



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

Issued by the Chief Inspector

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| Name of designated centre: | Beechlawn House Nursing Home |
| Name of provider: | Sisters of Our Lady of Charity |
| Address of centre: | Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9 |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 January 2023 |
| Centre ID: | OSV-0000115 |
| Fieldwork ID: | MON-0039056 |

About the designated centre

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

Beechlawn House Nursing Home can accommodate up to 57 residents and provides care in the ethos of the Sisters of our Lady of Charity. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 52 |
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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 |
|------------------------|----------------------|-------------|------|
| Friday 20 January 2023 | 09:20hrs to 17:45hrs | Arlene Ryan | Lead |

What residents told us and what inspectors observed

The overall feedback from the residents living in Beachlawn House Nursing Home was positive. The inspector met a number of residents and spoke with residents who were willing and able to converse. Residents were content and pleased with their living experience in the designated centre and said that they felt safe living there.

On the day of inspection the inspector was met by the person in charge. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting, the inspector did a walkabout the nursing home with the person in charge.

The designated centre is laid out in three wings; the O'Connell, Grafton and Liffey wings. The O'Connell and Grafton wings are on the ground floor only, while the Liffey wing had two floors, ground and first floor. There is a mix of single and double rooms and each has en-suite facilities. There are numerous dining and living spaces available to residents and additional seating is available throughout the nursing home where residents can rest or chat with visitors in a space other than their bedroom. There were also private rooms available for those who wished privacy during a visit.

Residents were seen to have choice over how they spent their day. During the morning time, some residents were in the dining rooms having breakfast while others choose to remain in bed until later in the day. Some residents had breakfast in bed early and others chose to have it later when they got up. Residents were seen mobilising around the centre independently and others with the assistance of staff and families. Throughout the day the inspector met many residents walking around the nursing home and many stopped to say hello and have a chat with the inspector.

A small number of residents also came to the office where the inspector was based and were happy to chat and tell the inspector about their life in the designated centre. They were able to check on appointments and raise any queries directly with the person in charge or clinical nurse manager (CNM). The inspector observed that in general, when a resident asked a member of staff a question the staff member stopped what they were doing and listened to the resident and facilitated them where required.

There was a large activities room in the O'Connell wing and the residents were seen partaking in an arts and crafts session in the afternoon of the inspection. There was a large oratory central to the building and many of the residents spent a significant amount of their day in quiet contemplation there. Prayer meetings and mass was important for many of the residents as they were retired members of religious orders.

The inspector had the opportunity to meet with many residents throughout the day.

Unanimously they were very happy with their living arrangements. They were familiar with the staff and there was a good rapport between the residents and the staff. The residents' rooms were homely with varying degrees of decoration in line with their personal preference. Some had pictures, photographs and personal items on display in their rooms while others were simply decorated. The residents told inspectors that they had plenty of storage in their rooms for their personal belongings and clothing. They said that their laundry was sent off for cleaning and brought back to their rooms a few times a week.

The inspector had the opportunity to observe residents at the lunchtime meal. The residents mostly went to the dining room for their meals; however, a few chose to eat in their rooms and this was facilitated by staff. The food served looked and smelled appetising. Many residents told the inspector that the food was of good quality and that they had access to choices at mealtimes. They said that they liked the food and that there was always plenty of food available. Staff were seen promoting residents' independence at mealtimes and providing assistance when required in line with best practice. Some residents were eating in their rooms and some were assisted by the staff in a calm and unrushed manner while talking to them throughout.

Two wings of the nursing home had recently undergone re-decoration but the third unit was awaiting re-decoration. This was evident by wear and tear to walls and painted surfaces throughout the unit. A schedule of maintenance was in place and work was due to commence soon in order to address these deficits.

The internal courtyards were safe spaces and multiple doors were open to allow residents to use these spaces whenever they wanted. However, it was cold on the day of inspection, therefore residents were not seen in the courtyards. Post-winter maintenance was required to ensure any fallen debris, such as leaves, was removed and furniture cleaned for residents' use. The person in charge told the inspector that this was planned for the spring time.

The inspector observed that staff were visible on the floor tending to the residents' care needs. Interactions between the staff and residents were seen to be person centred and residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were treated with dignity and respect while maintaining their safety.

Alcohol hand gel dispensers were available along corridors and in communal rooms for resident, staff and visitor use. However, a number were found to be empty and the clinical hand-washing sinks did not comply with the recommended specifications for clinical hand-wash basins. The hand gel dispensers were filled immediately.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. However, the inspector found that some of the governance and management arrangements required strengthening to ensure the service was safe, consistent, and appropriately monitored for the benefit of the residents living there, including compliance with regulations relating to the premises, training and development, the directory of residents, and infection control.

On the day of inspection the person in charge was supported by a CNMs, nurses, healthcare assistants, housekeeping manager, housekeeping, administrative, catering and maintenance staff. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. Arrangements were in place for the assistant director of nursing (ADON) to deputise in the absence of the person in charge. The Chief Executive Officer (CEO) supported the person in charge and was on site a minimum of once a week.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a recently revised and comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified.

Key performance indicators are allocated to the person in charge and CNM. Action plans from individual audits were merged onto one central action plan and reviewed and updated monthly at one of the weekly senior nurses meetings. Minutes of senior management meetings were available to the inspector and covered a large agenda. The inspector reviewed presentations which were given by the person in charge to the board of trustees to update them on activities, key performance indicators and overall matters relating to the nursing home. Incidents and complaints were recorded, reviewed and trended by the person in charge and any concerns escalated to the CEO.

Many of the audit results and trending of results were included in the centre's annual quality and safety review. A significant portion of the annual quality and safety review was in relation to residents' and families' comments on the centre's management of COVID-19, with both compliments and concerns documented.

There was documented evidence of a facility preventative maintenance programme whereby checklists were completed and recorded by the maintenance team with details of any actions taken to rectify deficits, such as; call-bells, window restrictors, water temperature and resident equipment checks such as wheelchairs, walking frames and hoists. Progress in relation to the refurbishment of the centre was also

monitored and where any issues were identified, the action plan updated.

There was a weekly maintenance schedule in place including the re-decoration of the O'Connell wing bedrooms, painted surfaces, doors, bathrooms and dining rooms. There is a plan for the continued maintenance of the Grafton and Liffey wings including bedrooms, bathrooms, the nurses' station, offices, the activities room, hair salon and the staff room.

Staff informed the inspector that they had access to training and were able to describe their roles and responsibilities in areas such as a fire alarm activation or if they suspected a safeguarding issue. The inspector reviewed the staff training matrix (an overarching record of all staff education and training activities) which showed that all staff were up to date with infection prevention and control training but not all staff had received their mandatory training for other topics. A training schedule was in place to address this but a number of sessions had been cancelled due to a recent COVID-19 outbreak. The schedule included rearranged fire safety training at end of January 2023, safeguarding, manual handling, health and safety, infection control and management of actual and potential aggression training scheduled in the first quarter of 2023.

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

There was evidence that a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The records of completed staff training were available for the inspector to review. There were gaps identified in some training topics recorded and the team were in the process of updating the overall record. Not all staff were up to date with all training requirements, for example mandatory fire training, safeguarding and moving and handling.

There were other gaps in the training matrix such as nurses medication management training, however, the training completion certificates were forwarded to the inspector shortly after the inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained most of the information as required by Schedule 3 of the regulations with the exception of the the name and addresses of any authority, organisation or other body, which arranged the residents' admission to the designated centre. In addition, details of some next of kin were missing, such as an address.

Judgment: Substantially compliant

Regulation 21: Records

A selection of four staff files were reviewed. Each had completed An Garda Síochána (police) vetting before commencing work in the centre. Staff contracts of employment formed part of their personnel file.

All registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance to cover injury to residents and loss or damage to the residents' property is in place.

Residents and families were informed of this in the residents' guide and the certificate of insurance was on display in the entrance hall.

Judgment: Compliant

Regulation 23: Governance and management

There was overall improved oversight of the service with an improvement in documentation of reviewed information by the provider.

Premises issues had been identified and improvements scheduled, however further resources were required to bring the centre into compliance with Schedule 6 of the Health Act (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2013 as detailed under Regulation 17: Premises. For example, the management and oversight of storage arrangements to ensure segregation of clean and dirty items, and the identification of the associated risks.

Increased oversight of infection prevention and control arrangements were required to support effective infection control practices and procedures as detailed under Regulation 27: Infection control.

Judgment: Substantially compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspector that they were happy, were well looked after by the staff and felt safe. Some further improvements were required in relation to the premises and infection control practices as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The inspector reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the individual assessed needs of residents. The care plans were updated within the four month time frame.

An social programme with a variety of meaningful activities for occupation and engagement was being implemented and residents could choose to participate or pursue their own interests.

Ancillary facilities were available such as dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. The housekeeping staff who spoke with the inspector were knowledgeable and were able to describe the cleaning process to the inspector. Their housekeeping trolleys and equipment were organised and clean. Overall, the environment was clean.

Laundry facilities were provided by an off-site contractor with pickup and drop off every couple of days. Residents' clothes were labelled with their name and, on return from the laundry staff separate the residents' clothing and brought them to the residents' rooms. One resident reported that an item of clothing was missing and staff were asked to search for this item. The person in charge informed the inspector that an incident report is completed when clothing goes missing, and if the

item is not found the centre will facilitate a replacement or pay for the missing item.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of firefighting equipment, fire detection, alarm systems and emergency lighting.

Residents were registered to vote in local and national elections and this was overseen by the person in charge. Arrangements were in place for a ballot box to be brought to the centre to facilitate residents with voting.

Regulation 12: Personal possessions

Residents had adequate storage available for their clothes and personal belongings in their rooms. Each resident had access to a lockable unit for the safe storage of any valuables. Laundry facilities were available off-site and residents' clothes were returned to them clean and fresh every second day.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified which did not meet the Schedule 6 requirements:

- Some areas of the centre were not well maintained, and parts of the centre required painting and repair. For example, damaged tiles and stained grout on sinks and floors were observed in many areas throughout the building, along with damaged and scuffed wood work, plaster work and walls.
- Storage areas required reorganisation to ensure items were not stored on the floor, such as cardboard boxes, to enable effective cleaning.
- There was no designated storage areas for linen skips available and therefore linen skips were stored in store rooms, bathrooms and sluice rooms.
- A thermometer and appropriate ventilation was required in the medication rooms to ensure appropriate storage temperatures for medications. Recent monitoring records showed temperatures exceeding the expiration temperature of some medications.
- One bathroom was not functioning as a bathroom and was being used to store a laundry skip awaiting collection from the laundry contractor. There were other items stored in this bathroom and a toilet seat was missing, making it unsuitable for its intended function, in line with the centre's statement of purpose.
- Oxygen cylinder storage was not appropriate as cylinders were not secured correctly within the medication room.

- A section of the kitchen floor was damaged posing a trip hazard and ineffective cleaning.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements. A copy of the residents' guide was available in the entrance hall. Information for residents was available on notice boards throughout the centre.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- The segregation of dirty and clean linens and stored items was not adequate to prevent cross-contamination. For example, in one storage room, clean linen was stored on the same trolley as a dirty linen bag. The dirty linen bag skip had no lid and there was a strong malodour in the room.
- Additional clinical wash-hand basins were required to support good hand hygiene, for example in the treatment room.
- There was no clear process for the identification of clean and decontaminated equipment in place, increasing the risk of cross-contamination. For example, hoist slings were found hanging over hoists in multiple store room's and storage areas. Residents' moving and handling slings were not marked as clean and were not labelled for individual resident use. Hoists and wheelchairs and other equipment were not identified as having being cleaned after each use to provide assurance to the staff when using them.
- The bedpan washer rinse solution had expired in one sluice room.
- Multiple hand gel dispensers were empty, thus reducing the availability of hand sanitiser.
- Seven sharps bins labels had not been completed for traceability purposes in line with national standards.
- There were a large number of cloth-covered chairs and while the registered provider had a process for cleaning these chairs and the majority appeared visibly clean, the fabric does not lend itself to wipeable cleaning between use, and there was no visible cleaning schedule for this furniture.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were completed within 48 hours of admission and reviewed within four months as prescribed in the regulations. Care plans were seen to be detailed, person centred and the monitoring and updating of the residents' status was evident.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were reflective of residents' needs and provided clear strategies for staff to assist residents with their care needs.

There was a reduction in the use of restraints in recent months and any used were risk assessed, monitored and recorded on a restraints register.

Judgment: Compliant

Regulation 8: Protection

All but six new staff had completed their safeguarding mandatory training. Staff who spoke with the inspector were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

There were private spaces available for residents to meet with visitors other than in their bedroom. The centre was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure that residents' rights were upheld within the centre. Residents reported feeling safe and comfortable to raise a complaint. Evidence of resident surveys were available and information from residents included in the annual quality and safety review. Residents were able to exercise their religious rights with prayer services and mass held in the oratory.

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 19: Directory of residents | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Beechlawn House Nursing Home OSV-0000115

Inspection ID: MON-0039056

Date of inspection: 20/01/2023

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 |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All new staff are required to complete all mandatory training during their Induction period.</p> <p>Completed 30th March 2023</p> <p>A more robust procedure of written letters has been implemented to follow-up of staff to complete their training within a given timeframe. After which time if training remains incomplete, they will be removed from the roster until they complete all mandatory training.</p> <p>Completed 30th March 2023</p> <p>A regular schedule of training has been introduced for the remainder of the year to prevent gaps in training in the future.</p> <p>Completed 30th March 2023</p> | |
| Regulation 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been amended to include the name and address of the referral source.</p> | |

Completion Date: 30th January 2023

The Directory of Residents had been updated with the address of the Next of Kin for all residents.

Completion Date: 30th January 2023

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A new daily reporting form checklist has been put in place to be completed by the CNM during each shift and signed off by the Director of Nursing within 24 hours. This includes tighter monitoring on the following: Storage, Segregation of Laundry, and IPC risks. This form will also be included in the Provider Representative review each week.

Completion Date: 30th March 2023

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A redecoration program is in place for the final wing to be redecorated. This program also a schedule of regular re-decoration of all areas.

Completion Date: 27th January 2023

A storage area for dirty linen has been identified and labeled appropriately, and all staff have been notified during handover.

Completion Date: 28th February 2023

A storage area has been identified for the storage of equipment. It is the process of being prepared for this use.

Completion Date: 30th March 2023

Oxygen Cylinders are now changed to the Wall in the Medication room.

Completion Date: 30th January 2023

A flooring contractor has been identified to repair the damaged floor in the kitchen.

Completion Date: 30th March 2023

The storage of the Grafton Wing medication is being moved to the large clinical room on Liffey Wing where the temperature of the environment can be controlled.

Completion Date: 10th April 2023

The bathroom on O'Connell has had the bath re-plumbed and has been re-instated as a fully operational Bathroom.

Completion Date: 31st March 2023

Regulation 27: Infection control

Substantially Compliant

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

Trolleys to segregate clean and dirty are now in use in all units. A storage room for dirty linen has been identified and labeled appropriately, and all staff have been notified during handover. This room is located on O'Connell Wing corridor and was previously used to store clean linen.

The Linen trolleys with attached skips are being replaced with a version with no skip attached. The skip portion of the trolley has been blocked off to prevent the staff using it for dirty linen. The old trolleys will be removed from circulation once the new trolleys arrive.

Completion Date: 28th February 2023 / On the delivery of the new trolleys.

A storage area has been identified for the storage of equipment. It is the process of being prepared for this use.

Completion Date: 30th March 2023

Individual slings are in the process of being provided and labeled for each of the new residents. Excess stocks of slings have been removed and placed in an appropriate storage area away from clinical areas in order to prevent inappropriate use.

Completion Date: 30th March 2023

Nurses have been educated on the importance of labeling sharps bins. The CNM's are responsible to spot checking and audit that this is being done on a daily basis.

Completion Date: 30th January 2023

The medical grade fabric covered chairs are subject to industrial steam cleaning once a quarter by our external contractors. Spot cleaning is undertaken at the time of marking by the daily contracted cleaning staff. During times of outbreaks all furniture in affected areas are cleaned using our Hydrus fogging machine available on each unit.

Completion Date: 30th March 2023 & Quarterly there after

The new handwashing sink in the O'Connell Nurses Station is now operational. There is a fully compliant handwashing skin the room where the Grafton Wing drugs are now being stored.

Completion Date: 31st March 2023

The Bedpan washers have been serviced and the cleaning solution ordered.

Completion Date: 6th April 2023

A checklist is now in place with the maintenance team for the checking and restocking of all hand gel dispensers. This is now signed off by the Director of Nursing.

Completion Date: 31st March 2023

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 | 30/03/2023 |
| 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 | 10/04/2023 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 30/01/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, | Substantially Compliant | Yellow | 30/03/2023 |

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|---------------|---|-------------------------|--------|------------|
| | consistent and effectively monitored. | | | |
| 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 | 06/04/2023 |