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:	Cratloe Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Gallows Hill, Cratloe, Clare
Type of inspection:	Unannounced
Date of inspection:	29 February 2024
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0041050

About the designated centre

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

Cratloe nursing home was originally built as a domestic dwelling which had been extended and adapted over the years to meet the needs of residents. It is located in a rural area on the outskirts of the village of Cratloe in Co. Clare. It is split level building and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. It provides 24-hour nursing care to both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors rooms as well as an enclosed garden courtyard area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 February 2024	10:00hrs to 19:00hrs	Rachel Seoighthe	Lead
Thursday 29 February 2024	10:00hrs to 19:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, the feedback from residents was that this centre was a nice place to live. Inspectors found that the residents living in Cratloe Nursing Home were comfortable in the company of staff. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. On arrival to the centre, inspectors were greeted by the person in charge. Following an introductory meeting, inspectors spent time walking through the centre, giving an opportunity to meet with residents and staff.

Located on the outskirts of the village of Cratloe, County Clare, the designated centre provides long term and respite care for both male and female adults, with a range of dependencies and needs. The centre is registered to accommodate a maximum of 32 residents. There were 26 residents living in the centre on the day of inspection.

The designated centre was a split-level facility. The main entrance led to an open reception area. The ground floor included resident accommodation, a visitors room, utility rooms and offices. Resident bedroom accommodation consisted of 14 single and nine twin bedrooms, located on both floors of the centre. There were several notice boards and photographs of staff displayed within the reception area for resident interest and information.

Inspectors noted that the provider had taken action to reconfigure one shared bedroom on the ground floor, to ensure that both residents occupying the bedroom had adequate floor space. There were en-suite facilities in one single bedroom and one twin bedroom in the centre. The remainder of resident bedrooms had shared toilet and shower facilities. Inspectors observed that some of the shared facilities were were accessible from corridors while others were observed to be interconnected with resident bedrooms. Inspectors noted that the position of privacy locks on the outside of several bathroom doors did not ensure the residents' privacy and dignity, as the doors could not be secured from the inside.

Inspectors saw that some resident bedrooms were personalised with items of significance, such as photographs and ornaments. Resident bedrooms appeared to be generally clean.However, inspectors noted that disposable privacy curtains were in use which were not labelled with the date that they were hung. This practice meant that there was no record available of when the curtains were last changed. Call bells and televisions were provided in resident bedrooms and residents had access to storage space for their personal possessions. In one bedroom reviewed, the location of a wardrobe in close proximity to the end of one resident's bed, meant that the resident may not be able to access their personal belongings with ease.

Inspectors observed an unlocked room, located off an en-suite bathroom of a vacant bedroom that was used to store residents' care records. This room could not be accessed without entering the en-suite bathroom.

The first floor of the centre was accessible by stairs or a passenger lift. There were a variety of communal spaces on the first floor, including a lounge, a sitting room, a balcony room and a dining room. Residents had unrestricted access to a secure courtyard and residents were seen to use this area on the day of inspection. Inspectors noted that the centres' designated smoking area was located within the courtyard. There was an ashtray available and a door bell device was fitted to a wall to alert staff if residents needed assistance. The provider had taken action to address some of the potential safety hazards in the area since the previous inspection. However, at the side of this courtyard there was an uncovered enclosure descending from first floor to the ground floor approximately one square metre. While there was railing around the enclosure, the area was uncovered and could pose a falls risk to residents. The area was also use to discard cigarettes, posing a risk of fire.

Overall, the centre was found to be warm, comfortable and homely. Residents reported that they liked their bedrooms and the décor of the communal rooms. However, inspectors noted the centre was not cleaned to an acceptable standard. For example, paintwork was damaged on some wall surfaces and handrails which meant these areas could not be effectively cleaned. Some resident support equipment and toileting aides were visibly stained. Inspectors also observed that staff had to walk through the internal laundry room or clean linen store, in order to access the sluice room. In addition, clean items and a house-keeping trolley were being stored beside the dirty utility which could pose a risk of infection.

While walking around the ground floor of the centre, inspectors observed several residents who were resting in their bedrooms, and the person in charge informed inspectors that this was the residents' usual routine. Staff were observed attending to the care needs of these residents throughout the day of the inspection.

Inspectors noted that other residents were up and about on the first floor of the centre, making their way to the dining room and communal rooms. Inspectors spoke with catering staff who confirmed that residents had a choice of beef stew and cod for their lunch-time meal, and a selection of desserts was offered. A pictorial menu board was displayed in the dining room and residents spoken with were complimentary of the food provided. Residents reported that the quality of the food served was of 'a very good standard'.

Inspectors observed visitors attending the centre on the day of the inspection. Residents were seen to receive visitors in their bedrooms. There was also a designated visitors' room available if residents wished to meet their visitors in private.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the actions taken to address the findings of previous inspections in September and March 2023 and followed up on unsolicited information that had been submitted to the Office of the Chief Inspector in relation to the standard of care provided in the centre. The information received was not substantiated on this inspection. Overall, findings of this inspection were that the management systems in place were not fully effective to ensure that residents received a safe and appropriate service. For example, oversight and management of the care environment in relation to infection prevention and control, and the maintenance of the premises was not effective.

The registered provider of Cratloe Nursing Home is Cosgrave Nursing Consultancy Limited. There are two company directors, one of whom represents the provider entity. The other director is a person participating in management (PPIM), who supported the person in charge with the clinical management of the centre and deputised in their absence. A new person in charge had been appointed in May 2023. A clinical nurse manager, a facilities manager and a team of nurses, care assistants, activity, catering, house-keeping and maintenance staff made up the staffing compliment.

Overall, inspectors found that the staffing number and skill mix on the day of inspection, were appropriate to meet the care needs of the 26 residents who were living in the centre. Staff were facilitated to access appropriate training. Records demonstrated that all staff had completed mandatory training in safeguarding vulnerable adults, fire safety and manual handling. Records also showed that members of the management team were facilitated to complete enhanced training in infection prevention and control. Notwithstanding this positive finding, inspectors found that the arrangements for the supervision of staff in relation to infection prevention and control and fire safety was ineffective to ensure compliance with the regulations.

There were regular management meetings at local and senior level, with records of these being made available for review. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. However, there were disparities between the consistently high levels of compliance found in the centres own audits and observations on the day of inspection. For example, records demonstrated that an information governance audit was completed in January 2024. The audit found that records were stored securely in the building. However, this finding did not align with inspectors' observations in relation to the storage of records. Furthermore, a health and safety audit completed in January 2024 detailed that the laundry area was cleaned daily and laundry products were stored securely. However, inspectors found

that the external laundry was visibly unclean and laundry products were stored in open containers in both laundry rooms on the day of inspection.

A review of the contracts for the provision of care found that some contracts did not include the terms relating to the bedroom to be provided to the resident, and the number of occupants of that bedroom.

The provider had arrangements for recording accidents and incidents involving residents in the centre, and notifications were submitted as required by the regulations.

A sample of staff files were reviewed and they contained all of the requirements as set out in Schedule 2 of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were in place for all staff.

An annual review of the quality and safety of services delivered to residents in 2023 was completed.

Regulation 15: Staffing

There was sufficient staff on duty, with appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by the following;

- Inadequate cleaning of the external laundry facility. This room were visibly unclean.
- Inadequate cleaning of resident equipment, such as shower chairs and hoists.
- Poor supervision of fire safety practices as evidenced by a lit candle in an unsupervised area, and a cross corridor fire door obstructed by wheelchair storage.

Judgment: Substantially compliant

Regulation 21: Records

Residents' records were not consistently stored securely in the centre. Multiple boxes of records containing resident clinical information were held in a store room attached to a resident en-suite bathroom. Staff were required to enter the en-suite bathroom to access the store room. Inspectors found that the door to the store room was unlocked and the records were not secured.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents to residents was safe, appropriate, consistent and effectively monitored. For example;

- The system to monitor the clinical and environmental areas of the service were not effective. For example, there were disparities between the high levels of compliance reported in a number of the centre's own audits and the inspectors' findings in these areas of service during the inspection.The audit process failed to capture issues found on this inspection in relation to record management and infection prevention and control.
- Monitoring systems in place did not identify and address findings which may impact fire safety in the centre, as evidenced under Regulation 28: Fire precautions.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed and found that the terms relating to the bedroom of a resident was not described, as required by Regulation 24(b).

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received a satisfactory standard of care from a team of staff who were familiar with their individual needs and preferences. However, the findings of the inspection were that non-compliances in relation to the governance

and management of the centre impacted on the systems in place to ensure that residents were safe. The provider had not ensured that the care environment was managed in a way that minimised the risk of transmitting a health care associated infection. In addition a review of the fire precautions, premises and safe-guarding found that some action was required to ensure full compliance with the regulations.

While records demonstrated there were cleaning schedules in place, inspectors observed that some areas of the centre were not clean. Inspectors observed items of equipment that were in use by residents which were visibly unclean. In addition, access to the sluice room was via the internal laundry room. This meant that staff were required to carry items for decontamination to the dirty utility through the internal laundry room. This presented a risk of cross contamination and therefore risk of infection to residents. Infection prevention and control practices in the centre were not in line with the national standards.

The management of fire safety was kept under review. There were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider had taken action to address some findings from the previous inspection and inspectors noted that the external laundry facility now had fire detection in place. Following the inspection of the centre in September 2023, the registered provider had commissioned the completion of a fire door audit by a competent person. This report were completed in February 2024 and was available to review. The provider had a plan in place to address the findings of the report. A small number of fire safety issues were observed on this inspection and are described under regulation 28; Fire precautions.

The design and layout of the centre was homely and there was sufficient communal space available for residents to use. A restrictive condition had been attached to the designated centre's registration requiring that the registered provider reconfigure, or reduce the occupancy of one shared bedroom by 31 December 2023, to ensure that any resident residing in the room was afforded adequate floor space. Inspectors found that the provider had taken action to address this issue. Nonetheless, inspectors found a number of area of the premises where paintwork was damaged, such as wall surfaces and hand rails. While there were a number of designated storage and utility rooms in the centre, the segregation of supplies and equipment was not effective. Inspectors observed that items were not organised and stored appropriately to ensure that good standards for infection prevention and control were maintained.

The registered provider had put measures in place to safeguard residents from abuse. The provider acted as a pension agent for nine residents. Records shown to inspectors confirmed residents' money was managed through a separate client account. The was a policy and a procedure available for safeguarding vulnerable adults and training records identified that staff had participated in training in adult protection. However, action was required to ensure that safe-guarding concerns were investigated, in line with the centres own policy and procedure.

Residents had regular access to a general practitioner (GP) who visited the centre. Residents had access to allied health services such as physiotherapy, dietetics

services and speech and language therapy.

A review of a sample of residents' records found that each resident had a comprehensive assessment of their health and social care needs completed before or on admission to the centre. This assessment was used to inform the development of a resident care plan. Resident care plans were person-centred and contain sufficient detail to guide care.

There were arrangements in place for residents to access advocacy services. Records demonstrated that resident's meetings were convened and that there was discussion around various topics including laundry and access to allied health services. Residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, radios, books and newspapers. A member of staff was assigned to provide activities daily.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Regulation 11: Visits

Resident access to their visitors was encouraged. There was adequate private space for residents to meet their visitors and inspectors observed visitors attending the centre throughout the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was poorly maintained and in a poor state of repair. This was evidenced by:

- There was visible damage to some wall surfaces.
- There was damage to a tiled surface in one resident communal shower room on the first floor.
- A potential safety hazard posed by an uncovered enclosure descending from first floor courtyard to the ground floor.
- Safety grab rails were not available in one resident communal toilet on the ground floor.
- Paintwork was damaged on hand rails along circulating corridors.

There was not sufficient suitable storage space available in the designated centre. This was evidenced by:

- Lockable storage for potentially hazardous cleaning solutions were not

available on house-keeping trolleys.
- Inappropriate storage of residents' records as evidenced under Regulation 21.
- Storage of hoists in communal shower rooms.
- Storage of resident continence equipment on the windowsill in one resident communal bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed satisfaction with the food provided. Food was seen to be freshly prepared and cooked on site. Choice was offered at meal times and adequate quantities of food and drink were provided. Residents had access to refreshments throughout the day.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- Open top refuse bins were observed in most in single and twin bedroom and the foot pedal operating mechanism on several bins located in resident communal toilets was broken. These findings did not support recommended waste management procedures and posed a risk of cross contamination and transmission of infection.
- There was one bedpan disinfecting machine in the designated centre which was rusted, in a poor state of repair and not operating. This meant that staff were unable to decontaminate continence equipment after use, which may increase the risk of infection transmission.
- The ground floor sluice room was only accessible by passing through the centres internal laundry room or clean linen room. This meant that potentially hazardous waste was being transported through the laundry room for disposal and this practice posed a risk of cross infection to residents. Furthermore, a house-keeping trolley was being stored in the laundry room. This item of equipment was moved throughout the centre and stored in a designated clean area after use. This posed a risk of cross infection.
- Some items of cleaning equipment were being stored in the sluice room, this posed a risk of cross infection.
- Cleaning solutions and powders were stored in open containers in both laundry rooms, this posed a risk of cross contamination.

- The external laundry room was visibly unclean. The hand hygiene sink was blocked and there were no hand drying facilities available at the sink.
- Several items of resident continence and personal equipment were visibly unclean, such as shower chairs, a transfer hoist and a transfer sling.
- One storage room on the first floor was very cluttered with resident equipment and supplies, and many items were stored on the floor of this room, preventing it from being appropriately cleaned.
- Disposable privacy curtains which were hung in resident bedrooms were not dated. As a result the provider could not be assured that they were changed every three months, in line with best practice.

Judgment: Not compliant

Regulation 28: Fire precautions

Inadequate fire precautions were observed on this inspection. For example:

- A lit candle was left unattended in the reception area of the centre on the morning of the inspection. This posed a risk of fire.
- There was a penetration in the wall of the external laundry room which was not sealed in order to protect against the risk of smoke and fire.
- The location of wheelchairs on the first floor obstructed a fire door from closing when released. This arrangement could allow fire and smoke to easily spread in the event of a fire emergency.
- Inspectors noted a slide bolt was fitted on the outside of several doors in the centre. This may create a risk of persons becoming trapped inside a room in the event of a fire in the centre.
- Fire safety records were stored in a cabinet beside the fire panel on the first floor of the centre. However, the cabinet was locked and the key retained by one staff member only, this practice may create a delay in accessing the information in the event of a fire in the centre.
- Personal evacuation plans (peeps) were updated every 4 months on the electronic care record system. However, the updated versions were not displayed in resident bedrooms and this posed a risk that staff would not have access to the most up-to-date information to ensure the safe evacuation of the resident from the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

All resident had their health and social care needs assessed and had an appropriate

person-centred care plan in place to guide their care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners in the local community. Residents were referred to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 8: Protection

While the provider had taken steps to protect residents from abuse, including training and the provision of a safeguarding policy, a record of an investigation into a safeguarding concern was not available for inspectors to review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were found to be upheld in the centre. Residents' meetings were held to give the residents a voice. Social engagement was facilitated and encouraged by staff.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0041050

Date of inspection: 29/02/2024

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Person In charge has conducted comprehensive training assessment in March 24 to identify gaps in the staff knowledge and skills related to their roles and responsibilities, including cleaning procedures, infection control, fire safety and equipment maintenance. Based on training needs identified, a training plan that outlines the specific training programmes required for staff to improve their performance and ensure compliance with Regulation 16.

Training of Nurses and Carers on clinical IPC practices will continue to be assigned to Person in Charge who has completed IPC link practitioner course in October 2023. PIC will be supported by PPIM to deliver adequate training and supervision for all staff. PPIM has booked Nurses Clinical Procedures training through Milford Education Centre for further professional development which is due to commence in May 2024. Our Practice & Professional Development Consultant is also due to visit the Care Centre in June 2024 to complete further formal and informal training with all staff as well as complete "observation of care, IPC supervision as well as Mandatory Training updates.

Training on cleaning protocols and infection control measures with housekeeping aspects is assigned to our Facilities Manager who has completed training in Level 5 Infection Prevention and Control Course in June 2022. A variety of training methods such as in-person training, online modules, hands on demonstration etc will be utilised to achieve this goal. Cleaning schedule have been upgraded and re implemented with the Housekeeping Team in March 24, and the Facilities Manager completes IPC Audits on a quarterly basis to assess the efficiency of the Training and Schedules implemented as of March 2024.

Mandatory Training on Fire Safety Procedures/Processes is scheduled in May 2024 with external Fire Training Services company. The Senior Management team consisting of the PIC, PPIM, Facility manager and the Senior Carers Team will continue the system of

regular supervision, audit, and monitoring of all Fire Safety care services to ensure all staff follow the correct procedures to meet the required standards are identified in the regulations.

All Candles with the potential to be lit by Match or Lighter have now been removed from the Care Centre as of 1st March 2024, thus minimising any future risks to zero.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Management has implemented a new IT Record Management Procedure, which aims to upload all residents' records to EpicCare (electronic recording system used by Cratloe), which eliminates the requirement of physical storage. This electronic system is used for all current residents living in Cratloe Nursing Home backdated to March 2017. Our administrative team in collaboration with our IT consultant is working together and have successfully completed uploading all current records by end of April 2024. This system will ensure that the storage and management of resident's records comply with data protection regulation, including GDPR. Cratloe's Policy on "Creation of, Access to, Retention of & Destruction of Records" has been updated with the new procedures. Through the implementation of above robust procedures and policies for the secure storage of records, the centre can ensure compliance with Regulation 21. All older clinical records as of 31st May 2024 will be removed from the "Store in Residents Bathroom" and stored in a professional maintained environment or shredded if appropriate to do so (As per An Bord Altranais Clinical Records Guideline re Storage or Shredding of same).

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider has revised the audit process to ensure it captures all relevant issues identified during inspection and addressed the disparities between the internal audits and inspection findings. Staff members responsible for conducting audits and monitoring processes have been provided with refresher training on HseLand, "Fundamentals on Clinical Audit" to ensure they have the necessary skills and knowledge in completing same. In House training for staff on Audits, with our P&PD is scheduled in June 2024 to educate staff on importance of compliance with regulations and impact of non-compliance on resident safety and quality of services. An emergency Staff Meeting was called following the HIQA Inspection Review on 29th February 2024 and clear

escalation procedures and robust reporting mechanisms were reiterated to staff during this formal meeting. As outlined in Regulation 16 above, our P&PD Consultant Nurse will visit the care centre in June 2024 to complete further "observations of care services" and to assess the findings of audits completed in the prior quarter, and to assist the PIC to ensure that corrective actions are appropriately and professionally addressed in a timely manner.Please see Regulation 28 below re Actions taken and Monitoring systems implemented to assist in meeting Regulation 28: Fire Precaution.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All Contracts of Care have been reviewed and updated and any information omitted following HIQA review has been updated in April 2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A comprehensive assessment of the premises to identify all areas that require maintenance was conducted in March 2024 and a priority upgrading plan was implemented.

Repainting of wall surfaces and handrails in corridors, regrouting/replacing of tiles in the communal toilet, installation of appropriate barriers/covers to the enclosure in backyard descending to ground floor, and installation of safety grab rail in the toilet in ground floor, has been assigned to internal and external maintenance teams as appropriate with an aim to complete by end of May 2024.

Lockable Storage for the House-Keeping Trolleys has been purchased in April 24 and implemented.

New Plan for Storage of Residents Records as documented in Regulation 21: Records

Staff made aware of the correct Storeroom to store their hoists is in the Store Room available between the Yellow and Red Corridor and not in communal bathrooms. This was reiterated to all staff in the Emergency Team Meeting in March 2024 and same documented in the Emergency Team minutes.

Also, within this Emergency Staff Meeting in March 24, Staff were advised that there is nothing to be stored within communal bathrooms, but anything that a resident requires during this care process period needs to be returned to their own personal space within their own bedrooms. Both plans above will be regularly reviewed by the senior management team when Care Process Audits are completed i.e. IPC Audits, Health & Safey Audits, Resident Privacy & Dignity Audits, Resident Manual Handling Audits etc.,

Regulation 27: Infection control	Not Compliant

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

The following steps has been taken/in process to ensure compliance with Regulation 27: All open top refuse bins have been replaced with cover bins in all bedrooms. Foot Pedal operating bins in communal toilets have been replaced in March 24 to ensure all waste bins are covered to prevent cross contamination and transmission of infection. A new bedpan disinfecting machine was installed by Medical Supplies Contractor in March 2024. A regular maintenance schedule for the machine is implemented between internal maintenance team (quarterly) and the provider company (Yearly) to ensure efficiency of the machine. Cleaning solutions and powders are stored in sealed containers and proper labelling of containers is implemented to ensure easy identification of contents and expiration dates. A thorough cleaning of the external laundry room is completed daily ensuring all surfaces are cleaned and clean and sanitized. The house keeping staff will be supervised by our facilities manager. The Hand hygiene sink observed as blocked on day of inspection, was checked, and ensured adequate draining in sink. Paper towel dispenser is now installed (as of March 24) to ensure proper hand hygiene practices. Cleaning schedule for all resident's continence and personal equipment, which was already in place, will continue to be practiced by all staff but additional supervision will be provided by the management team with all staff. The Senior Carers are assigned with the responsibility of ensuring decluttering and maintaining the storage room in first floor to adequate standard to facilitate cleaning and reduce the risk of contamination.

The Internal Laundry (wet) Room will be removed completely and a Clean Store Room will be implemented by 31st May 2024 which will accommodate the Storage of the Housekeeping Trolley. IPC processes will be improved by the implementation of a new lockable storage cupboard and with the removal of large stainless steel sink unit (which will be replaced by a hand-wash sink, therefore, the risk of cross contamination thereafter will be minimized further. In addition, the access to the sluice room via the internal laundry has been removed, with only one entrance provided to the internal sluice room and the internal laundry storage cupboard, with no risk of cross contamination between the two as of 31st May 2024.

All cleaning equipment items that were being stored in the sluice have been removed as of the 1st March 24. Cleaning Solutions and Powders are now being stored in the locked storage cupboard within the Clean Storage Room from 31st May 2024.

The External Laundry Room now has a Kep-Lock Pad implemented (as of 1st March 24) and the Housekeeping Team have been tasked to keep this room locked when not in use. The internal hand hygiene sink has now been serviced and a commercial hand drying facility has also been implemented as of March 24.

A system for dating the disposable privacy curtains has been implemented in April 24 to acknowledge when they were last changed, with an aim to change the curtains every three months in line with best practice guidelines or sooner if soiled, or in between Resident bed usage. Regular monitoring and audits to ensure compliance with IPC standards and practices will continue and the Senior Management will complete daily walkabout observations to ensure best practice standards are always adhered to.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Staff has been educated regarding candles with naked flame posing a risk of fire is unattended and this practice has now been eliminated reducing further risks to zero. The Fire safety policy has been updated with instructions on prohibiting use of candles in the facility. The penetration in the wall of the external laundry room has sealed effectively with appropriate fire rated material since April 2024. A clear policy of the facility for keeping emergency exits and fire doors clear has been reiterated to all staff, and adequate continuous supervision will be provided to all staff senior team members daily. Fire refresher training is scheduled in May 2024 with external Fire Safety Service provider. Slide bolts from outside the doors has been removed. Fire safety records continues to be stored securely in the box below the fire panel, however, it is no longer locked, making it easily accessible to all staff in case of emergency (as of March 2024). The PEEPs are updated by Named Nurse every three months or when there is change in residents' condition. The PIC with the support of acting CNM, will support the staff Nurses to ensure that these changes are updated and displayed in resident's bedroom. Ongoing supervision will be provided by PIC/acting CNM to ensure Fire Safety Practices and Procedures are always adhered to.

The Building Contractors commenced work on the upgrade of our Fire Door (following assessment by Fire Safety Consultant) on 11th March 2024 and completed phase 1 on 26th April 2024. Phase 2 to replace Fire Doors as per the Fire Safety Consultation Plan has commence as of the 29th of April 2024 and it is estimated to have all Fire Door Safety works completed by 31st May 2024.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Detailed reports will be completed in the Care Centre Electronic Record system, with details of action taken to respond to the complainant/concerns are they occur in the centre. The Senior Management Team continue to train all staff members on the importance of safeguarding, recognising signs of abuse and the correct procedures for reporting safeguarding concerns. As discussed in Regulation 16 Training & Development, we have Mandatory Staff Training planned in June 2024 with our P&PD Nurse Consultant and where Safeguarding Training will also be included. We also continue to establish relationship and maintain open communication channels with external safeguarding agencies (i.e. SAGE) to ensure that concerns are appropriately escalated and investigated when necessary. We recently conducted a Resident's meeting in March 2024, in which SAGE was present, as the resident's representative and to allow residents and their families to raise any concerns if any. Nil concerns were voiced in this meeting. Minutes of the meeting is saved in the Management Folder for reference. The Registered Provider continues to foster a culture of continuous improvement in safeguarding practices by seeking feedback from residents and families where quarterly HIQA Satisfaction Surveys are collected and analyses for continuous Care Process Improvements. A report on the main themes identified through the collection of these results is also documented and actioned within the Senior Management Folder on a quarterly basis. The Register Provider will continue to support PIC and PPIM to follow clear protocols for investigating safeguarding concerns, including timeline for conducting investigations, assigning responsibilities, and documenting findings and to ensure the investigations are thorough, impartial, and documented professionally.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/03/2024
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.	Substantially Compliant	Yellow	31/05/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	26/04/2024
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	Not Compliant	Orange	26/04/2024

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	26/04/2024
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.	Not Compliant	Orange	31/05/2024
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	Substantially Compliant	Yellow	26/04/2024

	suitable bedding and furnishings.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	01/03/2024