



**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:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	27 February 2024
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0041808

About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Tuesday 27 February 2024	10:15hrs to 16:15hrs	Catherine Furey	Lead
Wednesday 28 February 2024	10:00hrs to 14:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

At the time of the inspection, the centre was dealing with an outbreak of Norovirus which had an impact on the lived experience of the residents in the centre. However, from the observations of the inspector and from speaking to residents and visitors, it was clear that the residents received a high standard of quality care. The overall feedback from residents was that the management and staff were kind and caring and that they were happy living in the centre.

The inspector arrived to the centre and observed that appropriate signage was in place to alert visitors to the outbreak of Norovirus. Hand sanitising facilities and masks were available at reception. Visiting was still encouraged despite the outbreak. Those that did visit were supported by staff in a safe way.

The inspector was greeted by the director of nursing and following an introductory meeting the inspector completed a tour of the premises. The inspector had been provided with a list of rooms where residents were isolating, however during this tour, the bedrooms doors of some residents displaying symptoms were not closed, which is not in line with transmission based precautions. It was difficult to ascertain which bedrooms were isolation rooms, and which were not, as in addition to the bedroom doors being open, there was no precautionary signage on the bedrooms doors. A small number of residents were observed walking with purpose on corridors, when they were supposed to be in isolation. The management team had acknowledged this and stated that it was the residents choice not to stay in the room. No risk assessment was conducted to determine any measures to control the risk that this presented. By the second day of inspection, a full risk assessment had been completed. Personal protective equipment was provided and available for staff and the inspector observed that this was used appropriately. Clinically-compliant hand hygiene sinks were available, however, the inspector saw that these were not always used in line with the five moments of hand hygiene, for example, after assisting a resident in isolation, the staff exited the room and did not use this sink to perform effective hand hygiene. These practices are not in line with national guidance and are discussed in more detail under Regulation 27: Infection control.

The centre had two floors consisting of 40 single bedrooms and ten twin rooms, spread over both floors. Some twin rooms were occupied by one resident. Each room had access to en suite facilities. Management provided assurances that each floor had designated staff, staff changing facilities and rest rooms per floor and this was evidenced by what the inspectors observed on the day. Residents had access to a well-maintained garden which was accessed via the dining room on the ground floor. On the day of inspection, the door out to the garden was locked. The inspector was informed that this was a temporary control measure put in place following a risk assessment for an individual resident. The inspector saw that the key was kept close to the door, staff were aware of this and were observed opening the door for residents to access the garden if they so wished. The smoking area was in the garden, and while it was not an enclosed area, it had been improved since the

previous inspection with the addition of appropriate ashtrays and fire fighting equipment close by.

Residents appeared happy in the centre. It was evident from talking to staff that they were familiar with the residents and were able to describe their likes and interests. The inspector spoke with four residents and two visitors, all were complimentary in their feedback. All interactions observed between staff and residents were respectful and kind. Residents who were not required to isolate were observed going about their day and attending the communal areas for meals and activities. The dining experience was observed on both floors. A number of residents attended the dining rooms. Residents were provided with a choice at mealtimes including residents who required a modified diet. There was a sufficient number of staff in the dining rooms to provide assistance to those residents that required it. Residents who were isolating remained in their room and meals were delivered on trays. Residents were very complimentary of the food on offer and said there was always nice choices and plenty of second helpings if they wanted them.

Copies of newspapers were available for residents at the entrance to the centre. Residents had access to televisions and Internet services in their bedrooms and in communal areas. There was a schedule of activities ongoing despite the disruptions brought about by the outbreak. Residents said they enjoyed the activities on offer, and particularly liked the sing songs and chair-based exercises.

Overall, the residents that inspectors spoke with expressed feeling content in the centre. Staff spoken with stated that they were well supported by management. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered

Capacity and capability

Overall, the inspector found that the improved management systems within the centre had resulted in improved compliance levels. Nonetheless, to ensure that the service provided to residents was appropriate, consistent and effectively monitored, the provider was required to take action to improve in the areas of infection control, premises and fire precautions. These are further discussed under the theme of Quality and Safety.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and to review the registered provider's compliance plan arising from the previous inspections in May 2023 and August 2023. While the provider had progressed many aspects of the compliance plans and had made good efforts to maintain compliance with the regulations, repeated non compliance was found in relation to Regulation 27: Infection control. Substantially-compliant findings were again found with regards to Regulation 17: Premises and

Regulation 28: Fire precautions. The findings were repeated issues that had not been adequately addressed.

The registered provider notified the Chief Inspector of Social Services on 21 February 2024 of a Norovirus outbreak. At the time of inspection approximately 26 residents had been affected, with a small number having been confirmed positive for Norovirus via laboratory samples. Some residents had recovered, and more were displaying symptoms during the inspection and were placed into isolation. The registered provider had an infection prevention and control outbreak preparedness plan in place which was clear and up to-date. In addition there was an infection control policy available to guide staff. However, despite having these in place, practices identified on the day of inspection were not in line with the preparedness plan or the policy.

The registered provider is Mowlam Healthcare Services Unlimited Company. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge worked full-time in the centre, reporting into the healthcare manager, who attended for the duration of the inspection. The person in charge was supported within the centre by an assistant director of nursing and a clinical nurse manager, all of whom work in a supernumerary capacity to provide clinical and administrative support. Further care and support was provided to residents by a team of nurses, healthcare assistants, catering, activities and housekeeping staff.

Company-wide management systems were in place which ensured that the service provided to residents was regularly monitored. There were regular management meetings and audits of care provision and quality assurance initiatives. The person in charge compiled regular reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team. There was a schedule of regular audits, including audits of restrictive practices, food and nutrition and incidents. Outcomes of audits and lessons learned were discussed at staff meetings. Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion.

The centre is registered to provide accommodation for 60 residents, and there was 54 residents living in the centre on the day of inspection. The centre was adequately resourced with appropriate staffing levels both day and night to meet the needs of residents. On the day of inspection, a full team of staff were on duty, ensuring that residents' needs were met. Staffing levels were appropriate for the size and layout of the centre and to meet the needs of the residents being accommodated at the time. Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and safeguarding of vulnerable persons was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. The provider had good procedures in place

for the recruitment and retention of suitable staff.

The provider displayed the complaints procedure prominently on both floors of the centre. The centre had an up-to-date policy guiding complaints management, and there were advertisements for advocacy services to support residents in making a complaint. The provider had records of how complaints had been managed in the centre. Records reviewed showed that complaints had been predominantly resolved to the complainant's satisfaction at the point of escalation. Residents said they could raise a complaint with any staff member, and staff were knowledgeable on the centre's complaints procedure

Regulation 15: Staffing

The inspector found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 54 residents living in the centre at the time of the inspection, with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. A training record of staffing training completed was maintained and monitored to ensure that staff remained up-to-date with relevant training as required.

Judgment: Compliant

Regulation 23: Governance and management

At the time of inspection, assurances were not provided that the systems in place to ensure oversight of key areas of the service were safe, appropriate, consistent and effectively managed. For example, there were inadequate governance and management arrangements to ensure that there was effective oversight and supervision of staff to ensure that correct and effective transmission based precautions were implemented during the outbreak of Norovirus.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care. Residents' rights were predominantly upheld by a supportive management and staff team. There continued to be improvements required in relation to infection control, the premises and fire safety.

Inspectors observed that residents' bedrooms were generally clean, tidy and personalised with items of importance to them, such as family photos and sentimental items from home. Residents had adequate space for storing their clothes, toiletries, and other belongings and displaying significant possessions. Each resident had access to lockable storage. Communal space was provided for residents and their visitors to use. There was an onsite laundry, which previously was used to launder all of the residents' clothes and linen. Prior to the inspection, as part of works to subdivide the laundry room and create a dedicated cleaners room, the provider had outsourced the linen and clothing to an external provider. On the day of inspection, the laundry room layout did not support the functional separation of the clean and dirty phases of the laundering process. While the centre's interior was generally clean on the day of inspection, the environment was not managed to minimise the risk of transmitting a healthcare-associated infection. This will be discussed under Regulation 27: Infection control

Care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. Comprehensive pre-admission

assessment was completed prior to the resident's admission to ensure the centre could meet the prospective needs of the residents. A range of validated assessment tools were used to inform the residents care plans. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes

The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls and mobility. A doctor provided regular reviews of residents in the centre. Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. There was documented evidence of advanced care planning so that the resident's wishes and preferences could be respected and facilitated.

The registered provider had taken all reasonable measures to protect residents from abuse. The records of accidents and incidents were reviewed by the management team, in line with the centre's safeguarding policy, to identify if any incidents contained potential safeguarding risks. Systems were in place to ensure that residents finances were safeguarded, including residents pensions, as the provider was a pension agent for a small number of residents. The provider ensured that training in safeguarding was provided for all staff, as required by the regulations. Staff were knowledgeable about what constitutes abuse, the different types of abuse and how to report suspected abuse in the centre.

The fire alarm system, emergency lighting and fire fighting equipment were being serviced at the appropriate intervals and there were records of daily checks of means of escape and of the fire fighting equipment. Regular evacuation drills were practiced by staff, simulating different scenarios and using different staffing levels. Training in fire safety was up-to-date for all staff. The provision of appropriate door closures, which was assessed by the management team as a high-rated risk in a fire safety assessment dated April 2023, had not been fully completed. The inspector found that fire doors were being inappropriately propped open. This was a repeat issue identified during the inspection in May 2023. While some work had been completed to install swing-free door closures on bedrooms, there remained a number of battery-operated acoustic door closures in use, that were not always working properly. As a result, staff resorted to propping the doors open. A further fire safety risk assessment in January 2024 identified this issue and provided photographic evidence of a wedge being used to prop open a bedroom door. This same wedge was observed by the inspector in use during the inspection.

Residents could receive visitors in the centre, and it was evident that visitors were welcome. Visitors and residents confirmed there were no restrictions on visiting. Residents had access to radio, television and newspapers. There were arrangements in place for residents to access advocacy services. Residents were supported to practice their religious faith. Roman Catholic services took place in the centre monthly, and a Church of Ireland minister also visited the centre. Resident meetings were held in the centre regularly, providing opportunities to discuss different aspects of the service provided. There were facilities for recreation and opportunities to

engage in a range of activities.

Regulation 10: Communication difficulties

Residents with additional communication needs were supported to communicate freely. A sample of care plans reviewed were found to reflect residents' individual communication needs and detailed the support required. Residents had access to speech and language services, audiology and ophthalmology as required.

Judgment: Compliant

Regulation 17: Premises

While some improvements had been made in the premises since the previous inspection, actions were required to ensure full compliance with Regulation 17 and Schedule 6:

- There continued to be insufficient storage space in the centre. Resident equipment was stored in a number of areas. For example, the stairwell at the ground floor contained a number of wheelchairs, hoists and a scales. Electrical rooms were also being used as storage, and this is addressed under Regulation 28: Fire precautions
- There was insufficient sluicing facilities in the centre. There is one sluice room on the first floor of the centre, and none on the ground floor. The impact of this is discussed under Regulation 27: Infection control. The provider had notified HIQA of a delayed to the construction of a new sluice facility and cleaners room, which they had committed to doing following the poor findings of the previous inspection. Following this inspection, the plans for the construction of a new sluice and cleaners rooms were submitted to HIQA.

Judgment: Substantially compliant

Regulation 27: Infection control

Significant actions were required in order to ensure procedures are consistent with the National standards for Infection Prevention Control in community services (2018). For example:

- effective transmission based precautions had not been implemented during the outbreak of Norovirus. For example; the doors of isolation rooms were left wide open on numerous occasions. Residents who had not yet completed

their isolation period were entering corridors while the inspector was onsite. While staff verbally identified this as a risk, they had not implemented a plan to manage these residents needs and prevent the onward spread of infection.

- hand hygiene practices were not always completed in line with evidence based practice. For example; a staff member was observed washing their hands in an ensuite bathroom and two staff members were observed leaving an isolation room and not performing hand hygiene. In both of these instances, a compliant hand wash sinks was available at a convenient location hand hygiene sanitisers were not always available at point of care. This meant that staff had to travel down or across corridors to access a wall-mounted hand hygiene sanitiser
- the procedure for cleaning and decontamination of isolation rooms was not in line with best practice guidance which states that cleaning of affected areas must be increased to twice daily. Staff confirmed that they only cleaned these areas once a day.
- there were no clear cleaning schedules in place to guide the staff on the correct procedures for terminal cleaning and decontamination of rooms, once residents were symptom-free and no longer in isolation.
- it was unclear if a chlorine-based product was being used in the affected rooms, as recommended. Conflicting information was provided to the inspector in relation to what products were used, which did not provide assurance that these rooms were effectively cleaned in line with best-practice guidance, for the duration of the outbreak
- the laundry did not allow for the functional separation of clean and dirty items. Both soiled and clean items were stored alongside each other, in addition to staff items such as coats and bags. The previously-used one way system to support a dirty to clean flow of laundry was not in place, as one door was completely blocked off. Additionally, the clutter in the room impeded access to the handwashing sink
- the management of soiled laundry awaiting collection in residents' rooms was inappropriate. The inspector saw many examples of net bags of soiled laundry on the floor in bedrooms and ensuites, and stored on top of clean sanitary supplies
- while staff were aware of which residents were colonised with MDROs, additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs. For example, all residents colonised with MDRO's had clinical waste bins and PPE outside their rooms. This is not required unless the MDRO becomes active.
- care plans were not updated in order to guide care following residents' diagnosis or suspected of having Norovirus
- in the absence of sluicing facilities on the ground floor staff confirmed that they rinsed equipment such as residents' wash bowls in the resident's ensuite sink after use and did not routinely bring them to the sluice room for appropriate cleaning and disinfection
- human waste staining was observed on the sluice sink in the sluice room.

Judgment: Not compliant

Regulation 28: Fire precautions

Precautions against the risk of fire were inadequate:

- fire doors were routinely propped open by means other than appropriate devices connected to the fire detection and alarm system. This included doors held open by furniture and doors held open by a door stopper wedge. This had been identified in the centre's own independent fire safety risk assessment which had been conducted in January 2024.
- devices to hold open the doors to some bedrooms were functional, however staff did not engage the devices, which meant that the door was inappropriately propped open and would not release when the fire alarm sounded
- some doors were not fitted with swing-free door close devices. Staff spoken with were not certain regarding which bedroom doors would automatically close on sounding of the fire alarm, and which were required to be closed manually

The above are repeat findings from the inspection carried out in May 2023. Additionally;

- electrical rooms were also used to store equipment. In one of these rooms, equipment such as mattresses and bed wedges were stored directly adjacent to and on top of the electrical panel. The rooms were cluttered and the storage was required to be minimised. This was completed by the second day of inspection. Additionally, the fire door on one of these rooms was deeply marked and chipped in one area and required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and validated assessment tools. These were observed to be generally person-centred and were able to guide care for the medical and nursing needs of residents.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls and pressure ulceration. Records showed that assessments were regularly updated in line with residents' changing needs, for example following a fall.

Judgment: Compliant

Regulation 6: Health care

There were appropriate measures in place for the monitoring of residents' healthcare needs and timely access to medical and other healthcare professionals as required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy on the safeguarding of vulnerable adults. Staff were aware of the signs of potential abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in resident surveys. Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0041808

Date of inspection: 28/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The systems in place to ensure the oversight of quality and safety in the home have been reviewed, in particular around Infection Prevention & Control (IPC) procedures and staff supervision. There is a designated IPC lead nurse, and we will provide enhanced Infection Prevention & Control education to the lead nurse to facilitate greater awareness and improved supervision of IPC procedures. • All staff have been trained in correct IPC procedures and have access to the centre's IPC policies and guidelines. National IPC guidelines are available in the home for staff reference. • Reviews and learning from infection outbreaks will continue to inform improvements required in the home. • The supervision of staff has been reviewed and the PIC will ensure that on a daily basis all staff, including support staff, will be given clear and accurate information on the needs of the home on any given day. The PIC and the ADON will also ensure that staff are following the recommended IPC guidelines during any outbreak and when providing daily care to all residents who present with any infection risks or MDROs. • Routine IPC audits will continue in the home, for example hand hygiene observational audits and staff will be informed of their performance and any actions needed will be implemented and evaluated. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Works commenced on 08/04/2024 to install a sluice facility on the ground floor and to 	

relocate the housekeeping storage room to part of the laundry. Works will be completed by 30/4/2024 as planned. The Authority has previously been advised of the programme of work.

- The Facilities team will ensure that adequate storage space is available for the storage of linen and equipment on the ground floor.
- A declutter of all areas home the home has been completed.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- All staff have been trained in correct IPC procedures and have access to the homes' IPC policies and guidelines. National IPC guidelines are available in the home for staff reference.
- There is a designated IPC lead nurse who will receive enhanced IPC education to facilitate greater awareness of infection control issues and ensure improved staff supervision.
- Reviews of infection outbreaks will continue to inform improvements required in the home.
- The supervision of staff has been reviewed and the PIC will ensure that on a daily basis all staff, including support staff, will be given clear and accurate information on the needs of the home on any given day. The PIC and the ADON will also ensure that staff are following the recommended IPC guidelines during any outbreak and when providing daily care to all residents who present with any infection risks or MDRO's.
- Routine IPC audits will continue in the home, for example hand hygiene observational audits and staff will be informed of their performance and any actions needed will be implemented and evaluated.
- During infection outbreaks the ADON and Nurses will supervise staff to ensure best practice procedures are followed in accordance with National Standards for Infection Prevention and Control in community services (2018).
- Residents' care plans have been reviewed for those who had contracted norovirus during the recent outbreak. Nursing staff will in future update individual care plans to reflect their temporary change in needs during any future infection outbreak to ensure the risks associated with onward spread are reduced and to ensure their individual IPC care needs are met.
- Procedures for cleaning and decontamination of rooms will be reintroduced as work instructions for housekeeping staff and kept with each housekeeping trolley.
- A review of the availability of hand sanitizers will be undertaken to ensure where possible these are available at or near the point of care. When this poses a risk to resident safety staff will have access to individual hand sanitizers.
- Laundry is now being outsourced and new systems are in place to manage residents' personal laundry. All soiled clothing bags will be hung on the inside of the bathroom door and will be collected each morning and taken straight to laundry bins on the outside of

the building.

- A review of all residents in the home with an MDRO was undertaken. IPC guidelines are now in place which reflect best practice in line with the national standards.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Mechanisms to hold doors open and ensure that they automatically close (free swing door closers) in the event of a fire activation will be fitted to the appropriate doors as identified by the PIC. The Facilities manager will plan for the phased fitting of door closures to be implemented.
- The PIC has reminded all staff of the risk associated with wedging bedroom doors and advised to use the door closures properly and not to wedge doors open. The nurse in charge is responsible for checking fire safety which includes checking bedroom doors to ensure they are not wedged open.
- While we await the fitting of free-swing door closers, doors with acoustic devices will be regularly checked and batteries replaced in a timely manner to avoid the need to wedge any door.
- The damaged fire door on the ground floor electrical/storeroom has been repaired.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	30/05/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2024