consistent service was provided to the residents at all times. For example:

- Areas of the inside and outside of the building were not consistently kept in a good state of repair, as further described under regulation 17. The inspectors acknowledge that the provider took prompt action to correct some of the findings on the day of inspection, however the provider's own management and oversight systems had failed to identify and thus appropriately respond to aspects relating to premises.
- The standard of nursing documentation required improvement. The oversight of residents' assessments and care plans was not robust enough or required strengthening.
- The cleaning practices and products used required review to ensure they were effective and aligned with best evidence guidelines.
- Risks in relation to fire had not been identified by the provider and mitigated in advance of the inspection.
- The annual review for 2023 did not include a review of residents' feedback about the service and there was little evidence to show that it was prepared in consultation with residents as required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the residents that died in 2023 assured the inspectors that all deaths had been notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Actions identified on the last inspection were addressed and inspectors saw policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to staff and being implemented in the centre.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the centre were supported to sustain a good level of overall health and well-being. The management of individual care planning and restrictive practices was not satisfactory, in addition, there continued to be improvements required in relation to infection control, the premises and fire safety.

Inspectors reviewed a selection of residents' records such as validated assessments and care plans. Care records were paper-based with the care plan also on the electronic system. Overall care was seen to be delivered by dedicated staff and there were some good person-centred care plans in place such as on areas including, communication and wound care. In addition, records showed that residents and, where appropriate, their family were consulted regarding changes to care plans. However, significant gaps were seen in ensuring all assessments and care plans sufficiently provided guidance on the current care needs of each resident. For example, while inspectors were told that paper files should contain the most up-to-date information, this was not always seen to occur and there was discrepancies in what was recorded on the electronic care plan compared to the paper file. This could create confusion for staff as to what record is current and to enable them to provide accurate care.

The registered provider had a restraints register in place and auditing of restraint was occurring. However, the restraint register conflicted with what was in use on the day of inspection. On review of resident documents in relation to restraint use, it

was noted that significant action was required to ensure the use of restraint was being used appropriately and in line with national policy and the registered provider's own policy. This is further discussed under Regulation 7: Managing behaviour that is challenging.

There was one maintenance staff member who supported the ongoing maintenance needs of the designated centre. Overall, the premises were laid out to meet the needs of the residents. Some minor areas of wear and tear and unsuitable storage were noted on the day of the inspection.

Mealtimes were facilitated in the dining and communal rooms. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. Inspectors observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with overall confirmed that they enjoyed the meals provided.

There was house-keeping staff and resources available, however there were issues fundamental to good infection prevention and control practices which required improvement. For example, there was poor oversight of cleaning products and storage practices had the potential for cross-contamination. This is further discussed under Regulation 27: Infection Control.

Some good measures were in place to manage the risk of fire, such as the installation of fire doors, upgrades to automatic door closures, signage in place to direct residents, staff and visitors to the assembly point. In addition, there was regular service records seen for the fire alarm, emergency lighting and fire extinguishers. Despite these measures, inspectors found that further action was required to fully protect residents from the risk of fire which are further discussed under Regulation 28: Fire Precautions.

There was an appropriate pharmacy service offered to residents. A record of medication related interventions was in place and overall storage of medicines was appropriate. Inspectors observed medicinal products were administered in accordance with the directions of the prescriber, for example for residents on crushed medicines.

Regulation 10: Communication difficulties

Residents who had communication difficulties had person-centred communication care plans in place to ensure staff were informed of any specialist needs.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in their bedroom or in the private visitors room.

Judgment: Compliant

Regulation 17: Premises

Actions required from the last inspection were addressed, although there were a number of areas of the premises that required action to fully meet the requirements of Schedule 6 of the regulations:

- Improvements in respect of storage were still required. For example:
 - Commodes were stored in two communal bathrooms. Those stored on the ground floor were impeding residents' access. These were removed prior to the end of the inspection.
 - Cleaning equipment was stored under one stair-well which was not appropriate. This equipment was removed prior to the end of the inspection.
 - The door to the cleaners room where cleaning chemicals were stored was left opened on two occasions during the inspection.
- There was key pad on the door to the visitors room, which restricted residents and visitors from independently accessing this communal room. This is a registered communal space that should be available to residents and visitors at all times.
- The door handle of one communal bathroom was broken. This posed a risk to residents' privacy which had not been identified or addressed by the registered provider.
- The external paved garden area was littered with cigarette butts. This was cleaned prior to end of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a choice of meals. The lunch was served to residents in the room of their choice. The food was well-presented in the consistency outlined in their care plan. Staff were available to assist residents in the dining, sitting and bedrooms.

Residents' dietary needs were seen to be delivered in accordance with their nutritional assessments and care plans. For example:

- healthcare records were updated to include the advice from relevant referrals and reports of professionals such as speech and language therapists.
- weight management records were seen to take place in line with resident's assessed needs.
- food and fluid intake charts were maintained when necessary.

Judgment: Compliant

Regulation 27: Infection control

Improvements to the standard of infection prevention and control practices in the centre were found, however, inspectors observed that further improvements were required in relation to the following;

- Staff practices observed were not aligned with best evidence practice. For example, one member of staff was observed wearing a face mask in an unsafe manner; One member of staff was observed wearing an apron while walking from one bedroom to another, which would pose a risk of cross-contamination.
- The cleaning processes and method of storage of cleaning items on the cleaning trolley required review to ensure they did not increase the risk of cross-contamination.
- There was poor oversight of cleaning products available within the centre. For example:
 - The solution being used for the bed pan washer in both sluice rooms had expired in March 2023 and January 2024, in addition one solution was empty.
 - The spill kit available in one of the sluice rooms, product for the management of blood or body fluid spills expired in October 2013.
 - Some household domestic products were in use which were not appropriate for the nursing home setting.
- Some cleaning processes were not effective. For example:
 - the bedpan washer in one sluice had the outer film on it, which required removing once installed. This film was ripped in parts and was a barrier to effective cleaning.
 - the blinds in the visiting room were noticeably dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not provide adequate means of escape including emergency lighting, for example:

- An external door which was a fire escape route could not open due to the location of an open window. This may result in delays to evacuation in the event of a fire, and would delay a visitor, contractor or resident capable of exiting from doing so when they reach the exit doors. It was acknowledged that this door could open when the window was closed, and the provider addressed this risk when identified on the day.
- One of the external fire escape routes required review as it had a small step area which could potentially impede the safe evacuation of residents.
- One of the external fire escape routes was partially blocked with three stacks of blue baskets left uncollected post a supermarket delivery. These were removed and the escape pathway was safe prior to the end of the inspection.
- Emergency lighting required review, as the directional signage was not illuminated in one area, therefore may not be visible in the event of a fire at night.

The registered provider did not make arrangements for staff of the designated centre to receive suitable training in the procedures to be followed should the clothes of a resident catch fire. For example:

- There was no metal bin, smoking apron, or fire fighting equipment available at the designated smoking area for residents.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- Drills which were being carried out at the centre did not reflect periods of low staffing numbers for example, on occasions in the evening and at night-time when there were two staff members present.
- Individual residents' personal emergency evacuation plans (PEEPs) had not been updated within the last four months, with many dating August 2023. This created a risk that these PEEPs were not up-to-date or in line with residents' current assessed needs. It was acknowledged that this was updated on the day of the inspection, however in one updated record, it did not contain sufficient guidance for staff as the details of the assistance required by the resident were not accurate. In addition, it did not reflect the resident's wishes as described to inspectors by management.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked by staff nurses twice daily. Inspectors reviewed the balances of a sample of controlled drugs which were seen to be correct. The medicine fridge temperature was checked daily and signed for.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that care plans were reviewed at intervals not exceeding four months or as necessary. For example:

- Historical and generic information were contained in some care plans. For example, many care plans reflected information on COVID-19 that was no longer relevant to the residents' assessed needs. One care plan seen referred to the incorrect residents' name.
- Six residents' on crushed medicines did not have their preferences to have these medicines in yogurt recorded in their care plans.
- Inspectors observed that the evaluations were overdue for a number of residents' records, including two residents' comprehensive assessments which were last reviewed March 2023.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had failed to ensure that restraints were used in accordance with national policy. For example:

- While risk assessments and consent forms were completed for the use of restraint, there was no evidence in three out of four records seen that this was in consultation with a multi-disciplinary approach as per the provider's policy.
- In three restraint risk assessments reviewed, they did not provide clear rationale that least restrictive options were trialled before equipment such as bed rails were implemented.
- Three residents' restrictive practice care plans did not refer to all restraints in use for the residents. For example, a resident who had their cigarette lighter held by staff did not have this documented in their care plan.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0043099

Date of inspection: 24/06/2024

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 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"> • Care Plan training had been given to all staff nurses on the 17th April 2024 this will be repeated again and one to one training will be provided to all nurses from the RPR, PIC and CNM This will be completed by the end of July. • Review of all cleaning products is completed. Training also provided to all Housekeeping staff to ensure they know their products and what to use and when to use it . • IPC training was completed post inspection for all staff on 28th June covering Hand Hygiene, PPE and Antimicrobial stewardship. • Staff all reminded about the importance of not blocking fire exits. The step outside the fire exit will be removed and a slope installed. • The annual review has now been complete with feedback from residents and family members. 	
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"> • Commodes are now stored in the sluice room downstairs. • Staff reminded again about appropriate storage for all equipment and the importance of not blocking fire exits or stairwells. • Housekeeping staff reminded to close the door of the cleaners room before going on break. Signage now added as an additional reminder. • The keypad was initially installed as we had just removed the enclosed outside garden so it was installed to protect residents from absconding. This keypad has now been 	

removed and reinstalled to the exit door.

- The door handle to the bathroom door has been repaired.
- Staff reminded that the outside Garden Area needs to be cleaned daily. This has been added to the cleaning agenda.

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

- IPC training was completed post inspection for all staff on 28th June covering Hand Hygiene, use of PPE and Antimicrobial stewardship.
- The cleaning processes have been reviewed and Housekeeping staff have been retrained on appropriate storage and use of cleaning chemicals both in the storage area and the cleaning trolley. Housekeeping staff have been retrained in face to face IPC training from the Infection Control Community support Nurse from the HSE.
- The communication between staff has been reviewed. As all products have to be diluted and put into larger containers. The staff were not putting the dates on the containers. This has been rectified as none of the products were actually expired.
- Spill kit has been replaced
- Review of all cleaning products is completed. Training also provided to all Housekeeping staff to ensure they know their products and what to use and when to use it .
- IPC training was completed post inspection for all staff on 28th June covering Hand Hygiene, PPE and Antimicrobial stewardship.
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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The window that was impeding exit has now been blocked off and is no longer a risk
- We are awaiting contractors to come and remove the step and install a slope to the fire exit for ease of escape.
- The light on the emergency lighting has been replaced.
- The smoking area is now equipped with a fire blanket, extinguisher and a metal bin
- There are 4 hours in a 24 hr period that there are 2 members of staff in the nursing home. Fire Drills/evacuations will continue with 2 members of staff as per recommendations. There is also an emergency contact list of all staff that live within 5 minutes of the nursing home and are available to assist in an emergency.

• A review of all PEEPS and assessments are complete. This is now added to the 4 monthly reviews.

Regulation 5: Individual assessment and care plan

Not Compliant

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

- Care Plan training had been given to all staff nurses on the 17th April 2024 this will be repeated again and one to one training will be provided to all nurses from the RPR, PIC and CNM This will be completed by the end of July.
- All Residents information has been reviewed by the PIC and any information which is no longer relevant has been removed. Staff reminded again that if they have updated their careplans electronically that they must be printed off immediately and replaced in the residents file.
- A review of all PEEPS and assessments are complete. This is now added to the 4 monthly reviews.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Restraint assessments have been reviewed by the PIC and Physiotherapist
- All care plans updated to reflect relevant information for all residents and including Our residents who smoke.

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	12/07/2024
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	10/10/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	10/10/2024

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	12/07/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/10/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	10/10/2024

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.	Not Compliant	Orange	10/10/2024
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 consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	12/08/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	24/07/2024

