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:	Larissa Lodge Nursing Home
Name of provider:	Mountain Lodge Nursing Home Limited
Address of centre:	Carnamuggagh, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	12 April 2023
Centre ID:	OSV-0005791
Fieldwork ID:	MON-0037829

About the designated centre

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

The provider plans to provide 24- hour nursing care to 64 residents over the age of 18 years, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The building is single storey. Communal facilities and residents' bedroom accommodation consists of a mixture of 48 single and 8 twin bedrooms all with full en-suite facilities. The building is laid out around central communal facilities that include a spacious lounge with multiple areas with views outside and a variety of seating options, an internal dining room with a large skylight, an oratory/prayer room and a visitors room near reception. A variety of outdoor courtyards are accessible from many parts of the building. The philosophy of care is to provide person centred, compassionate care and services with a commitment to excellence through adherence to high standards, disciplined leadership and respect for all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51

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
Wednesday 12 April 2023	12:30hrs to 17:30hrs	Nikhil Sureshkumar	Lead
Thursday 13 April 2023	08:30hrs to 13:45hrs	Nikhil Sureshkumar	Lead
Wednesday 12 April 2023	12:30hrs to 17:30hrs	Deirdre O'Hara	Support
Thursday 13 April 2023	08:30hrs to 13:45hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Overall, this is a good centre, and the inspectors observed that the residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre.

Residents' feedback about the care and service provided to them was highly positive, and some residents' comments were that "I love being in here", "they are great staff", "the food is great here", "staff are kind, and they help me whenever I need help", "I feel safe here".

Overall, the provider had sustained the improvements found on the previous inspection and had made a number of improvements to promote the lived experience of residents in the centre. This included supporting residents with enhanced activity programmes, one-to-one companionships, and social outings. Dayroom supervision was also found to be improved on this inspection.

Residents were found to be freely accessing the indoor gardens without restrictions. Residents who spoke with the inspector commented that they were comfortable in the communal rooms and that the temperature of these rooms was appropriate for them.

The reception area of the centre had sufficient seating arrangements for residents to sit and relax and to receive their visitors. Doorbells and telephone calls were found to be answered promptly, and a staff was allocated for this purpose.

The walls of corridors and communal rooms of the centre were beautifully decorated with photo frames, and the interior of the building was well maintained. The corridors of the centre were adequately lit and kept clear of obstacles. The handrails in the corridors were free of obstructions, and this arrangement supported residents' ability to move independently around the centre. There were sufficient communal bathrooms and toilets for the number of residents in each unit, and they were found to be well maintained

Residents' rooms were appropriately decorated, and residents had access to a wardrobe to store their clothes and sufficient space to store their personal belongings.

Generally, there was some good infection prevention and control practice observed; however, practices in the centre did not always align with safe infection prevention and control standards. For example, staff were observed to turn clinical wash-hand basin taps off with their hands and used sinks in residents' bathrooms, toilets, and equipment sinks to clean their hands. These practices can lead to cross-contamination.

The centre's dining room was well presented for the residents, with picture menus

available to assist residents in selecting their menu choices. Sufficient staff were available in the dining room to assist residents during their meal times. Staff interactions with residents in the dining room were respectful and supportive, and meals were not rushed and were a social occasion for the residents.

Additionally, alcohol-based hand rub (ABHR), soap, and cleaning chemical containers were being topped up in this centre. This practice can result in cross-contamination. The provider had installed two clinical wash-hand basins within walking distance of bedroom accommodation; however, the other sinks used for hand washing in the centre were not compliant with national standards.

Residents and visitors who spoke with inspectors said they were satisfied with the cleanliness of their bedrooms and communal areas. The centre was generally clean and well maintained, with a few exceptions with regard to damaged walls behind some sinks, and scuffed paintwork, which impacted on effective cleaning.

The provider was responsive to feedback during the inspection and took action to address some findings. For example, the installation of splashbacks required behind some sinks had been partially addressed, and additional storage shelves had been installed to allow for effective cleaning. Additionally, they installed ABHR dispensers in communal rooms to support hand hygiene.

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

The centre was found to be well run at the time of inspection and residents were generally in receipt of good level of care and support, from a well established management and staff team. However, some additional improvements were required in the areas of governance and management and to ensure that staff received additional training in infection prevention and control.

This risk-based was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centres for older people) Regulation 2013 (as amended).

The provider of the centre is Mountain Lodge Nursing Home Limited. The provider has a clear management structure in place, and staff were clear about their roles and to whom they reported. The person in charge of the centre is a registered nurse and have the appropriate experience and a management qualification as required by the regulations. Deputising arrangements were in place for when the person in charge was absent. There were arrangements in place to monitor the quality of care and support in this centre, and the provider had recently employed a quality lead to provide necessary clinical oversight at group level. The management team carried

out various audits in the centre on key areas relating to the quality and safety of the care provided to residents.

Regular management and staff meetings were held regularly in the centre. The meetings record of the management and staff meetings indicated that various topics, including the support required for the implementation of residents' care plans, were discussed in this centre. While the provider had a system to gather information regarding various quality indicators, including the report on incidents of responsive behaviours occurring in this centre, the inspectors found that the information collected was insufficient. As a result, incidents of responsive behaviours that had occurred in this centre were not reported and discussed in the recent management meetings. Therefore, additional oversight and focus is now required to ensure that the residents' care plans related to the management of responsive behaviours are sufficiently reviewed and implemented.

The provider had a developing antimicrobial stewardship programme where they were actively monitoring healthcare-associated infections (HCAIs). Antibiotic consumption was monitored and audited, and this information was used to improve the quality of antimicrobial prescribing and ensure that residents received the right antibiotics. However, multi-drug resistant organisms (MDRO) colonisation was not actively monitored and the provider gave a verbal undertaking to implement this without delay.

Furthermore, the provider had completed an infection prevention and control audit during April 2023. The audit tool viewed was comprehensive and covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. However, this audit had failed to identify some of the issues identified on the day of the inspection. Findings in this regard are presented under regulation 27.

The person in charge was the designated infection prevention lead and was in the process of arranging the clinical nurse manager to complete a link practitioner course in the weeks following this inspection. Inspectors were informed that this member of staff would be allocated one day each week to support the infection prevention and control programme, once they have completed this course. The centre had recently experienced a COVID-19 outbreak that affected a small number of residents and staff. There was no positive COVID-19 residents related to this outbreak in the centre during this inspection. One resident was being cared for in isolation who had a transmissible infection. This was seen to be managed well. A review had been completed following the outbreak and identified what went well and areas for further development.

Inspectors reviewed a sample of staff files and noted that Garda Síochána vetting was in place for staff. Nursing registration numbers were available and up-to-date for all staff. However, there was one vacancy for a reception staff reported on the day of the inspection. Nevertheless, the provider had allocated another administrative staff to provide staff cover for this role. In addition, the provider informed the inspectors that they were actively recruiting for the role of reception

staff and the inspectors were shown the recruitment files.

The training records reviewed by the inspector indicated that a suite of training programs were offered to staff in the centre and staff were up-to-date with mandatory training, such as safeguarding of vulnerable adults and fire safety. Records demonstrated that all staff had access to and had attended infection control training. This was delivered through a blended approach, such as, face-to-face and online training. The inspectors was informed the provider intended to ensure that all nursing staff would complete the Health Service Executive's (HSE's) antimicrobial stewardship and aseptic non-touch technique education modules, to further enhance the infection prevention and control programme in the centre. However, the inspectors observed that some staff required additional training in relation to hand hygiene, cleaning and decontamination and to create awareness about the meaning of the symbol for single use items. In addition, antimicrobial stewardship guidelines were not available to staff for referral in the centre.

The provider had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations.The infection prevention and control policy covered aspects of standard and transmission based precautions; however, it needed to be further developed to ensure that there was guidance with regard to the safe management of all MDROs, urinary catheters (a flexible tube for draining urine from the bladder), nebulizers and environmental cleaning that reflect evidenced based best practice.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Based on findings during this inspection, further training in infection prevention and control was required.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Current registration with the regulatory professional body was in place for nurses.

Judgment: Compliant

Regulation 22: Insurance

A new contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had several management systems to ensure that the service provided was appropriately, consistently and effectively monitored, the provider was required to ensure that their own quality indicators were sufficiently used to drive quality improvements in reviewing and implementing residents' care plans.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While the provider had written policies and procedures to meet the requirement of Schedule 5, their infection prevention control policy required to be reviewed appropriately to reflect evidence-based best practices.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors observed that the centre provided good quality care and support to the residents. However, a series of additional improvements were required in the areas of infection control and care planning to bring the provider into

full compliance with the regulations.

The centre's information guide for residents was kept up-to-date. Posters and leaflets were displayed in various locations to inform residents regarding independent advocacy services and infection prevention control procedures to be followed in the centre.

A range of best evidenced-based clinical assessment tools was used to inform the development of relevant care plans. Healthcare records were recorded on an electronic system, and this record was easily accessible to staff. Residents' care plans were generally personalised and detailed; however, some care plans were not sufficiently developed and fully implemented and required additional improvements to come into full compliance with the regulations.

On the first day of inspection, the inspectors observed that a resident's responsive behaviour had not been sufficiently managed in line with their care plans when an escalation in their responsive behaviour occurred on the day of inspection. This was brought to the provider's attention, and on the next day of inspection, improvements were noted, and the provider took appropriate measures to manage the responsive behaviours.

Residents were generally well supported to have access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services.

The provider was using transfer and pre-assessment forms on a computerised care plan system when transferring their residents into the hospital if unwell or for admission. These forms required additional detail on infection prevention and control information to ensure the receiving facility or the centre was aware of the infection control precautions needed.

There was a well-managed vaccination programme in place. All of the residents who were eligible had received their COVID-19 boosters, pneumococcal and influenza vaccines. Staff were also facilitated to access vaccinations through a vaccination programme provided on-site. Staff were knowledgeable with regard to the management of body fluid spills and needle stick injuries.

The centre had a number of assurance processes in place in relation to the standard of hygiene in the centre. These processes included the use of colour-coded cloths, mops and cleaning trollies to reduce the chance of cross-infection. Clean and dirty laundry was seen to be managed safely, in line with national guidance.

While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

The centre has a medication management policy, and the arrangements in the centre to store and dispose of medication were generally of a good quality. The provider had facilitated a pharmacist to meet their obligations to residents in line with their professional guidelines and legislation. However, a record of some

medicinal products, such as medication labels, were unavailable for some residents and additional improvements were required to fully meet the regulatory requirements.

Residents' meetings were held regularly in the centre, and the records of meetings indicated that the residents were consulted with and participated in the organisation of the centre. Residents' satisfaction surveys were carried out, and where improvements were required, they were discussed with residents and implemented. Records indicated that the residents were generally satisfied with the care and service provided in this centre.

An activity staff was allocated to provide activities for residents, and sufficient staff was available to support residents in day rooms. A range of activities had been scheduled for the two days of inspection, including an external live singing session. Residents told the inspectors that live music sessions are often arranged in this centre.

The inspectors reviewed the care records of some residents and found that additional funding for providing individualised social assistance was secured for some residents to provide one-to-one companionship and social outings. In addition, the personal social assistance hours allocated for these residents were clearly mentioned in their care records, and staff were aware of these arrangements. Furthermore, the records indicated these residents had been supported to go for social outings and additional staff were allocated to facilitate one-one companionships.

Residents were found to have access to newspapers, radios and televisions in the centre.

Regulation 20: Information for residents

An information guide about the designated centre, which contained information regarding a summary of the services and facilities, complaint procedures, independent advocacy services and arrangements for residents to receive their visitors, was made available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Pre-admission assessment and interfacility transfer forms did not contain all information with regard to the immunisation status or history of residents who may have MDROs, to ensure that appropriate measures were in place to care for

residents.

Judgment: Substantially compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre; however, the following areas for improvement, which are fundamental to good infection control practice, were identified:

- Hand-wash basins within resident's bathrooms were used as dual purpose by both residents and staff. Staff reported using sinks in toilets, and the equipment sink in the medication room to clean their hands. Staff were observed using their hands to turn clinical wash-hand basin taps off. This practice increased the risk of cross-infection.
- There was no hand hygiene sink in the kitchen cleaner's room to support good hand hygiene.
- ABHR, liquid soap and cleaning chemicals were topped up, which increased the risk of cross-contamination.
- In conversations with three staff, they did not understand the meaning of the symbol for single-use items, such as dressings. Open sterile dressings were not used in accordance with single-use instructions. They had been opened and partially used and stored with unopened supplies, and could result in them being re-used and lead to a healthcare-associated infection.
- Staff did not have sharp, safe devices available to them. Not all sharps bins inspected had the temporary closure mechanism engaged when they were not in use or were signed when they were opened. Two sharps bins were overfilled passed the recommended fill line. Three intravenous trays (IV) trays were unclean. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste and resulting in the transmission of blood-borne viruses.
- The infection prevention and control policy required updating to ensure that it included information with regard to all MDROs and other infections, routine cleaning and management of nebulizers and urinary catheters to ensure they aligned with best practice and guide safe care.
- There was no antimicrobial guidelines available to nurses for referral.
- Staff did not have a method statement with regard to terminal cleaning of rooms following transmission-based precautions or when a resident had vacated a bedroom and would not return. This could impact on safe and effective decontamination of rooms for further use.
- A chlorine-based solution was used during the last outbreak for environmental cleaning, and 70% alcohol wipes were used to clean surfaces and equipment. This meant that surfaces had not been cleaned before disinfection if required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Two out of five insulin pens were not labelled to identify individual resident pens, which can result in the incorrect pen being used for residents and result in a potential risk of blood-borne virus.

Two tubs of in-use medicated creams were not labelled and may result in cross-contamination or being used for the wrong resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Even though the care plans for residents with urinary catheters were detailed and had sufficient information to guide staff to provide the most appropriate care, they were not always fully implemented. For example, while some residents' care plans stated that the urinary catheter leg bags should be changed weekly, this was not reflected in practice. Residents' urine bags were being changed daily and posed a risk of infection.

A resident's responsive behaviours had not been appropriately assessed in line with their care plan and reviewed appropriately. For example, screening for the cause of responsive behaviours or other assessments were not carried out sufficiently on the first day of inspection. In addition, the interventions mentioned in a resident's care plans were not sufficiently implemented to manage responsive behaviours.

Medication used for the maintenance of urinary catheters was not used in line with the resident's care plan and evidence-based best practice.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors noticed on the day of inspection that the residents have access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities and facilities to participate in meaningful activities in accordance with their interests, abilities and capacities.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Larissa Lodge Nursing Home OSV-0005791

Inspection ID: MON-0037829

Date of inspection: 13/04/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. All staff have completed training in infection prevention and control. Staff will complete refresher training in IPC by 30/06/2023. 2. All nurses have completed training on AMRIC Aseptic Technique and will complete training on AMRIC Antimicrobial Stewardship to further enhance their IPC knowledge and practice by 15/06/2023. 3. IPC Link nurse course is booked for 11th – 15th September 2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1.The PIC currently reports to senior management on a range of quality indicators through the weekly PIC report. With effect from 06/06/2023 incident reporting will be enhanced to ensure that responsive behaviour is recorded specifically as an incident. This will allow full consideration of any potential safeguarding issues associated with the behaviours and in turn will allow management to support the PIC to review the incidents, update care plans with additional interventions and make business cases for additional supports as required. 2. A new checklist has been developed and implemented for nurses to report daily to the PIC/ADON/CNM on any incidents and priorities to ensure oversight by PIC and in turn senior management.	

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1. The IPC policy will be revised to include the Guidelines that are in place to guide best practice in relation to catheter care and cleaning nebulizer masks. These are added as an appendix on current infection prevention and control policy. IPC policy will be further reviewed and updated to reflect safe management of MDROs and environmental cleaning, reflecting evidence-based practice by 30th of July 2023.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
1. The pre-admission assessment and interfacility transfer forms are in revision, to ensure they capture all information with regard to any active safeguarding plans, immunization status or history of residents who may have MDROs. These will be fully operational by 15/6/23.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Staff are reminded daily during the handover regarding the proper use of elbow operated taps, and this will be audited as a part of observational hand hygiene audits.

2. Two additional clinical hand wash sinks will be made available in the drug room and reception area by 01st of September (or sooner if supply is not an issue) to ensure staff have adequate access and sinks in bedrooms will not be used for hand hygiene.

3. One hand hygiene sink will be made available in the kitchen staff room by 01st September 2023 (or sooner if supply is not an issue).

4. Disposable ABHR pouches will be made available for use in line with national guidelines when the current HSE supply of hand sanitizers is exhausted by 01st of October.

5. All staff are made aware of the single use symbol; a poster has been displayed in the treatment room and drug room to remind staff and products will be checked as a part of the monthly infection prevention and control audit.

6. Sharp boxes are made available, and this will continue to be reviewed as a part of the monthly infection prevention control audit.

7. Sharp safe needles are made available for staff to use.

8. Infection prevention and prevention control policy is currently being reviewed, will be updated by 30/07/2023 and will be circulated to all staff.

9. Antimicrobial guidelines are made available for nursing staff to refer to.

10. Clear guidelines for terminal cleaning have been developed and circulated to staff. This will be included in the infection prevention and control policy.

11. Cleaning wipes are made available for staff to use prior to disinfecting surfaces.

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. The insulin pens only had one identifier which could lead to potential error if there is another resident with same name. Hence a sticker with a minimum of 2 identifiers is now available for all residents and these stickers have been applied to the insulin pens and any loose medication, and medicated tubs along with the date of opening.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. The relevance of care plans and implementation of care plans will be a part of care plan training and all nurses will be fully trained by 15th July 2023.

2. The care plans for those residents with urinary catheters have been reviewed by the CNM against evidence based best practice and reinforcement of the interventions has been communicated to nursing and care staff. Catheter care will be audited weekly to ensure the care plan is implemented.

3. The Centre has a policy regarding the management of responsive behaviour and training is available. All staff are inducted to their roles and competency assessments are signed off by PIC/ADON and this includes the management of responsive behaviour. All staff have completed dementia training and all staff will complete specific training in responsive behaviour by 30th June 2023. Interventions to reduce and respond to responsive behaviour are outlined in the residents Mood and Behaviour Care Plan. All staff are made aware of the care plan through daily handovers. Responsive behaviours will now be logged as events, and this will allow for analysis of trends. Referrals are made to the MDT as required for review and post behaviour, analysis of the behaviour using an ABC chart is completed.

4. Additional training regarding the use of ABC charts will be completed by all nursing staff by 30/6/23. Where necessary, psychology resources from older person / disability services will be sought to complete a functional analysis of behaviour and this will allow a behavioural support plan to be developed to further support staff intervention. Following all logged responsive behaviour events, those staff involved with complete a post-event reflective debrief to determine what went well and what they could do differently next time.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/09/2023
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	06/06/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that	Substantially Compliant	Yellow	15/06/2023

	all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	01/10/2023
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.	Substantially Compliant	Yellow	20/06/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/07/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	15/07/2023

	practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			