



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

Issued by the Chief Inspector

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0041524

About the designated centre

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

Carysfort Nursing Home is located in Glenageary Co. Dublin. The designated centre is registered to provide accommodation for a maximum of 49 residents. The centre provides accommodation for both female and male residents aged 18 years and over. The centre provides 24 hour nursing care to short term convalescence/ transitional care, respite care, long term care and day care. Bedroom accommodation comprises 15 single, 10 twin, two three-bedded and two four-bedded bedrooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 May 2024	08:15hrs to 17:30hrs	Niamh Moore	Lead
Wednesday 1 May 2024	08:15hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Residents and family members who spoke with inspectors gave positive feedback on the care they and their loved ones received within Carysfort Nursing Home. Overall, the observations on the day of the inspection were that staff provided assistance to residents in a caring and compassionate manner.

Carysfort Nursing Home is located in Glenageary, Co Dublin. The designated centre comprises of two buildings, referred to as building one and the bungalow. The main building comprises three storeys with residents' bedrooms set out across the ground, first and second floors, which are accessible by stairs and a chair lift. Residents had access to two sitting rooms and two dining rooms on the ground and first floor. The main sitting room was decorated in a very homely style with sofas, arm chairs, crochet blankets, large bright and colourful art work and family photos on display. Many visitors detailed how they appreciated the homely environment their family member could enjoy within the nursing home. The bungalow contained additional services for the nursing home such as offices.

Residents also had access to an enclosed courtyard garden with seating available for residents' use, however inspectors noted that some areas within the garden were uneven and therefore potentially a hazard for someone with mobility concerns. Inspectors observed many residents using this space throughout the day of the inspection as it was also the designated smoking area. One resident told inspectors that as the smoking area was uncovered, they were unable to go out to smoke when it was raining. In addition, inspectors observed that the outdoor smoking area had no ashtray and no facility for a resident to call for assistance.

Overall the premises was seen to be well-maintained and clean. The centre provides accommodation for 49 residents in 15 single, 10 twin, two three-bedded and two four-bedded bedrooms. Residents had access to en-suites or shared bathrooms. A number of residents' bedrooms were viewed and were seen to have been personalised with furniture, family photographs, ornaments and decorative items, including cushions. Many residents said they were happy with their bedrooms. However, inspectors observed that the configuration and layout of some of the multi-occupancy bedrooms limited a resident's personal space and their rights to privacy and dignity. This will be further discussed within this report.

Residents had access to television, phones, newspapers and electronic tablet devices. There was an activity schedule available which detailed the activities on offer each day. There was one dedicated activity staff member with support for activities facilitated by health care assistants at weekends. Many residents were seen to participate in activities during the inspection, such as Mass, crosswords, arts and crafts completing puzzles and a lively music and singing session in the afternoon.

The menu was on display within the dining room. On the day of the inspection, residents were provided with a choice of meals which consisted of corned beef or roast beef, while dessert options included stewed apple and custard or lemon cheesecake. There was also two choices for the tea-time meal. Inspectors viewed the dining experience at the lunch time service and found there were enough staff available to assist residents with their meals. This service was seen to be a social occasion with residents chatting amongst themselves or with some of the staff. Staff were seen to seek permission prior to providing residents with the option of wearing a clothing protector or their preferences for condiments with their meals. The ground floor dining room was set up to facilitate 16 residents, inspectors were told there was two lunch-time servings to facilitate the majority of residents. Some residents chose to eat in their bedrooms or in the dining room on the first floor and this was also facilitated. Inspectors observed that the lunch-time service was delayed on the day of the inspection due to the Mass service, the first serving commenced at 13:00. Residents told inspectors they did not mind waiting for the second dining service with overwhelmingly positive feedback on the food provided.

Inspectors spoke directly with individual residents and visitors, reviewed feedback from records and also spent time observing staff and resident engagement. The general feedback received was that management and staff were very friendly, with comments such as "I really could not say enough good about the place" and "the staff are exceptionally polite and kind". The majority of observations were that staff were patient and kind to residents, however there was one occasion where a resident requested assistance to use the bathroom and informed an inspector 45 minutes later that they still required to use the bathroom. Staff provided assistance, however this assistance was noted to be provided 60 minutes after the initial request was made. There was one bathroom which had sufficient space to allow for assistive equipment such as a hoist near the communal areas on the ground floor. This feedback was raised with management on the day. Inspectors also observed that this bathroom contained the only shower facility available for 11 residents living in that part of the designated centre. Therefore if any of these residents were using the shower, it limited the access to any residents who required the use of an assisted bathroom near the dining room and the day room where most of the residents spent the majority of their day. Residents said that they would feel comfortable to make a complaint and many visitors reported that communication from staff and management was excellent, many comments to inspectors included that they had nothing to complain about.

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

Capacity and capability

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). There was a clearly defined and well-established management structure in place. This inspection identified some areas of good practice and some areas for improvement as the registered provider's oversight was not always identifying and responding to areas for improvement, particularly relating to the premises. Due to the risks found on inspection, an urgent action was issued to the registered provider under Regulation: 17 Premises and, assurances were returned.

Ardancare Limited is the registered provider for Carysfort Nursing Home. There are four company directors with two of these directors actively involved in the day-to-day operations of the designated centre with duties such as administrative, accounts and catering. The person in charge facilitated the inspection and was supported in their role by an assistant director of nursing. Other staff included administrative staff, nurses, healthcare assistants, catering, housekeeping, laundry, an activity coordinator and a physiotherapist. On the day of the inspection, inspectors found there was sufficient staffing resources available. Inspectors were told that that recruitment was ongoing for one staff vacancy for the role of clinical nurse manager.

Inspectors reviewed the training matrix and found that staff had access to and completed mandatory training on safeguarding, manual handling and infection control. Staff were inducted in fire safety and inspectors were informed that the registered provider had a planned date to ensure all staff had sufficient knowledge and training on fire precautions. 67 percent of staff had up-to-date training on managing behaviour that is challenging. This training provided staff the appropriate skills and knowledge for their role and how to manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Overall, supervision of staff such as the completion of their assigned duties and tasks was seen to be appropriate.

There were some good management systems in place including regular management and staff meetings occurring within the designated centre. In addition, the person in charge completed a monthly report to the Board of directors and there were separate committees such as on quality and safety. These meetings were seen to discuss key information relevant to the centre such as governance, finances, the premises, fire safety, residents, audits, training and some resident data. There was also a suite of auditing occurring, and while some areas which required action were raised and discussed, further oversight was required to ensure there was progression and sustainment of all required improvements. This, together with some oversight gaps, is further discussed under Regulation 23: Governance and Management.

The annual review of the quality and safety of the service delivered to residents in 2023 had been done in consultation with residents through a questionnaire. This review was completed in accordance with the National Standards. An action plan was developed to improve the service provided to residents for 2024, such as to ensure residents' privacy and dignity is more promoted and respected, to ensure

residents are aware of advocacy services available to them and to reduce the incidence of falls.

Regulation 15: Staffing

Inspectors found that the staff numbers and skill mix were sufficient to meet the assessed needs of the 48 residents on the day of inspection. Rosters evidenced that there was a minimum of two staff nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Overall staff were supported to attend appropriate training. For example, six new staff were provided with an induction on fire safety with fire safety training planned for later in the month.

Staff were appropriately supervised. Evidence was seen that daily duties were delegated by management and nurses to health care assistants. Records showed these duties were actioned.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the registered provider did not ensure that the management systems in place were effective at ensuring the service provided was safe, appropriate, consistent and effectively monitored at all times. For example:

- The registered provider had insufficient oversight of the premises, particularly relating to emergency call bells and ensuring the premises were appropriate to the needs of the residents. For example, there were four bedrooms (bedroom 6, 23, 24 and 25) which were accessible only by steps and required occupancy only by independently mobile residents. Inspectors were not assured that all residents occupying these rooms had their mobility re-assessed when their condition changed. For example, a resident who had recently returned from hospital and whose mobility had deteriorated and required assistance, continued to be accommodated in one of these rooms. Inspectors acknowledge that the provider acted promptly and relocated this resident once they raised this issue with the provider. However, stronger

oversight and appropriate contingencies should be in place in the future in the event of any of these residents' mobility deteriorating.

- The oversight of risk required review.
 - Not all audits resulted in a timely response to identified risks. Where some audits identified areas for improvement, the required actions were not followed up or acted on in a timely manner. For example, in December 2023 the registered provider noted that there was only two clinical hand wash sinks for staff, however the action recorded "plans to discuss HBN compliant sinks implementation by 2025". There were no clinical handwashing sinks in the designated centre other than the sluice room and on one corridor on the first floor. One resident told inspectors that staff cleaned their hands using the handwash basin in their own bedroom. Such practices pose an infection control risk and are not in line with infection control guidelines. The provider had not mitigated this safety risk.
 - The cleaning shed, which contained numerous chemicals such as bleach, was unlocked and open. In addition, the external emergency exit on the first floor was unlocked. These unsecure areas created a risk to residents with cognitive impairment who may access these spaces.
 - On other occasions, controls identified and recorded in the risk register to respond to risks were not in place on the day of the inspection. For example, the registered provider noted that wet and untidy floors in bathrooms could cause injury by a falls hazard. The control in place stated that the floors in bathrooms will be mopped up immediately after use. However it was noted that this procedure was not consistently implemented. During the premises walk-around in the morning time, many occasions were seen where bathrooms were left untidy with wet floors.

Judgment: Not compliant

Quality and safety

Overall inspectors found that the registered provider was aiming to provide a good standard of care to the residents within Carysfort Nursing Home. Residents spoke positively about the kindness, care and friendliness of the management and staff. However, improvements were required in some areas of quality and safety of the service, including that of care planning, protection, residents' rights, safe storage, the premises and infection control.

Inspectors reviewed a selection of resident documentation such as assessments and care plans. Care plans were generally individualised, completed as per regulatory timeframes and many clearly reflected the health and social needs of the residents. For example, there were good care plans in place to guide staff on how to de-

escalate and support residents when they may experience responsive behaviours. However, inspectors found some examples where care plans had not been updated to reflect current care practices. This is further discussed under Regulation 5: Individual assessment and care plan.

Residents had good access to appropriate medical and health care. A general practitioner (GP) attended the designated centre on a weekly basis and one GP was in the centre on the day of the inspection. Outside of this, an out-of-hours medical service was available. There was evidence from a review of resident records that residents were referred and reviewed by health and social care professionals, such as physiotherapy and chiropody. Notwithstanding the good findings mentioned, inspectors found that the monitoring and assessment of one wound was not comprehensive. A referral to tissue viability nursing was sent on the day of the inspection.

Restrictive practices in use in the centre included bedrails and a door lock on the main front door. On the day of the inspection some residents who smoked were observed accessing the internal garden from the day room where the door was unlocked. Residents could come and go and enjoy this area at times of their choice. From a review of records, there was evidence that restraints were used in line with national policy.

The registered provider had a safeguarding policy in place and had appointed an external person to investigate allegations of abuse. Residents reported feeling safe, however further improvements in safeguarding measures were required, and this is discussed under Regulation 8: Protection.

There was an activity coordinator responsible for the delivery of activities on the day of the inspection. An activity schedule was available and activities were available from Monday to Sunday. Inspectors observed that residents had sufficient opportunities to participate in activities in accordance with their interests and capacities. Residents had access to radio, television, newspapers and other media such as the use of tablets. Access to independent advocacy was available. Notwithstanding the good practices in the centre, areas for action were identified to ensure that all residents in the centre had their privacy and dignity maintained. This was also an action raised by the registered provider for improvement as part of their action plan for their annual review.

The registered provider was not a pension-agent and held no personal monies on-site for any residents. They informed the inspectors that they did not charge for any additional services, which some residents and relatives confirmed. Inspectors were told that residents were billed directly for additional charges such as for the hairdresser or from the pharmacy. The inspectors found that residents had access to and retained control over their finances. However, inspectors observed many occasions where residents shared personal storage spaces and therefore this did not allow for the separation of their belongings.

While the inspectors observed that the internal premises were kept in an overall good state of repair and were nicely decorated, the outdoor areas were not

sufficiently maintained to ensure they were safe for the residents. Further action was required to ensure all areas of the premises promoted a good quality of life for residents.

Inspectors observed that the centre was clean and residents and their visitors reported to be happy with the cleanliness. Overall, there was good infection control measures in place, however further oversight and action was required to be fully compliant with Regulation 27: Infection Control.

Inspectors found that the practices of medicine administration were safe. A review of prescription records outlined how medicines should be dispensed and were signed by the GP. However, the storage of some medicinal products required review.

Regulation 12: Personal possessions

Residents' laundry was facilitated on-site and while residents were supported to keep their own belongings in their bedrooms, inspectors observed many occasions where residents in some of the multi-occupancy bedrooms were sharing wardrobes and a chest of drawers. These facilities did not enable all residents to have full control over their belongings. For example, in one wardrobe, inspectors found items of clothing labelled with the name of another resident who was not living in that shared bedroom.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had not ensured that the premises were appropriate to the needs of the residents in accordance with the statement of purpose. For example, there are four bedrooms (single and multi-occupancy) that can only accommodate seven residents who are independently mobile. This was not seen to occur on the day of the inspection. The registered provider was proactive and undertook immediate steps to address this during the inspection.

Action was required to ensure that the premises promoted a safe and comfortable living environment for all residents in line with the criteria stipulated under Schedule 6. For example:

- Emergency call facilities were not accessible from each residents' bed and in every room used by residents. This formed part of an urgent compliance plan and the provider's response gave assurance that appropriate action had been taken.
- The external grounds were not safe for use by all residents as many areas were seen to be un-even. This could potentially cause a trip hazard.

- While there was a sluice facility in place on the ground floor, this was unsecure as the door to the sluice room was unlocked. There were no sluicing facilities within easy access on the first and second floors.
- There was insufficient storage in the centre to support appropriate infection control practices. For example, inspectors observed linen trolleys being stored in communal bathrooms. Management confirmed on the day of inspection that the linen trolleys were routinely stored in this area during morning care. Assisted bathrooms were observed to be cluttered with equipment including two commodes and a linen trolley, which posed an infection control risk.
- Small areas of wear and tear were seen. For example, the flooring in the dining room was badly marked and some residents' bedside lockers were damaged.
- Inspectors were not assured that the floor space allocated to one resident in bedroom five, which was four-bedded multi-occupancy bedroom, provided this resident with an acceptable area of floor space. For example, although this room measured a total of 34m², inspectors were not assured that this room could provide a sufficient amount of personal space of at least 7.4m² to include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom due to the presence of escape routes and bay windows.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were required to ensure the registered provider was in compliance with Regulation 27 and the *National Standards for infection prevention and control in community services* (2018), for example:

- The process for how staff were decanting human waste required review. For example, a number of shower chairs and commodes seen in some shared bathrooms were unclean in the absence of an accessible sluice facility and racking in the sluice room contained urine in a urine bottle. In addition, due to no sluicing facilities available on the first or second floors, this required staff to take human waste downstairs to the ground floor which posed a health and safety and cross-contamination risk.
- Barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there was only two dedicated hand wash sinks (in the sluice on the ground floor and on the corridor on the first floor) for clinical staff use. Therefore staff were using residents' sinks in bedrooms or shared bathroom for hand hygiene. This was not appropriate.
- There was no clinical waste bin located in the sluice room.
- A review of processes in place for segregation and storage of personal items was required:
 - Some residents' personal hygiene products such as a shower pouf, shower gels and shampoos were not labelled in shared bathrooms

which created a risk that items were not used by only one resident and could lead to cross-infection, or that residents' personal possessions were not appropriately safeguarded.

- A sling seen stored on top of a hoist was not labelled with a resident's name; therefore there was a lack of assurance that this sling could be used to provide assistance to more than one resident, which could pose a cross-contamination risk. There was also no information to record this sling was cleaned after use.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed two occasions where medicinal products were not stored in line with professional guidelines. For example, the medicine fridge was seen to be unlocked on one occasion and prescribed nutritional supplements were stored in a staff room, which was also unsecure.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While generally most care plans met the criteria of the regulations, some care plans required review to ensure they were reflective of the resident's current care needs. For example:

- A skin integrity care plan was generic and did not detail the key information relating to the management of the wound such as the type of dressing to be used and the frequency for dressing the wound.
- A care plan on nutrition contained historical information relating to the residents' food preferences. Therefore it was difficult to determine what information was relevant to the resident's current needs as the content had not been amended following a review of the residents' swallow and chew by the speech and language therapist a month prior to the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Overall there was good standards of evidence-based healthcare provided to residents. Inspectors were told that residents could access services such as dental, opticians, audiology and the national screening programme as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low level of restraint in use in the centre. From a review of records, inspectors saw evidence that where restrictive practice such as bed rails were in place, there was a risk assessment in place and evidence of alternatives trialled prior to its use.

Judgment: Compliant

Regulation 8: Protection

While it was evident that the registered provider had some safeguarding measures in place, further action was required to ensure all reasonable measures were taken to protect residents from abuse. For example, two safeguarding care plans reviewed were a synopsis of incidents that had occurred. As the care plans referred to incidents that occurred on certain dates, neither care plan detailed the safeguarding measures in place to protect all residents, such as the additional supervision in place for one resident. This created a risk that staff would not be sufficiently guided on what steps to take to protect residents.

Staff had failed to recognise a safeguarding incident and had not reported it to the relevant manager. This was discussed with management on the day of the inspection and appropriate measures were put in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While the registered provider had many good practices in relation to upholding residents' rights, there were fundamental gaps seen on the inspection in residents' rights to privacy and choice. For example:

- There was no signs around the centre informing residents about CCTV monitoring cameras in operation within the centre.

- A shared bathroom between a four-bedded room and a corridor where six residents' bedrooms were located had a shower curtain in lieu of a door. This meant that a resident would not have sufficient privacy while using the shower and toilet facilities.
- Due to the layout and configuration of some multi-occupancy bedrooms, inspectors were not assured that residents' rights to undertake personal activities in private and their choice to retain control over their environment was always respected. For example:
 - the placement of some wardrobes and shared sinks were located in one residents' personal space. This meant that residents had to leave the privacy of their personal space in order to access some of their belongings and had to encroach the private space of another resident to access and use the sink to wash their hands or brush their teeth.
 - in some bedrooms, residents' privacy curtains did not fully close.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0041524

Date of inspection: 01/05/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider conducted a review of all emergency call bells following concerns raised by the Inspectors during the Inspection. Prior to the Inspection, all call bells were working in the Centre. However, the Registered Provider acknowledges that during the Inspection there was a glitch in the wireless call system which affected seven residents’ emergency call bells. The Registered Provider took immediate action to address the issue. On the day of inspection until the issue with the affected call bells was remedied, the Registered Provider arranged room checks at 15-minute intervals on all seven residents whose call bells were affected. The Registered Provider assures the Chief Inspector that all affected call bells have been replaced with new call bells installed that ring and light up for the rooms affected as part of an effective system with the rest of the call bell system. The Registered Provider, as part of an overall upgrade of the Centre’s call bell system, will proceed to upgrade the Centre’s entire call bell system will arrange to have a panel on the ground floor and at the nurse station, when the overall project is completed.</p> <p>The Registered Provider assures that the Person-in-Charge ensures that nurses and the physiotherapist assess the mobility of residents in bedrooms 6, 23, 24, and 25 every four months and sooner if needed. These bedrooms house independently mobile residents. With regard to the individual resident referred to during the Inspection, on return from a recent hospital admission, the resident’s mobility had deteriorated. The resident was admitted back into their bedroom, and systems were put in place, upon admission, to ensure that the resident, when he/she required assistance, would have the assistance of one and/or two people, when mobilizing. On the day of inspection, after consulting the resident and the family, the resident was transferred to a different bedroom. Since the Inspection, all residents in Bedrooms 6, 23, 24 and 25 have been reassessed by the nurses and the physiotherapist are required to continuously review to ensure that they are independently mobile. The nurses are advised to report any changes in the mobility status of the residents residing in those bedrooms to the Person-in-Charge promptly.</p>	

Following the Inspection, the Registered Provider has identified five specific areas within the Centre where clinical wash hand basins will be installed.

The Registered Provider has ensured following the Inspection that the cleaning shed has a new number lock. Only staff members have access to the cleaning shed. The emergency exit on the first floor is now locked at all times.

The Registered Provider assures that staff are advised to clean and dry the bathroom floors after each resident's shower.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Registered Provider has reviewed storage within the Centre following the Inspection to assure the following:

- (i) Each resident has access to a wardrobe, chest of drawer and a bedside locker; and
- (ii) Within each multi occupancy bedroom where there are shared wardrobes and/or a shared chest of drawers, each resident is provided with personal individual space within the wardrobe and/or chest of drawers, which space is separated with a division and accessible through an individual door for the resident.

Regulation 17: Premises

Not Compliant

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

The Registered Provider assures that the Person-in-Charge ensures that nurses and the physiotherapist assess the mobility of residents in bedrooms 6, 23, 24, and 25 every four months and sooner if needed. These bedrooms house independently mobile residents. With regard to the individual resident referred to during the Inspection, on return from a recent hospital admission, the resident's mobility had deteriorated. The resident was admitted back into their bedroom, and systems were put in place, upon admission, to ensure that the resident, when he/she required assistance, would have the assistance of one and/or two people, when mobilizing. On the day of inspection, after consulting the resident and the family, the resident was transferred to a different bedroom. Since the Inspection, all residents in Bedrooms 6, 23, 24 and 25 have been reassessed by the nurses and the physiotherapist are required to continuously review to ensure that they are independently mobile. The nurses are advised to report any changes in the mobility

status of the residents residing in those bedrooms to the Person-in-Charge promptly.

The Registered Provider conducted a review of all emergency call bells following concerns raised by the Inspectors during the Inspection. The Registered Provider assures that, prior to the Inspection, all call bells were working in the Centre. However, the Registered Provider acknowledges that during the Inspection there was a glitch in the wireless call system which affected seven residents' emergency call bells. The Registered Provider took immediate action to address the issue. From the day of inspection until the time when the affected call bells were remedied, the Registered Provider arranged room checks at 15-minute intervals on all seven residents whose call bells were affected. The Registered Provider assures the Chief Inspector that all affected call bells have been replaced with new call bells installed that ring and light up for the rooms affected as part of an effective system with the rest of the call bell system. A new call bell has been installed at the outdoor smoking area and the Patio. The Registered Provider, as part of an overall upgrade of the Centre's call bell system, will proceed to upgrade the Centre's entire call bell system will arrange to have a panel on the ground floor and at the nurse station, when the overall project is completed.

The Registered Provider assures that on the ground floor, there are two assisted bathrooms—one in the annex and another to the front of the Centre. Additionally, there are two common toilets in the annex. If a resident requires assistance while the annex's assisted shower is in use, they can use the front assisted bathroom.

The Registered Provider has engaged with its external construction team to view the external grounds of the Centre and has put in place a project to remedy all items identified by the Inspectors during the Inspection with regard to items outside the designated centre on the grounds.

The Registered Provider has arranged, following the Inspection, that the sluicing facility on the ground floor of the Centre now has a new number lock. Only staff members have access to the sluice room. The Registered Provider confirms that it holds planning permission for a small extension which includes a sluicing facility on the first floor.

The Centre's staff has been directed to keep the assisted bathroom areas clutter free.

The Registered Provider assures that the flooring in the Centre's dining room will be sanded and repainted and all bedside lockers will be fixed within the timebound period specified in this Compliance Plan.

The Registered Provider confirms that following the Inspection, it arranged to reconfigure the four bedded room on the ground floor to give the required personal space for each resident, which reconfiguration is now completed.

Regulation 27: Infection control	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider assures that, following the Inspection, the Centre’s staff were instructed to clean promptly all commodes and urinals after use during morning showers.</p> <p>The Registered Provider assures that the Centre has planning permission for a small extension which includes a sluicing facility on the first floor.</p> <p>The Registered Provider, following the Inspection, identified five specific areas in the Centre home where clinical wash hand basins require to be installed, and this installation will occur within the time period specified in this Compliance Plan.</p> <p>Following the Inspection, the Registered Provider took immediate steps to ensure that the clinical waste bin in the sluice room now has an yellow bag which signifies that it is designated for clinical waste.</p> <p>Each resident’s personal hygiene products, including shower gels, shampoos, and shower poufs, are now clearly labelled with their names and used exclusively by the individual resident. Additionally, residents using slings now have personalised slings labelled with their names.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Following the Inspection, the Person in Charge convened a quality and safety committee meeting within the Centre on May 16, 2024, to discuss the assessments reached by the Inspectors. On May 29, 2024, a further focused meeting of the Committee was held to address and action specifically the issues raised during the Inspection under Regulation 29: Medicines and pharmaceutical services. Addressing each of those items individually:</p> <p>Medicine fridge unlocked:</p> <p>On the day of the inspection, the medicine fridge was found to be unlocked during the morning medication rounds. Eye drops and insulin were stored in the fridge. The incident occurred when a nurse, while administering morning medications, temporarily unlocked the fridge to retrieve medicine for a resident. The Inspector observed the unlocked fridge during this time. During the review of the Centre’s quality and safety committee meeting, the nurses explained that this was an isolated oversight due to their busy schedule on the day of the Inspection. The nurse in question confirms that she promptly rectified the situation by securing the fridge and ensuring it remained locked.</p> <p>In light of the matters observed by the Inspector and admitted by the Centre’s nurse, the</p>	

Registered Provider has laid down strict rules going forward whereby each nurse responsible for daily fridge temperature checks will ensure, at all material times, and verify that the fridge remains locked at all times. The temperature of the medicine fridge will range between 2°C and +8°C. The medicine fridge is accessible only to the nurses and will be locked at all times.

Storage of nutritional supplements:

The Registered Provider assures the Chief Inspector it appreciates fully that when it comes to storing vaccines and medications, proper storage conditions are crucial to maintain their effectiveness and safety.

The Registered Provider's review following the Inspection of its arrangements for the storage of nutritional supplements within the Centre highlights the following:

Supplements were delivered from the pharmacy every month. Historically, due to the large quantity of the monthly supply of nutritional products, they were stored in an outside storage shed. On the day of the Inspection, the pharmacy delivered the monthly supply of the nutritional products and it was observed that a member of the Centre's staff had temporarily left the supply in the Centre's staff room with a view to the delivered items being stored in the outside storage shed later in the day.

Following the concern raised by Inspectors during the Inspection, the Registered Provider has engaged with the supplying pharmacy and changes have been put in place to delivery practices which, in turn, will result in a change to storage practices for nutritional supplements in the Centre going forward. As a result of the issue identified by the Inspector, the Registered Provider has put in place new procedures to ensure that no prescribed nutritional supplements will be stored in the outside shed going forward. Instead, going forward, the Registered Provider has ensured that the supplying pharmacy will only supply nutritional products on a weekly basis to enable effective storage within the Centre. Plans have been put in place to securely store the weekly supply of nutritional products in a cabinet located on the first floor of the Centre near the nurses' station. This new storage arrangement is currently in effect.

The Registered Provider has taken steps to ensure that all of the Centre's nurses are informed of the medication management policies and procedures. Despite having undergone updated training in medication management, they are advised to refresh their knowledge once more.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
On May 16, 2024, a quality and safety committee meeting took place to discuss the Inspection outcomes. On May 29, 2024, a second meeting was held to specifically action

the issues raised the Inspectors during the Inspection. Both the meetings were attended by all the clinical team.

At the above two meetings, the Person in Charge emphasised the importance of maintaining up-to-date person-centered care plans. The Registered Provider assures that the Clinical staff reviews and update care plans every four months or sooner if there are changes in a resident's condition. Additionally, the care plans are audited every four months, with results shared among the nursing staff.

The Person in Charge emphasised with clinical staff within the Centre that during the Inspection, the Inspectors had raised a concern that a resident's wound care plan lacked specific details related to dressing type and frequency. This issue was raised and addressed centrally at the Centre's formal quality and safety committee meeting. By way of outcome, within the Centre, all nurses are now reminded that even though they may have well-structured care plans, it remains each nurse's responsibility to ensure that all necessary details are included and that the plan accurately reflects the current care approach and the Registered Provider assures that the Person-in-Charge will continue to monitor compliance progress with regard to the effective generation and implementation of care plans within the Centre.

The Person in Charge noting the recommendation from a Speech and Language Therapist (SALT) to modify a resident's diet consistency, has ensured that necessary steps were taken following the Inspection to ensure that the care plan was adjusted accordingly. To address the concern raised by the Inspectors during the Inspection that historical information related to the diet consistency was still present on the care plan, the Person in Charge has ensured that through its quality and safety committee all nurses were instructed to thoroughly review the entire care plan, incorporating recent Multidisciplinary Team (MDT) assessments and removing outdated recommendations. All nurses are reminded that adherence to the Centre's policies is crucial for assessments and care plans and the Person-in-Charge has taken enhanced steps to ensure that new admission charts will be completed within 48 hours of resident admission.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The Centre continues to be operated by reference to its stated written policy on Safeguarding and National Safeguarding Policy (the "Policy"). The Registered Provider has arranged for all staff to receive appropriate training on the Policy and all staff are supported in this regard. The Registered Provider assures that all staff are guided going forward on the steps to be taken to protect all the residents within the Centre. Since the inspection, the relevant safeguarding care plan for one resident has been updated to reflect the additional supervision in place.

The second safeguarding incident identified on the day of Inspection was notified to the

Chief Inspector on Form NF06 following the Inspection in compliance with Regulation 31 of the Care & Welfare Regulations.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A notification that CCTV is in operation was displayed prominently at the entrance of the Centre. Following the Inspection, the Registered Provider arranged for putting in place additional signages, notifying that CCTV is in operation in identified areas within the Centre.

The Registered Provider has arranged for the privacy curtain between the shower area and the toilet in the front shared bathroom to be replaced by a shower door within the timebound period identified in this Compliance Plan.

To assuage the concern raised by the Inspectors during the Inspection, the relevant bedroom curtains were reconfigured to provide personal space for each resident after the Inspection. A new curtain rail was installed in the specific bedroom to prevent bedroom sinks from encroaching on personal space. The privacy curtains now fully enclose the beds, ensuring residents' privacy.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	14/06/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Red	14/06/2024

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.	Not Compliant	Red	31/08/2024
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.	Not Compliant	Orange	31/08/2024
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	31/08/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/06/2024
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	14/06/2024

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	14/06/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	14/06/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/08/2024