



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

## Issued by the Chief Inspector

Name of designated centre:	Beechwood House Nursing Home
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Rathnaneane, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 July 2024
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0039607

## About the designated centre

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

Beechwood House Nursing home is a three storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There are two enclosed garden areas for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs a full time physiotherapist, two activity co-ordinators and occupational therapy services one day per month. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff and household staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

58

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 2 July 2024	09:30hrs to 19:30hrs	Leanne Crowe	Lead
Tuesday 2 July 2024	09:30hrs to 19:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors spoke with a number of residents living in the centre, as well as some visitors that were meeting with their loved ones. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents felt that they enjoyed a good quality of life in the centre, with one resident telling inspections that "it couldn't be nicer here".

This was an unannounced inspection. On arrival to the centre, the inspectors were greeted by the person in charge. Following an introductory meeting, the person in charge and person representing the registered provider completed a walkabout of the centre with the inspectors. Residents were observed having breakfast or getting ready for the day ahead. Staff were responsive and prompt when attending to residents' requests and needs. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

Beechwood House Nursing Home is a three-storey building which can accommodate up to 67 residents in 25 twin bedrooms and 17 single bedrooms. All bedrooms have ensuite toilet and shower facilities. On the day of the inspection, 58 residents were being accommodated in the centre. There are a number of communal spaces throughout the centre including day rooms, dining rooms, a prayer room, library, a physiotherapy room and a hair and beauty salon. The registered provider had decorated the corridors and communal areas with antique furniture, memorabilia and artwork which added to the homely feel.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The outdoor space included inner courtyards and was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. The centre was surrounded by landscaped gardens with mature trees and colourful plants.

Inspectors observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day. Residents living with a diagnosis of dementia or cognitive impairment who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff. Resident told inspectors that they could choose when to get up, how to spend their day and when to rest. One resident had recently returned from a weekend away with family.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Visitors were observed attending the centre on the day of the inspection. Visitors were very complimentary of the staff and the care that their family members received. Residents confirmed that visiting arrangements were flexible and facilitated them to spend time with their friends and loved ones.

The original features of the house had been maintained with high ceilings, large sash windows and a hand-carved staircase. Access between floors was facilitated by a passenger lift and stairs.

The period house had been refurbished and extended over the years to include a three store extension which included 17 single and 25 double bedrooms, all with en-suite facilities. Through walking around the centre, inspectors observed that the majority of residents had personalised their bedrooms with photographs and personal items displayed.

While the centre generally provided a homely environment for residents, some of the décor and finishes in the original house and a small number of bedrooms were showing signs of minor wear and tear. However, the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

The ancillary facilities generally supported effective infection prevention and control. For example, staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a treatment room for the storage and preparation of medications, clean and sterile supplies.

The main kitchen was clean and of adequate size to cater for residents' needs. Residents were complimentary of the meals that were made on site by the kitchen staff, telling inspectors that they are "delicious" and "always a treat". Inspectors found that food was well presented and served promptly to residents. Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful and unhurried manner.

Laundry, including residents' clothing was sent to an external laundry for washing. Residents said that they were happy with the laundry service and there were no reports of items of clothing missing.

The sluice rooms were clean and well maintained. However, the location of the only bedpan washer for reprocessing of bedpans, urinals and commodes in the sluice room on the ground floor did not minimise travel distances for staff from resident rooms to reduce the risk of spillages and cross contamination. Four staff members said that they emptied the contents of urinals and commodes into toilets prior to bringing them to the sluice room for decontamination. This practice posed a risk of cross infection.

Seven additional clinical hand wash sinks had been installed within easy walking distance of all resident's bedrooms for staff use. These sinks complied with HBN-10 specifications for clinical hand wash sinks. However alcohol hand gel was not readily accessible at point of care. Findings in this regard are presented under regulation 27.

A programme of activities were facilitated by dedicated staff. A schedule was displayed within the centre and residents were observed engaging in activities throughout the day of the inspection. Staff supported residents to engage in

activities, in line with the interests and capabilities.

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

Overall, the inspectors found that the centre was a well-managed nursing home where residents received a good standard of care. While a good level of compliance was identified across a number of regulations, the overall governance and management arrangements did not ensure there was effective oversight and supervision of antimicrobial stewardship and infection prevention and control practices.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the findings of the previous inspection in June 2023.

Beechwood Nursing Home Limited was the registered provider for this designated centre. A company director represented the provider entity and worked full-time in the centre. The nursing management team consisted of the person in charge, an assistant director of nursing and a clinical nurse manager who provided oversight to a team of nurses, health care assistants, activity co-ordinators, housekeeping and catering staff. The assistant director of nursing worked in a supervisory role and they deputised in the absence of the person in charge.

Overall, the centre had management systems that were well-established. There were clear lines of authority and accountability among members of the management team. Meeting records evidenced that the management team gathered on a weekly basis to discuss key areas of the service, including the review of completed audits. The person in charge also met with the nursing management team and representatives of other staff groups on a regular basis.

A programme of audits were in place and while there was evidence of action plans being developed and completed to address identified issues, the inspectors noted that these audits did not always identified areas of non-compliance. For example, infection prevention and control audits covered a range of topics including staff knowledge, equipment and environment hygiene, waste and sharps management staff knowledge and hand hygiene. High levels of compliance had been achieved in recent audits but these did not reflect a number of infection prevention and control issues identified on the day of the inspection, including legionella management, equipment and environmental hygiene, access to alcohol hand gel and sharps safety. Furthermore, these infection prevention and control audits were not routinely

scored, tracked and trended to monitor progress.

An annual review of the quality and safety of care delivered to residents had been completed and was available for review.

Nursing and care staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the residents living in the centre. However, there were insufficient numbers of housekeeping staff to ensure all areas of the centre were cleaned each day. While cleaning records confirmed that all bedrooms were deep cleaned each month, the current resources assigned to housekeeping duties meant that bedrooms were not cleaned every day. While the centre appeared visually clean, a strong odour was identified in several bedrooms during the inspection.

A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role. Staff had up-to-date training in areas such as fire safety and the prevention, detection and response to abuse. Efforts to integrate infection prevention and control guidelines into practice were underpinned by infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. There were systems in place to supervise staff, including competency assessments for incoming staff and annual appraisals.

The provider had nominated a staff member to the role of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection.

Surveillance of healthcare associated infection (HCAI) and MDRO colonisation was routinely undertaken and recorded. However a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with Extended Spectrum Beta-Lactamase (ESBL). Findings in the regard are presented under regulation 23.

Inspectors were provided with Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years. Efforts to integrate Schedule 5 policies and procedures into practice were underpinned by mandatory education and training. A suite of mandatory training was available to all staff in the centre and the majority of staff were up to date with training including, fire safety, managing behaviour that is challenging and infection prevention and control.

## Regulation 14: Persons in charge



The person in charge worked full-time in the centre. Their experience and qualifications in relation to the care of older persons met the requirements of the regulations.

Judgment: Compliant

### Regulation 15: Staffing

In relation to housekeeping resources, there were insufficient staff on duty to ensure that all areas of the centre were cleaned on a daily basis.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and safeguarding of residents from abuse. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the good systems in place to maintain oversight of the service, the arrangements and monitoring of infection prevention and control and antimicrobial stewardship governance required improvement to be fully compliant. For example;

- While some legionella controls, including outlet flushing were in place, a risk assessment had not been undertaken to identify other potential risks and measures to either eliminate or control risks. Water samples were not routinely taken to assess the effectiveness of local legionella control measures
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services
- Surveillance of MDRO colonisation was undertaken, however records viewed were not accurate. There was some ambiguity among staff and management

regarding a small number of residents that were colonised with MDROs. As a result, inspectors were not assured that appropriate infection control and antimicrobial stewardship measures were in place when caring for these residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre informed the Chief Inspector of all notifiable incidents required by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were available and were reviewed every three years at a minimum. There was evidence that these policies and procedures were available for review by staff.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, some aspects of infection control, fire precautions and individual assessment and care plans were not fully aligned with the requirements of the regulations.

There were measures in place to protect residents against the risk of fire. The provider had previously commissioned a comprehensive fire safety risk assessment of the designated centre. At the time of the inspection, almost all of the actions had been completed with the remaining actions in progress. While there were systems in place to ensure oversight of fire safety precautions, inspectors noted gaps in records of fire safety checks. This did not ensure issues in relation to equipment could be identified and addressed promptly.

Residents' nursing care and health care needs were met to a good standard.

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced-based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example, accurate information was not recorded in six care plans to effectively guide and direct the care of residents that were colonised with MDROs. Findings in this regard are presented under Regulation 5, Individual assessment and care plan.

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

Residents had opportunities to participate in meaningful social activities that supported their interests and capabilities. Social outings were encouraged and facilitated. For example; residents had recently enjoyed a trip to the annual Solemn Novena in Limerick and afterwards to a hotel for refreshments. Residents were looking forward to the planned upcoming trip to Ballybunion and the annual summer party. Residents had access to advocacy services and were consulted in relation to the running of the centre.

There were no visiting restrictions in place at the time of the inspection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was found to be spacious and residents' bedroom accommodation was personalised in accordance with their preferences.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required.

Some examples of antimicrobial stewardship practice were identified. For example, antibiotic use was monitored and tracked each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed. For example, while antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits

or quality improvement initiatives.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. There had been no outbreaks of notifiable infections detected in 2024 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. However, a number of issues were identified which may impact the effectiveness of infection prevention and control. Details of issues identified are set out under Regulation 27.

### Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure that residents with specialist communication requirements were appropriately supported.

Judgment: Compliant

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 12: Personal possessions

There were arrangements in place to ensure that residents had sufficient space to store and maintain control over their personal possessions. Each resident had lockable storage space in their bedrooms.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number

and needs of the residents living there.

Judgment: Compliant

### Regulation 27: Infection control

The provider had not ensured that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings published by HIQA. This was evidenced by;

- Staff reported that they manually decanted the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation
- Soap dispensers within resident showers were topped up/ refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination
- The provider had not yet substituted traditional unprotected sharps/needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury. Furthermore, a sharps bin within the treatment room was not assembled correctly. This increased the risk of needle stick injury
- Improvements were required in equipment hygiene. For example; four nebulisers and the underside of the majority of shower chairs viewed were unclean. Several privacy curtains in resident bedrooms were also heavily stained
- The covers of several mattresses were worn and consequently, they could not be effectively cleaned
- Two cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- Clean and dirty linen were transported on the same trolley. This posed a risk of cross-contamination
- Residents bedrooms, ensuites and staff toilets were not cleaned every day. This increased the risk of cross infection
- Dispensers or individual bottles of alcohol hand gel were not readily available at point of care. This may impact the effectiveness of hand hygiene practices.

Judgment: Not compliant

### Regulation 28: Fire precautions

While the majority of escape routes were suitable, one operational route did not provide a safe means of escape. The exit opened onto uneven ground that was

below the exit and a ramp was not in place to facilitate non-ambulant residents.

The documentation evidencing regular safety checks in relation to fire exits and other fire safety precautions contained significant gaps since January 2024. This did not ensure that fire precautions were being reviewed as required.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Accurate information was not recorded in three care plans to effectively guide and direct the care of some residents colonised with MDROs
- All residents had generic infection prevention and control COVID-19 care plans in place when there was no indication for their use.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' choice was respected and facilitated in the centre. Residents were provided with information about services available to support them, including independent advocacy services.

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

Residents had access to radio, television and newspapers and were supported to exercise their political and religious rights.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0039607

Date of inspection: 02/07/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The housekeeping staff roster has been amended to ensure that the three processes of decontamination (cleaning, disinfecting, and sterilising) of the home on a daily basis, in line with the National Standards for Infection Prevention &amp; Control (IPC).            This has been achieved by reviewing the current Housekeeping Roster and increasing the number of Housekeepers on duty each day, from three housekeepers five days per week to three housekeepers seven days per week.</p> <p>Management and the Head of Housekeeping will ensure that adequate staffing in this area is prioritised on an ongoing basis.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            A Legionella Risk Assessment has been carried out in the home in August 2024.            In line with the Policy and National Standards for IPC in community settings, sampling will be undertaken routinely to assess the effectiveness of local Legionella control measures.            Appropriate actions, where required will be taken inline with the home's legionella policy.</p> <p>A detailed review of resident's records was undertaken to establish any resident's who have been colonized in the past with an MDRO, and the register was updated.            An antimicrobial stewardship audit has been completed by management and IPC Link</p>	

Practitioner in the home to ensure optimisation of antimicrobial therapy and will continue on an ongoing basis.

There continues to be a low level of prophylactic antibiotic use in the home. Further development of the antimicrobial stewardship program is underway currently in the home.

Residents are provided with appropriate information and are involved in decisions about their care to prevent, control and manage health associated infections and antimicrobial resistance.

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

The Infection Prevention & Control (IPC) Policy of the Home and the National Standards Infection Prevention & Control (IPC) were discussed at a management meeting post inspection and assessment of current practice was completed.

The following actions are being implemented:

- Soap Dispensers in residents en-suites are being replaced with single cartridge design dispensers and refillable dispensers removed.
- An audit of mattresses was carried out and small number of defective mattresses identified were replaced.
- Improvements are being made in relation to equipment hygiene as follows:
  - o Purchase of an cleaning trolley
  - o Extra hand sanitisers installed at point of care in bedrooms
  - o Cleaning of shower chairs has been assigned to the duties of the housekeepers going forward.
  - o Each floor has a sluice room, and staff have been educated in relation to appropriate transportation of waste vessels to the bedpan washer for best IPC practice.
- Daily cleaning and decontamination program is in place and is closely monitored by the management team
- The housekeeping roster has been increased to ensure all areas of the home are cleaned on a daily basis.
- Refreshers updates on IPC training continue an ongoing basis.
- Training on Decontamination & Cleaning was completed by housekeeping and catering staff in early July.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Documentation of daily, weekly and monthly fire safety checks have been amended and made more user friendly (single page templates).</p> <p>The management team will oversee the fire safety checks on an ongoing basis to ensure fire precautions are reviewed as required and any issues arising in relation to equipment or fire safety are identified and addressed promptly.</p> <p>Fire Exit: The fire safety certificate and site drawings were reviewed by management and the Fire Safety Risk Management Consultant used by the home, to review this operational exit route. There are two adjacent exits, side by side and it was noted on review of the formal drawings that the exit to the right met the requirement of the Fire Safety Certificate. The exit to the left side will not be identified as a formal fire exit as per the drawings.</p> <p>Remedial works will still be undertaken to the ground area to enable prompt evacuation in the event of an emergency.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Staff Nurses complete assessments and care plans, in a person centered and timely manner, updating with inclusion of the resident and / or their nominated representative on an ongoing basis. Accurate information required in three care plans on the day of inspection, were recorded and updated on the day.</p> <p>Generic Infection Prevention and Control (IPC) Care Plans were removed and appropriate IPC care plans created for any relevant residents.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	16/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	18/09/2024

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/07/2024