



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 March 2023
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0039739

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:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 March 2023	09:15hrs to 17:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day, and was unannounced. Overall, residents spoke positively about their experience of living in Cratloe Nursing Home and praised the staff for their kindness and care. The inspector spoke with eight residents and two visitors during the day and also spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspector also spent time observing interactions between the staff and residents throughout the day and found that they were respectful at all times. There was a friendly, relaxed and calm atmosphere in the centre. Residents said that they were happy with their home and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

Following an opening meeting with the person in charge and clinical nurse manager the inspector was guided on a tour of the premises. Cratloe Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated on the outskirts of the village of Cratloe, County Clare. It is registered to accommodate 32 residents and there were 28 residents living in the centre on the day of this inspection. The centre is a split level facility, with 13 residents accommodated on the ground floor and 19 residents on the first floor. Bedroom accommodation in the centre comprises of 14 single and 9 twin bedrooms. One single bedroom and one twin bedroom have en-suite facilities. The remainder of the bedrooms have shared toilets and showers, some being interlinked between two rooms and others were located on the corridors. The inspector observed some bedrooms within the centre were seen to be very personalised, with residents belongings from home such as family pictures and soft furnishings.

All the communal space for residents in the centre is based on the first floor and consists of a day room, with a small conservatory off it, a dining room and room called a snug which overlooks an internal garden. The inspector saw many of the residents living in the centre spent their day in the sitting room or the snug. A musician with a guitar attended the centre in the morning for music therapy for an hour, which the inspector was informed occurred weekly. Residents reported they enjoyed this activity and the inspector observed lovely interaction between the musician and residents.

The inspector observed that some residents moved around the centre freely, throughout the day. Residents who chose to smoke were observed to walk out to the garden. The inspector was informed that smoking facilities for residents had been recently relocated outdoors. The inspector observed however, that there was not appropriate equipment available externally such as fire extinguishing equipment or call bell facilities, which required attention and is further detailed under regulation 28.

The inspector observed on the walk around that the centre was generally clean with

the exception of one utility room. There was also adequate cleaning staff working in the centre. Based on the observations of the inspector there were generally good procedures in place in relation to compliance with the wearing of face masks by staff. Some areas were observed to be in need of painting as there was scuffed paintwork on walls, doors and skirting boards. In addition, the storage of equipment such as hoists required review, as the inspector observed two hoists were stored in residents bedrooms, which is actioned under regulation 17.

Residents confirmed that Cratloe Nursing Home was a nice place to live and that the staff were supportive and assisted them to maintain their independence, while at the same time providing necessary support. Staff that spoke with the inspector were knowledgeable about residents and their individual needs, daily routines and preferences for care and support. The inspector saw that a resident living in the centre was celebrating their 100th birthday on the day and their family were facilitated to host a party in the dining room after dinner.

The inspector observed the dining experience for residents. Ten residents were observed having their dinner in the centres main dining room. Some residents were seen to remain in the day room for their meals and a tray table was placed in front of them, therefore, they were not afforded an appropriate dining experience. Although staff were observed assisting residents with their meals, some staff remained standing and did not engage with residents at this time. One resident was also observed receiving an incorrect diet. Findings with regards to the dining and food will be further detailed under regulation 9 and 18 of this report.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection to monitor ongoing compliance with the regulations. Overall, findings of this inspection were that Cratloe Nursing Home was a well-managed centre where the residents were supported and facilitated to have a good quality of life. Areas identified from the previous inspection with regards to laundry facilities had been actioned. However, some further improvements were required to achieve regulatory compliance in relation to fire safety, the premises, food and nutrition, infection control and residents rights. These are discussed under the quality and safety section of this report. The registered provider had also submitted an application to renew registration of this centre.

The registered provider of the centre is Cosgrave Nursing Consultancy Limited, which comprises of two directors. Both directors were directly involved in the operational management of the centre, one being the named person in charge. Within the centre, from a clinical perspective care is directed through the person in

charge, who works in a management and supervisory capacity. They are supported in their role by a clinical nurse manager and a team of nurses, health care assistants, domestic, activities and administrative staff. The management structure was clearly defined and identified lines of authority and accountability. The provider also employed a nurse practice and professional development consultant who partook in clinical governance meetings and supported the centre.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Key performance indicators are also used to support the monitoring process. There are a number of forums at which the quality and safety of care is discussed such as monthly governance meetings and staff meetings.

Overall, the inspector found that the staffing number and skill mix on the day of inspection, were appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place, to ensure all staff had relevant and up to date knowledge and skills.

Information and records required by schedule 2, 3 and 4 of the regulation was available for review. Staff personal files reviewed were maintained in line with the requirements of the regulations. A directory of residence was maintained, as per regulatory requirements and policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Although all residents had contracts of care in place, on review some did not have fees clearly outlined, which is further detailed under regulation 24. Additional accumulative charges for residents as outlined in the contract of care also did not align with the centres statement of purpose, which is further detailed under regulation 9.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and

management of the service.
Judgment: Compliant
Regulation 15: Staffing
On the day of the inspection the centre was adequately resourced from a staffing perspective to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. There was an ongoing recruitment process to ensure that the centre had sufficient staff.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were facilitated and supported to attend training relevant to their role. There was an induction process for new staff and a further period of supervision once the induction process was complete, to support staff adapt to the new environment.
Judgment: Compliant
Regulation 19: Directory of residents
The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspector evidenced that it included all the information, as set out in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made

available to the inspectors.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had an up-to-date contract of insurance in place, as required by the regulations.
Judgment: Compliant
Regulation 23: Governance and management
<p>Although there were a number of good management system in place some management systems were not sufficiently robust and required action to ensure the centre delivered appropriate, safe and constant care to residents. Issues identified that required action were</p> <ul style="list-style-type: none"> oversight of premises issues to ensure the premises was compliant with the requirements of regulations as detailed under regulation 17 further oversight of food and nutrition, infection control and residents rights as detailed under the relevant regulations further precautions were required to ensure that residents were protected from the risk of fire as detailed under regulation 28.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, however on review of three sample contracts two did not have the weekly fees clearly outlined, which is a regulatory requirement.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
A record of incidents occurring in the centre was maintained. All incidents and

allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures listed in Schedule 5 of the regulations were readily accessible on the day of the inspection. The majority of these policies were expiring in the coming weeks and the inspector was informed that they were all in the process of being reviewed and updated.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were residents in Cratloe Nursing Home enjoyed a good quality of life, had good access to medical care and a social and recreational programme. However, areas pertaining to fire safety, infection control, the premises and food and nutrition required to be addressed. These are detailed under the relevant regulations.

The inspector were assured that residents' health care needs were met to a very good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place, to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Residents care documentation was maintained on an electronic system. Residents' care plans were developed following scientific assessment, using validated assessment tools, were found to be individualised and could easily direct care.

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required. However, one resident with needs for a modified diet did not have this provided and prepared as recommended, as detailed under regulation 18.

It was evident that comprehensive systems had been developed for the maintenance of the fire detection, alarm system and emergency lighting. The inspector noted that oxygen cylinders were appropriately stored in an external secure area. Fire safety training for staff was up to date. However, some actions

were required with regards to fire safety in the centre such as further drills to ensure staff could evacuate residents in a timely manner and the procedures to be followed in the event of a fire were not on display. Fire safety is discussed in more detail under regulation 28 of this report.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines. Improvements were required in the disposal and labelling of medication, as detailed under regulation 29.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example a review of hand hygiene facilities and staff procedures for the use of sluicing facilities, which are further detailed under regulation 27.

Staff delivered care appropriately to residents who had responsive behaviours and training was provided to all staff working in the centre. There was a low use of bedrails in the centre with five residents assigned bedrails on the day of this inspection. Staff had completed training in adult protection and were knowledgeable with regards to what constitutes abuse. Adequate arrangements were in place to manage residents' pensions, if acting as a pension agent.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Actions required in relation to the premises to ensure compliance with the regulations included:

- one bedroom in the centre did not meet the requirement of the regulation. Specifically it did not have an area of not less than 7.4 m² of floor space for each resident of that bedroom. This twin bedroom was 14.4 m² and the minimum requirement for two residents is 14.8m². The provider informed the inspector this would be reviewed immediately following the inspection.

- the storage of hoists, which were observed to be stored in residents bedrooms. The inspector was informed that these were stored on the corridor outside bedrooms if they had to be relocated, however, this location would impeded movement for residents and would also block a fire exit.
- some areas of the premises required painting as some bedroom walls and door frames were seen to scuffed.
- there was not a wash hand basin in the laundry room, which is a regulatory requirement.

Judgment: Not compliant

Regulation 18: Food and nutrition

Increased oversight was required to ensure that where residents who had dietary requirements prescribed by healthcare or dietetic staff, based on their nutritional assessment, had this plan of care implemented in practice and communicated to all staff. The inspector observed that one resident who had difficulty swallowing and was provided with the wrong consistency diet on the day of this inspection. This posed a risk of choking to the resident.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- shelving in the sluicing facility was observed to be rusted, therefore effective cleaning could not be assured. Some areas of this room were also visibly unclean.
- there were no sluicing facilities on the first floor, where 19 residents lived. Staff informed the inspector that they brought bedpans & urinals downstairs, via the lift. This increased the risk of cross infection. The procedure transferring equipment to this room required review, to ensure that the risk of cross infection was minimised.
- the sink in the clinical room did not comply with the recommended specification for hand washing sinks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further precautions were required to ensure that residents were protected from the risk of fire, evidenced by the following findings:

- there was not a defined smoking facility with equipment such as a call bell, extinguisher and fire blanket, to protect residents in the event of a fire.
- one fire drill had been carried out in January 2023 and prior to this a drill had been carried out in July 2022. These drills simulated the evacuation of the same compartment. Therefore, the inspector was not assured that the provider had ensured that staff could safely evacuate other compartments in the centre. For example; the inspector was informed that the simulation of a compartment that involved an external stairway had not been tested, which required to be addressed.
- the procedures to be followed in the event of a fire were not displayed in the centre in a prominent place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The following required to be addressed to ensure compliance with regulation 29:

- the inspector saw that some medications, not in use, as residents had been discharged, continued to be stored within the centre and returned to pharmacy in accordance with the centres policy and requirements of the regulations.
- two medications in liquid format were not labelled with the date in which they were opened, therefore, administration within the expiry date could not be assured.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care,

<p>which were regularly reviewed and updated when residents' condition changed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Records showed that residents had access to appropriate treatment and expertise in line with their assessed needs. Residents were supported to access health and social care professionals as required, such as dietetics, speech and language therapy and occupational therapy. There was a low incidence of pressure ulcer formation within the centre and residents who presented with wounds had the input of a tissue viability nurse.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Managing behaviour that is challenging</p>
<p>The use of restraint was under regular review. Where bedrails were in place a risk assessment was conducted prior to their use and alternatives to bedrails were explored. Staff were familiar with residents and were able to identify the various ways in which residents communicated their needs.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The centre was a pension agent for 12 residents living in the centre on the day of this inspection. There was evidence that a residents account had been established following findings of a previous inspection of the centre. Residents reported feeling safe in the centre and stated they would have no difficulty talking to staff should they have any concerns.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>The following required to be addressed to ensure residents rights were promoted in</p>

the centre:

- the dining experience for residents required action, some residents were observed eating their meals on bed tables in the day room where they remained for the day. The inspector was informed that there was not sufficient space in the dining room for all residents. The inspector observed a routine practice of placing plastic aprons on all residents and standing over residents while assisting them with meals. These actions were not person-centred to ensure they afforded choice around their dining experience in the centre and had appropriate dining facilities
- the provider charges a weekly fee of 10 euros to all residents for clinical waste and toiletries. However, this was contrary to the statement of purpose which states that residents had a right to use their own toiletries. Some residents also did not require clinical waste facilities for their care.
- the inspector observed that in some twin rooms, the television was only visible from one bed space and therefore one resident did not have access to it.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0039739

Date of inspection: 29/03/2023

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> <ol style="list-style-type: none"> 1. Premises Action Plan discussed (in Regulation) 17 below. 2. Action Plan re Food & Nutrition (Regulation 18), Infection Control (Regulation 27) and Residents Rights (9) are all discussed below in their relevant sections. 3. And Action Plan re Fire Protection (Regulation 28) also discussed in relevant below. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. All Contracts of Care are being reviewed and updated as per Regulation 24. Action plan to be completed by Friday 5th May 2023. All Contracts of Care are now in line with the updated "Statement of Purpose & Function", resubmitted on April 27th 2023. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

1. The bedroom not meeting the new requirements as of 1st Jan 2023 will have its Floor Area Space increased by moving the bedroom door the required distance to meet the new requirements. Action Plan will include the Architect updating the Nursing Home drawings for Builder/Carpenter Team to move the door. Expected date of completion is 30/06/2023.
2. Hoists will now be stored in Equipment Storeroom when not in use. Action implemented as of 31/03/2023.
3. Continuous Maintenance of the Nursing Home continues weekly, which painting and decorating are included in the staff team duties. The Inspector observed the team painting the old laundry room on the day of the inspection and who have continued to upgrade the premises and areas mentioned/observed by the Inspector. Action: all areas to be updated by 26/05/2023.
4. Plumber booked to implement Hand Wash Basin into new Laundry Room and to update the Hand Wash Basin in the Clinical Room (as per regulation 27). Action Plan: Plumber to complete work by 30/06/2023.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

1. The Dietary requirements of all Residents are assessed on a quarterly basis and those identified at risk are referred onto the Dietician and their GP. The resident identified at risk of choking by the Inspector has also been reassessed and the most appropriate consistency diet has been implemented for this resident. Their Care Plan have also been updated. The Dietary requirements and consistency of food of all those residents identified "at risk" have also been reassessed and a new menu plan has been shared with the Kitchen Staff to implement on a daily basis. The Nursing Team and Carer Team who deliver the meals to residents are asked to double check with the Dieticians Menu (for those assessed at risk and available in the Kitchen), thus ensuring the correct meal and consistency is provided correctly and in a dignified manner to all residents. Action Plan: The PIC and PPIM will complete regular observations of care regarding the dining experience and document same, thus ensuring a greater oversight by the senior management team. This observation of the Dining experience will be used as an "Action Learning Tool" to ensure that the best standards of care/the dining experience is as prescribed for those residents identified at risk to untoward events. Action Plan commenced on 30/03/2023.

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

1. New Shelving Unit ordered for the Sluice Room and Facilities Team informed re the importance of the Sluice Room being monitored and cleaned daily. Action Plan: New Shelving Unit to be fitted by 12/05/2023.
2. There has never been sluicing facilities on the first floor, however, post the HIQA Inspection the Registered Provider has liaised with the HSE IPC Nurse (for the Region) for advice re the identified problem. The HSE IPC Nurse has visited the Nursing Home previously during the Covid19 pandemic (so is aware of the layout of the Nursing Home) and has advised the management team to implement an adjunct to our sluicing procedure, where (like clinical waste), the emptied urine bottle or emptied commode bowl can be put into a "yellow" clinical waste bag and transferred to the sluice room for sluicing. Thus, ensuring the risk of cross infection is kept to the minimum. Action Plan: Yellow Clinical Waste Bags have now been implemented in transferring Urine Bottles and Commode Bowls to the Sluice Room downstairs for cleaning and decontamination. New procedure implemented as of 5th May 2023.
3. Sink in Clinical Room to be updated to IPC Standards as per Action Plan above in Regulation 17 – Premises.

Regulation 28: Fire precautions

Substantially Compliant

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

1. The internal Smoking Room was moved outside on the advice of the HSE IPC Nurse during the first Covid19 Outbreak in Cratloe NH in Oct 2021 as the IPC Nurse wanted to provide the Staff working in the Covid 19 Isolation Zone with a designated area for their break time (away from those not working in the isolation zone), so there has been no smoking internally since. We have implemented Health Promotion advice and Smoking Risk Assessment with those Residents who wish to continue to smoke externally in our enclosed courtyard to ensure their continued safety. As a positive consequence we have noted that residents spend less time smoking and more time spent in participating in resident meaningful and social activities within the Nursing Home (internally and externally about the Nursing Home). However, to ensure the safety of all concerned a Fire Blanket and Foam Fire Extinguisher have been implemented in the Courtyard and which will be added to the equipment to be serviced by our external Fire Safety contractors. Implemented as of 05/05/2023.
2. Our mandatory Fire Evacuation and Fire Extinguisher Training is due in May 2023, where more Fire Evacuation Drills are due to be performed by all staff and the Registered Provider will ensure that different compartments are used for the drills. More (internal – led by the Registered Provider) Fire Evacuation Drills are planned in July 23, October 23 and January 24 to ensure all possibilities of Fire Evacuation within all compartments are simulated. Action Plan: Mandatory Fire Evacuation Training is to be completed by 31st May 23 in association with our external Fire Safety Contractors.
3. The Fire Escape Procedures have been updated by our Fire Safety (external) Consultant and displayed on both floors of the Nursing Home (one at the Fire Panel

upstairs and the other in Reception of the Nursing Home) on 28/04/2023. Therefore, Action Point completed.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. All Medicines no longer in use have now been returned to pharmacy as per regulation 29. The Senior Nursing Team have been tasked with completing a "Medication Management Audit" in April 2023 to assist in informing them of best clinical practice as identified by An Bord Altranais – Medication Management Guidance (2020) and an Action Plan has been implemented by the Clinical Nursing Team to ensure full compliance with these guidelines. Therefore, Action Point completed on 28/04/2023.
2. Re Medications not being labelled as per HIQA Inspector Audit, again, this point would be covered in the recent "Medication Management Audit with Action Plan" completed by the Clinical Nursing Team to assess shortfalls in their clinical practice by 28/04/2023. Thereafter, the Registered Provider and PIC will review same in line with our Medication Management Policy within the Nursing Home and update our Clinical Practice accordingly. Action Plan to be completed by 12/05/2023.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The Dining experience is being reviewed and updated by the senior management team. Overbed tables will be removed from the sitting room and more appropriate dining tables will be implemented to assist in improving the experience and ambiance of those unable to visit the Dining Room (due to a multitude of reasons). All residents will be provided with the choice of where they eat and dine, Staff will always obtain the consent of the residents they care for and offer them the choice in all their care processes with us. And as part of Regulation 18 (Food & Nutrition), the PIC and PPIM will complete regular observations of care regarding the dining experience and document same, thus ensuring a greater oversight by the senior management team and ensure full choice of services is offered to all our residents. This observation of the Dining experience will be used as an "Action Learning Tool" to ensure that the best standards of care/the dining experience are implemented for all Residents. Action Plan: commenced on 30/03/2023.

2. The Statement of Purpose and Function, along with all Contracts of Care have been updated to reflect the charges implemented with the Nursing Home and which are not

coved under the Fair Deal Scheme. The SOP also reflects that Residents/their families will have a choice in providing their own toiletries if they wish to do so. Any decision management implements with Residents are discussed with Residents/their families at quarterly Resident/Family Meeting held within the Nursing Home and which includes members of the Management Team. All decisions made from these meetings to implement improvements, charges, changes to routines and practices etc., are fully agreed by all concerned before implemented. Action Plan: Statement of Purpose and Function along with Contracts of Care all to be updated by 5th May 2023.

Management has also agreed to omit the clinical waste charge as of 01/06/2023 as clinical practice/IPC guidance as in the management of Covid19 within Residential Care Settings has been updated by the HPSC and HSE.

3. Residents in twin Rooms will be asked if they want to have access to their own TV's in their own space within their bedroom and if they require same, same will be implemented for them. This review of services will be held in the Month of May 23 and any new TV's required will be implemented by 01/06/23.

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.	Not Compliant	Orange	30/06/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	30/03/2023

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	05/05/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	05/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	05/05/2023
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	Substantially Compliant	Yellow	05/05/2023

	services, and 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	31/05/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/04/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	28/04/2023

Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	26/04/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/03/2023
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and	Substantially Compliant	Yellow	01/06/2023

	religious rights.			
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