



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:	12 June 2024
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0043948

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:	28
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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 12 June 2024	08:30hrs to 15:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector spoke with six residents and two visitors. The majority of residents expressed satisfaction about the standard of environmental hygiene and how well staff had cared for them. However, two residents said night staff had woken them too early that morning to get up. Another resident said that they sometimes had to wait for hot water to shower. Findings in this regard are presented under regulation 9; resident rights.

There were a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

Visitors were observed attending the centre on the day of the inspection. Visitors spoken to were very complimentary of the staff and the care that their family members received.

The designated centre was a split-level facility. The main entrance led to an open reception area. The ground floor included resident accommodation, a visitors room, a housekeeping room, sluice room, store rooms and offices. Resident bedroom accommodation consisted of 14 single and nine twin bedrooms, located on both floors of the centre. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

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, the inspector observed that the décor, including wood finishes and paintwork in the centre was showing signs of minor wear and tear in some bedrooms and communal areas.

Equipment viewed was generally clean with some exceptions. For example an oxygen concentrator, a commode chair and several curtains were visibly unclean.

The ancillary facilities generally supported effective infection prevention and control. For example, the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff, which is good practice.

Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The housekeeping room was undergoing renovations. However, in the absence of a janitorial using in the housekeeping room meant that mop buckets and chemicals were prepared within the sluice room. This practice posed a risk of cross contamination.

The location of sluice room on the ground floor meant that staff were required to bring utensils from resident rooms on the first floor down to the sluice on the ground floor. This increased the risk of spillages and cross contamination. Two staff members said that they emptied the contents of urinals and commodes into toilets prior to bringing them down to the sluice room for decontamination. This practice posed a risk of cross infection.

Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. Hand wash sinks in the treatment room and sluice room did not comply with the required specifications for clinical hand wash sinks.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

The provider generally met the requirements of Regulation 23: governance and management, Regulation 9: resident rights, Regulation 17; premises and Regulation 27: infection control, but further action is required to be fully compliant. However, the provider was not compliant with Regulation 5: individual assessment and care planning. Findings will be discussed in more detail under the respective regulations.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre

through ongoing renovations and maintenance. A new bedpan washer had been installed, the housekeeping room was undergoing renovation and the laundry facilities had been relocated to an outside area.

The registered provider of Cratloe Nursing Home is Cosgrave Nursing Consultancy Limited. There are two company directors, one of whom represents the provider entity. The other director is a person participating in management (PPIM), who supported the person in charge with the clinical management of the centre and deputised in their absence.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing, who had been nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The person in charge was supported in their role by a team of nursing staff, administration, care staff, housekeeping, catering and a facility manager.

There were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned once a week.

A schedule of infection prevention and control audits was also in place. Infection prevention and control audits were undertaken by the facility manager and covered a range of topics including hand hygiene, linen and waste management, sharps safety, use of personal protective equipment, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits. However local audits did not identify issues with sharps safety or hand hygiene facilities which were identified during the course of this inspection.

Up-to-date infection prevention and control policies and procedures were in place and based on national infection prevention and control clinical guidelines. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Discussions with staff on the day revealed they were familiar with the precautions that were in force to reduce and mitigate against the risk of transmission of infection spread in the centre

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate, having regard to the needs of residents and the size and layout of the centre. There were sufficient staff resources to maintain the cleanliness of the centre.

The inspector was informed that there were no staff vacancies within the centre. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship however further action is required to be fully compliant. For example;

- The inspector was not assured that there was oversight for resident's assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan.
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- A record of visitors to the centre was not maintained in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Residents' rights were generally upheld in the centre. All interactions observed on the day of inspection were person-centred and courteous. Residents generally spoke of exercising choice and control over their day and being satisfied with activities available. Residents were consulted through residents meetings on issues such as the environment, food and mealtimes and activities. Residents had access to advocacy services and were consulted in relation to the running of the centre. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. However, the inspector identified a small number of occasions where residents rights were not upheld to a high standard. Findings in this regard are presented under regulation 9; resident rights.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, visits and social outings were encouraged. However, the provider did not maintain a directory of visitors that records the names of all visitors to the service.

Residents had access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Residents' records showed that a pre-admission assessment was carried out for each resident. However, significant action was required to ensure that all residents residing in the centre had appropriate care plans in place to effectively guide care. Details of issues identified are set out under regulation 5; individualised assessment and care plan.

Some examples of antimicrobial stewardship practice were identified. For example, antibiotic use was monitored and tracked each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was an over reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to national guidelines which advise that inappropriate use of dipstick testing can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. Findings in this regard are presented under regulation 5; healthcare.

The provider had access to diagnostic microbiology laboratory services however, a review of resident files found that clinical samples for culture and sensitivity were rarely taken and used to guide treatment options for residents including those that

may be colonised with multi-drug resistant organisms (MDROs). For example, a review of documentation found that a resident with a history of frequent urinary tract infections and multi-drug resistance had not had a urine sample sent to the lab for culture and sensitivity testing since their admission in 2023. This may impact appropriate antibiotic treatments and impact the early identification and control of MDROs within the centre.

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

Where residents were temporarily absent from a designated centre, in an acute hospital, relevant information about the residents was not consistently provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre. Findings in this regard are detailed under regulation 25: temporary absence or discharge of residents.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. Bedrooms were personalised and residents had ample space for their belongings. The environment was generally clean. However, the distance of the only sluice from the lower ground to bedrooms on the upper floor increased the risk of cross contamination where correct procedures were not adhered to. Furthermore this room was being used by housekeeping staff to fill buckets and prepare chemicals. These practices had not been risk assessed in order to put control measures in place. Findings in this regard are presented under regulation 27.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions the majority of the time, to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of used linen. However improvements were required in sharps safety and hand hygiene facilities.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. There had been no outbreaks of notifiable infections detected within the last two years. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were

encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example;

- The décor in some parts of the centre was showing signs of minor wear and tear. Surfaces and finishes including paintwork and wood finishes in some resident rooms and communal areas were worn and as such did not facilitate effective cleaning.
- A clean linen store was accessible via the housekeeping room and sluice room. This posed a risk of cross contamination
- There was no janitorial unit within the housekeeping room. Cleaning trolleys were prepared within the adjoining sluice. This posed a risk of cross contamination.
- The design of the shower trays within two communal bathrooms did not facilitate effective cleaning. This may lead to cross contamination.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

When residents returned from the hospital, the inspector saw evidence that relevant information was generally obtained upon the residents' readmission to the centre. However, documentation had not been received for one resident that had recently been discharged from hospital. There was some ambiguity regarding what investigations and treatments the resident had received while in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- The inspector was informed that resident's wash-water was emptied down residents sinks. This practice will significantly increase the risk of environmental contamination and cross infection.
- Staff reported that they manually decanted the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- There were a limited number of dedicated clinical hand wash sinks in the centre and the sinks in the resident's rooms and en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment in place to support this arrangement.
- Some soap dispensers were topped up/ refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination.
- A range of safety engineered needles were not available. However, inspectors saw evidence (used needles recapped in the sharps disposal bin) that needles were recapped after use. This practice increased the risk of needle stick injury.
- Several disposable privacy curtains were visibly unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

- Two residents with sacral wounds did not have wound care plans or assessments in place.
- A wound care plan for one resident did not contain details of their dressing regime.
- An infection prevention and control care plan for a resident with a recent history of *Clostridioides difficile* infection did not contain appropriate detail or history to effectively guide care.
- Accurate Carbapenemase-Producing *Enterobacterales* (CPE) colonisation history was not recorded in the infection prevention and control care plan of one resident.
- All residents had generic infection prevention and control COVID-19 care plans in place when there was no indication for their use.

Judgment: Not compliant

Regulation 6: Health care

While antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

There was a continued reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to national guidelines which advise that inappropriate use of dipstick testing can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre was generally managed in a way that maximized residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting residents' independence and preferences. However further action was required to be fully compliant, for example;

- Two residents told the inspector that night staff had assisted them to get up earlier than they would have liked.
- Some residents in double bedrooms did not have individual choice of television viewing and listening as only one television was provided in these bedrooms.
- One resident said they occasionally had to wait for the water to heat up before having a shower.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0043948

Date of inspection: 12/06/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> Oversight and Assessments: PIC has reiterated to all Named Nurses to conduct thorough and individualized assessments for each resident and create detailed care plans based on these assessments, ensuring that they address the specific needs and conditions of each resident within 24 hrs of their admission. PIC will continue to support CNM1 to schedule regular reviews and updates to these care plans to reflect any changes in the resident's condition or needs. PIC will be supported by our Practice and Professional Development Nurse to regularly guide Nurses to review and update assessments and care plans. Training for all Nurses in Care Planning and Assessment has been completed in last week of June 2024 by P&PD Nurse Addressing Disparities in Infection Control and Care Audits: RP and PIC will continue to review the findings of local infection prevention and control audits comprehensively to adequately identify and address any discrepancies or gaps between these findings and the standards set by national guidelines. A training programme with practice and professional Development Nurse has been scheduled for the 27th and 28th June 2024 has been implemented for staff to ensure they are fully aware of the updated National IPC Standards and adhere to these standards. Regular inspection will be carried out by PIC and Facilities Manager to ensure continued compliance of staff to national standards of infection prevention and control practices. Visitor Management: A clear system for visitor control that aligns with regulatory requirements is now developed and enforced to maintain accurate records of all visitors entering and leaving the facility. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Addressing Wear and Tear: Facilities' Maintenance team continues to conduct regular maintenance checks to identify areas showing signs of minor wear and tear. Repairs and repainting of surfaces and finishes in resident rooms and communal areas to maintain a clean and hygienic environment are ongoing and scheduled to complete by July 2024 • Reducing the risk of cross contamination: The door that connects the clean linen room and sluice room is locked to prevent it from being accessible to establish a clear separation between clean and dirty areas to reduce the risk of cross-contamination. A Janitorial unit has been ordered post inspection to streamline cleaning processes. • Redesigning Shower Trays Redesign the shower trays within the two communal bathrooms are underway to ensure they facilitate effective cleaning. The planned design aims to minimize areas where water and contaminants can accumulate, thereby reducing the risk of cross-contamination. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>PIC has reviewed current policies and procedures regarding the readmission of residents from the hospital. This review has confirmed that these policies are up to date and ensure a standardized process for obtaining and documenting all relevant information upon a resident's return from hospital. The current policy also confirms the establishment of clear communication channels with local hospitals to ensure timely and complete transfer of information when a resident is discharged.</p>	
Regulation 27: Infection control	Substantially Compliant

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

- Disposal of Residents' Wash-Water:

We continue to consult with IPC Nurse to ensure that we follow the right IPC practices and protocols. All staff has been trained on standard precautions through various platforms (HseLand, Social; care TV, In person training by P&PD Nurse and ongoing regular training by IPC link practitioner). A comprehensive deep cleaning schedule is in place for all sinks where wash water is discarded to reduce the risk of cross contamination. Increased staff supervision by facilities manager is in place to ensure cleaning protocols are followed rigorously to maintain a clean environment which will reduce the risk of cross contamination. All residents are encouraged to wash their hands in their own bedroom sinks to prevent cross contamination, as for residents in shared rooms, system to clean the sink between each use by residents has been implemented. Periodic audits, (which will also include collecting feedback from staff and residents to identify areas of improvement) will be completed by the identified team member to ensure compliance with IPC measures.

- Manual Emptying of Commodes/Bedpans

Inspector suggested that urinals and bed pans with lids did not require yellow bag to carry it down to the sluice room. Same has been informed to all staff in the facility. PIC and facilities manager has ensured all urinals and bed pans had appropriate lids. Staff have been educated regarding standard practice of emptying urinals in the sluice room and immediately placing in the bed pan washer for disinfecting.

- Limited Dedicated Clinical Hand Wash Sinks:

Two new hand wash sinks have been ordered and appropriate location in ground floor and first floor has been identified to ensure convenient access for all staff.

- Soap Dispensers

All soap dispensers have been replaced with single-cartridge design as of July 2024.

- Risk of Needle stick injury

All Nurses have been educated and reiterated the importance of adhering to standard procedures to prevent needle stick injury. All Nurses are now aware that used needles must not be bent, broken or recapped. All staff have been made aware and have access to the Policy on Management of sharps and prevention of sharps injuries.

- Privacy Curtains

All disposable curtains have been replaced with new fabric curtains. A regular cleaning and maintenance schedule for privacy curtains has been implemented among laundry staff to always ensure hygiene standards.

Regulation 5: Individual assessment and care plan	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Individual Care Plan and assessments: All highlighted discrepancies in care planning and assessments were corrected on the day of inspection. • Generic IPC and COVID-19 Care Plan This care plan has now been discontinued for all residents. Nurses are informed to only implement a care plan for specific IPC concerns as of 12th June 2024. <p>As stated in Regulation 23, PIC will be supported by our Practice and Professional Development Nurse to regularly guide Nurses to review and update assessments and care plans. Training for all Nurses in Care Planning and Assessment has been completed in last week of June 2024 by P&PD Nurse</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Antimicrobial stewardship Audits As part of our KPI's we measure the usage of Antibiotic Prescriptions monthly, which are reported at our Quarterly Clinical Governance Management Committee Meetings (which includes two practicing GP'S and Senior Pharmacist). we have been doing this since 2018, with no over-usage concerns made, as the situation is managed professionally by all concerned. All antibiotic use for each resident are also electronically recorded, which allows easy retrieval of information. • Dipstick Urinalysis PIC has ensured that the facility follows national guidelines and evidence-based practices for diagnosing UTIs. All staff has been educated to limit Use of Dipstick Urinalysis and promote the use of more accurate diagnostic methods, observation of signs and symptoms and urine culture to diagnose UTI. PIC will continue to regularly evaluates resident's outcomes to ensure that the implemented changes are effective in reducing inappropriate antibiotic use and improving care. Information booklet "Skip the Dip for UTI in over 65" from HSE has been distributed to all staff to improve their knowledge. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

- Residents' Morning Routine

Facility has always implemented a flexible schedule that respects each resident's personal preferences regarding wake-up and bedtimes. PIC has ensured that staff are trained to accommodate these preferences and encourage residents to express their desired routines.

- Television Viewing Options in Double Bedrooms

Current residents in the rooms with single TV unit, were met with along with their families. The residents have verbalized that they prefer to listen to radio while in their bedroom to relax. Hence the TV has been removed from these rooms. This will be reassessed when new residents are admitted to these rooms.

- Hot Water Availability

RP and maintenance team inspected the water heating system. The system in place ensures an immediate supply of hot water. RP along with the maintenance team has establish a routine check to ensure that hot water is available. The system is equipped with "Boost" option which heats top the water in 15 minutes, if residents require shower/wash outside of the set heating times.

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.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was	Substantially Compliant	Yellow	30/06/2024

	temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other 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	31/08/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	31/07/2024

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	30/06/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/06/2024