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:	CareChoice Macroom
Name of provider:	Carechoice (Macroom) Limited
Address of centre:	Gurteenroe, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	11 December 2024
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0045520

About the designated centre

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

Carechoice Macroom is set in the heart of Macroom and was established as a residential centre in 2013. The centre provides long term care and respite care to older people. It is registered to provide nursing care to a maximum of 62 residents whose care dependency level range from supporting independent living to high dependency care. The premises has four floors, three of which are occupied by residents. Each floor is named after a location in the Macroom area. There are 42 single bedrooms and 10 twin bedrooms, the majority of which have en suite facilities. The centre has an elevator in the centre of the building. There are three dining rooms, three sitting rooms, an activities room and external courtyards off some of the communal spaces. CareChoice Macroom provides care primarily for dependent older persons, male and female, aged 65 years or over. The centre also provides care for dependent residents, male and female, under 65 years and over 18 years, this includes convalescent, dementia, palliative, and respite care. Care is provided by a team of nursing and care staff covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51

How we inspect

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 11 December 2024	08:50hrs to 17:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with 10 residents and eight visitors and the general feedback was that the centre was a pleasant and safe place to live. Residents described the staff as kind, respectful and patient, and this made residents feel safe in their care. Residents spoke of exercising choice and control over their day and being satisfied with activities available.

Throughout the day of the inspection residents were observed in the many communal areas of the centre. There was a relaxed and social atmosphere as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

The centre had been decorated with Christmas trees and decorations which added colour and festive cheer. The Christmas party was in full swing on the afternoon of the inspection. Lively music filled the Garagh unit dining room and lounge on the while families and staff mingled with residents sharing joy, song and laughter. Residents and relatives were very complimentary of the food choices and homemade meals including delicious mince pies and festive treats made on site by the kitchen staff for the Christmas celebrations.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. There were a variety of communal areas for residents to use, including lounges/ day rooms, dining rooms, a multipurpose room, activity room and a hairdressing room. The two outdoor courtyards were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The centre could accommodate 62 residents and there were 56 residents living in the centre on the day of this inspection. Bedroom accommodation comprised 42 single and 10 twin bedrooms. Operationally, resident accommodation was divided into three floors, each named after areas in the Macroom locality where many of the residents had lived: Bealick (ground floor), Gearagh south and Gearagh north (first floor) and Mountmassey (second floor).

Residents were supported to personalise their bedrooms, with items such as Christmas decorations, photographs and artwork to help them feel comfortable and at ease in the home. While the centre generally provided a homely environment for residents, some of the finishes and flooring were showing signs of minor wear and

tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance.

Staff facilities were located on the basement level and comprised a staff room and male and female changing and toilet facilities. These areas were found to be clean and tidy.

The ancillary facilities generally supported effective infection prevention and control. Laundry facilities were located in the basement. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

The main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Kitchen cleaning equipment was stored separately to general cleaning equipment.

There was a dedicated treatment room on the ground floor for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff also had access to two sluice rooms for the reprocessing of bedpans, urinals and commodes. These areas were well-ventilated, clean and tidy.

Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. The housekeeping room for storage of cleaning chemicals and equipment was located within the basement. However, this room did not have access to running water for a janitorial sink and hand washing sink. As a result, housekeeping chemicals and trolleys were prepared with an area of the laundry. The posed a risk of cross contamination. The inspector was informed that plans were in place to reconfigure and renovate a store room to address this issue.

Alcohol-based hand-rub wall mounted dispensers were readily available within resident's bedrooms and along corridors. However, dedicated clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms. The inspector was informed that sinks within residents rooms were dual purpose used by both residents and staff. Details of issues identified are set out under Regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This

inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidents.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 23: governance and management, Regulation 25: temporary absence and discharge and Regulation 27; infection control, however further action is required to be fully compliant.

On review of a sample of ten care plans, the inspector was not assured that residents were receiving the highest standard of evidence based nursing care. Details of issues identified are set out under Regulation 5, Individual assessment and care plan.

CareChoice Macroom is a designated centre for older people, operated by CareChoice Macroom Limited, who is the registered provider. The designated centre is part of the CareChoice group, who nationally operate 13 other designated centres in Ireland. The organisational structure comprises of a board of directors, a chief executive officer (CEO) and a senior management team. The CEO is the nominated person representing the registered provider. The centre benefits from access to centralised departments, such as human resources, quality and innovation, finance and facilities.

There were clear lines of accountability and responsibility in relation to governance and management of prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. An Assistant Director of Nursing had been nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The inspector was informed that they planned to enroll in an upcoming link practitioner training course.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, there was some ambiguity regarding the colonisation status of a small number of residents. Findings in this regard are presented under Regulation 23.

There were sufficient numbers of housekeeping staff on duty to meet the needs of the centre on the day of the inspection. Staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths and mop heads to reduce the chance of cross infection. Cleaning

records viewed confirmed that all areas were cleaned each day. Additional housekeeping staff had been rostered to support additional deep cleaning requirements during the recent outbreak.

Weekly quality of care indicators of infections were collected to monitor the quality and safety of the service provided to residents. A schedule of infection prevention and control audits was also in place. Infection prevention and control audits covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. However, these audits had not been undertaken since July 2024.

The provider had a *Legionella* management programme in place. Controls included running unused outlets/ showers weekly, water temperature was maintained at temperatures that minimised the proliferation of *Legionella* bacteria. Water samples had been taken which confirmed the effectiveness of local *Legionella* control measures.

The centre had a suite of infection prevention and control guidelines which covered all elements of standard and transmission-based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Sepsis awareness posters were displayed in the nursing office and in communal areas to raise staff awareness about the importance of recognising and responding to the signs and symptoms of sepsis urgently. However, this had not been reinforced with staff training to ensure that staff were competent in the early recognition and response to symptoms of sepsis in line with best practice.

Toolbox talks were also used to share key infection prevention and control information and updates on each unit. Recent topics included antimicrobial stewardship, healthcare associated infections, hand hygiene, personal protective equipment and laundry management. The goal was to reinforce best practice and ensure that all staff were well informed and vigilant in maintaining a safe environment for residents.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action is required to be fully compliant. This was evidenced by:

- The inspector was not assured that there was oversight for resident's assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan.
- Surveillance of MDRO colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for two residents that were colonised with MDROs.
- Infection prevention and control audits had not been undertaken in almost six months. As a result the provider could not be assured that infection prevention and control standards were consistently maintained.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents told the inspector that they could choose when to get up and how to spend their day.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told the inspector that visits and social outings were encouraged and supported.

Residents' health and well-being was promoted and residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chirpody.

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents with consent.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated fridge was available for specimens awaiting transport to the laboratory.

The person in charge had implemented a structured approach to antimicrobial stewardship to ensure the appropriate use of antibiotics and minimise the risk of antimicrobial resistance in the centre. Nursing staff had completed training on the principles of antimicrobial stewardship. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Prophylactic prescriptions were audited by nursing staff to ensure compliance with guidelines and best practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner.An outbreak of a contagious skin condition was ongoing at the time of the inspection. Twenty three residents and eight staff members had been symptomatic with itching and a characteristic skin rash since the outbreak began in November 2024. The Person in

Charge was engaging with Public Health regarding the management of this outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors. The treatment protocol included treating all residents and staff deemed 'close contacts' of symptomatic residents with a topical cream on two occasions.

Three residents were being cared for with transmission based precautions in the centre on the day of the inspection due to a suspected communicable skin infection. The provider had ensured there were sufficient supplies of PPE available outside isolation rooms with all staff seen to be wearing the appropriate PPE on the day of the inspection.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. However, a small number of care plans viewed by the inspector were not sufficiently detailed to direct care. Action was also required to ensure that care plans were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. Details of issues identified are set out under Regulation 5.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, a review of transfer documentation found that relevant information regarding the ongoing outbreak had not been communicated to the hospital. Findings in this regard are detailed under Regulation 25.

Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Some examples of good practice in the prevention and control of infection were identified. Used laundry and waste was observed to be segregated in line with best practice guidelines. Appropriate use of PPE was observed during the course of the inspection.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean.

Notwithstanding the good practices observed, further improvements were required in the management of clinical equipment. The provider had introduced a tagging system to identify equipment that had been cleaned. This system had not been consistently implemented at the time of inspection and several items of shared equipment had not been tagged after cleaning. While equipment appeared visibly

clean, inconsistencies in the tagging system meant that the inspector was not assured that all equipment had been cleaned after use. Findings are further discussed under Regulation 27.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

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

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

However, the transfer document of a resident that had been recently transferred to hospital did not include details of the ongoing outbreak within the centre. This may lead to a delay in detection and implementation of appropriate infection prevention and control measures should the resident become symptomatic while in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control 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 centre had introduced a tagging system to identify equipment cleaned however this system had not been consistently applied at the time of inspection. For example, some mobility aids were not tagged to indicated they had been cleaned after use.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment outlining appropriate controls to support this practice.
- Resident's wash-water was emptied into residents sinks. This practice increased the risk of environmental contamination and cross infection particularly where these sinks are dual purpose, used by staff for clinical hand washing and by residents for personal hygiene.
- There was no janitorial unit or running water within the housekeeping room. Cleaning trolleys were stored and prepared within the laundry. This posed a risk of cross contamination.
- Staff informed the inspector that they manually decanted the contents of commodes/ bedpans into the sluice or toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident files and found that individual assessment and care planning was not in line with the requirements of Regulation 5. For example;

- Several re-assessments were not completed on a four monthly basis as required by regulations.
- Accurate information was not recorded in two care plans to effectively guide and direct the care residents with a history of MDRO colonisation including Vancomycin-resistant *Enterococci* (VRE).
- Care plans for three residents being cared for with transmission based precautions did not clearly outline treatment plans or expected period of isolation.
- Continence care plans advised staff to obtain urine samples for point of care testing if residents showed signs and symptoms of urinary tract infections. This practice was contrary to local 'skip the dip' guidance which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

- A care plan for a resident with a urinary catheter contained conflicting information as it described the resident as 'continent and independent with toileting needs'.

Judgment: Not compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, outbreak reports indicated that restrictions during outbreaks were proportionate to the risks. Staff confirmed that visiting was facilitated during outbreaks with appropriate infection control precautions.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Macroom OSV-0000209

Inspection ID: MON-0045520

Date of inspection: 11/12/2024

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• A full review of residents' assessment and care plans will take place to ensure that all individual assessment and care planning is completed in line with the requirements of Regulation 5. See Regulation 5. Individual assessment and care plan for the detailed plan.

• MDRO Surveillance log was commenced in December 2024, post HIQA feedback. This is reviewed by ADONs weekly and further dicussed in monthly KPIs meeting by Clinical Management team.

• All staff are made aware of the MDRO colonization status through daily handovers. All staff have access to residents' careplans that includes information on infection status and IPC measures that is to be followed while caring for the resident. ADONs will have an oversight of these records and will conduct regular spot checks. The Centre has identified an ADON as the designed IPC Link Practitioner, who is under taking AMRIC HSELand courses while awaiting dates for HSE link practitioner course.

• The Quality IPC Annual Audit was completed on 2nd December 2024. Additionally, Hand hygiene Audit, PPE donning and doffing audit are being completed in January 2025. Biannual IPC audit will be completed before 31st January 2025 and an action plan will be commenced where required.

• IPC spot checks completed by ADONs on a daily basis and this identifies any gaps in IPC practices, inappropriate storage, cleaning documentation, environment and general cleanliness etc.

• The PIC will review the audit calendar monthly to ensure compliance with all scheduled audits. The governance team oversee the audit completion and action plan status on a monthly basis. Any gaps identified are highlighted with the clinical management team for follow up.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
• All nurses are educated on the gaps identified by the inspector regarding the completion of the National Transfer document. Nurses are made aware of the importance of notifying of any outbreak status within the centre when a resident is transferred to other services. This will be included in the National Transfer document going forward.
• The PIC/ADONs will oversee all transfer documents when residents are transferred to other facilities.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The Centre will continue to use the tagging system to identify clean/dirty equipment. The IPC Link Nurse will conduct spot checks to verify the effectiveness of tagging system, any identified gaps will be corrected immediately.
• The Staffs are reminded of the correct use of the tagging system through daily handovers. During daily unit walks, the Clinical Management Team will observe the use of tagging system as a part of IPC Governance.
• A Risk assessment is in place outlining the appropriate control measures to reduce the risk of staff using the ensuite bathroom sinks for hand hygiene. To reduce the use of these sinks a hand gel dispenser is available at the point of care.
• Where resident sinks are used for hand hygiene purposes, staff are advised that the resident's wash water is to be emptied into the shower drains or toilets to reduce the risk of contamination. Additional cleaning of toilets in place to reduce the risk of cross infection/ environmental contamination. This is further monitored by IPC link nurse/CMT during their IPC spot checks.
• A tender for the supply and installation of the janitorial unit is currently being sought. This is expected to be completed by Quarter 2, 2025.
• The housekeeping store will be reconfigured to have a designated storage space for housekeeping trolleys by the end of Quarter 2,2025.The Chemical dosing apparatus will be moved from the laundry into the new housekeeping store. The staff are directed to only enter the laundry to fill from the chemical dosing apparatus at the beginning of the shift. The trolleys are currently stored in a storeroom. The trolleys are cleaned at end of the shift, so it remains clean. An SOP is developed for housekeeping staff to advise them of this process.
• Staff are directed to avoid manual decanting of the contents of commodes/ bedpans into the sluice or toilets prior to being placed in the bedpan washers for decontamination

to reduce the risk of environmental contamination and the spread of infections. This has been added to the daily IPC checklist for each unit to ensure compliance.

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:

• A review of all assessments and care plans are currently underway prioritising those that were not reviewed as per regulations. A reminder will be set on the electronic system to ensure that the assessment/careplan reviews are carried out at a minimum of four months.

• Clinical management team will monitor the review of assessments and careplans through reports generated from electronic system (Reports on assessments/careplans with no review date, voided reminders or last review dates)

• Monthly Assessment/ careplan audit will be completed by PIC/ADONs and this will identify any gaps in reassessments and ensure that documentation captures residents' current baseline, infections status etc.

• An allocation in place for Nurses to complete regular review of Careplans/ assessments. Careplan evaluations will be completed a minimum four monthly or as required.

• Changes in residents' care plans are discussed at daily handovers, this will ensure that all staff are aware of the residents' care needs including infection risks, IPC precautions etc.

• Staff nurses are reminded that Nursing care plans must be individualised for consistency in nursing care and to document the resident's needs and potential risks.

• The gaps in careplan documentation flagged in the report, where the resident's history of MDRO colonisation and transmission-based precautions not outlined to include management, treatment regime and isolation period was further reviewed by ADONs. These careplans are now updated to include all relevant information such as infection history, guidance on IPC precautions and the control measures required to prevent cross infection. All Nurses have received careplan education, focusing on the gaps highlighted in the HIQA report.

• Where a resident requires isolation due to an infection, the careplan will include information on duration of isolation and if the resident is informed of the isolation procedures.

• All staff have received additional training on "skip the dip" . The RESIST posters on Skip the Dip were recirculated and are displayed at the nurses' station and in the sluice rooms.

• The Weekly/Monthly Infection KPI review is completed by Clinical Management Team, will oversee the antibiotic prescribing practices to prevent unnecessary antibiotic usage.

• The careplan with contradictory information on residents elimination needs were revewied and updated to include details of urinary catheter, insertion/renewal date, type/size of catheter and the catheter care.

• A comprehensive review of all residents' careplan is in progress, this review will ensure

that Residents' elimination care needs and information on urinary catheters are clearly documented.

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(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	31/03/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	24/01/2025

	designated centre, hospital or place.			
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	30/06/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/03/2025
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	31/03/2025