



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

Issued by the Chief Inspector

Name of designated centre:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	03 January 2024
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0042361

About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels. The registered provider is Costern Unlimited Company. 24-hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	115
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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 3 January 2024	08:00hrs to 17:20hrs	Niamh Moore	Lead
Wednesday 3 January 2024	08:00hrs to 17:20hrs	Karen McMahon	Support
Wednesday 3 January 2024	08:00hrs to 17:20hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

This inspection took place in Rathborne Nursing Home in Ashtown, Dublin 15. During this inspection, inspectors spent time observing and speaking to residents, visitors and staff. The overall feedback inspectors received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process.

Shortly after arrival at the designated centre and following an introductory meeting the inspectors completed a tour of the designated centre with the person in charge.

The centre was newly built and registered in 2021. The building was bright, warm and nicely decorated. The centre is laid out across two floors and is divided into four units, referred to as Elm, Beech, Ash and Oak. Throughout the centre, there was wall mounted photographs of famous Dublin landscapes. Residents had access to a number of communal day spaces and a dining room on each respective unit. There was additional communal spaces available for residents outside the individual units on the ground and first floors, such as a visitor room, oratory, hairdressers, activity room and ample areas for seating. Residents could access the gardens through several areas on the ground floor. Inspectors were told that there were two designated smoking areas in the centre, however one of these areas required review which will be further discussed within this report.

Overall, the ancillary facilities at the centre supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the workflow in each area was well-defined. For example, the housekeeping room included a janitorial sink and had ample space for storing and preparing trolleys and cleaning equipment. The cleaning carts were fitted with locked compartments for safe chemical storage. Additionally, the layout of the on-site laundry effectively separated the clean and dirty stages of the laundry process. Information leaflets on infection prevention and control were available for residents and families and were displayed in the reception area. However, barriers to effective hand hygiene were observed during this inspection which will be further discussed within this report.

Residents' accommodation was located within the individual units, comprising of 120 single ensuite bedrooms, with each unit containing 30 bedrooms. Inspectors observed that residents had personalised their rooms with pictures, flowers, plants and other personal items. In addition, many bedrooms were decorated for the Christmas season with tinsel, wreaths and Christmas trees seen which gave a homely feel. Overall residents told inspectors that they were happy with their bedrooms and their cleanliness. One resident said they would like to have their sheets on their bed changed more often.

At the time of inspection, the designated centre had a suspected outbreak of COVID-19 in the Beech unit. The residents involved remained in their bedrooms and in a separate communal area. Therefore due to infection control measures, inspectors spent the majority of this inspection observing areas of the Elm, Ash and Oak units. Inspectors saw that the majority of residents appeared relaxed and comfortable in their home. Inspectors observed that residents were familiar with the new person in charge and that management and staff were aware of residents assessed needs and that residents were comfortable in the company of staff.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed outside dining rooms and was also presented on dining tables. Residents told inspectors that they were asked their meal preference the previous day and inspectors observed staff discussing the menu for the next day with residents. On the day of the inspection, residents were provided with a choice of meals which consisted of lamb or a fish dish, while dessert options included peach melba, fresh fruit or jelly and ice-cream. There was a cooked breakfast option, different choices for the tea time meal and sandwiches available in the evening. Inspectors observed the dining experience at lunch time in two units and saw that the meals provided were of a high quality and well presented. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful. Two residents told inspectors that they particularly liked the fish option available and were looking forward to it that day. One resident said that the food was "top class", and another resident said they particularly enjoyed the meal that was provided within the centre on Christmas day, reporting that it might have been their best Christmas yet.

There were two activity coordinators working within the designated centre and there was an activity schedule available. On the day of the inspection, mass was being said in the morning with Zumba dancing in the afternoon. Residents spoken with stated they really enjoyed the activities on offer. One resident told inspectors about happy hour which is available on Fridays and another spoke about the enjoyment of visits from the therapy dog. Inspectors also reviewed documentation where the designated centre had good community interaction with a local school whose children had recently visited the centre for trick or treating in October. Residents told inspectors that there was always activities going on if you wanted to attend them.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection also followed up on the compliance plan from the last inspection in May 2022, reviewed solicited and unsolicited information and was also used to inform the upcoming renewal of registration for the designated centre. Inspectors noted that overall improvements with compliance were noted since the last inspection. However, some improvements were required in the management systems in place to ensure that there was effective oversight and the necessary resources required within the designated centre.

Costern Unlimited Company is the registered provider for Rathborne Nursing Home. The governance structure had changed since the last inspection with a new person in charge. There were clear roles and responsibilities outlined with oversight provided by the Chief Executive Officer and a Clinical Operations Manager. The person in charge reported directly into the Clinical Operations Manager. The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required by the regulations. They engaged positively with the inspectors during this inspection. The person in charge was supported in their role by an administration team, an assistant director of nursing and four clinical nurse managers.

Staff were allocated per unit. Inspectors were told that since the last inspection there were two additional clinical nurse managers (CNM) in place to provide staff with greater supervision and support. As part of the enhanced supervision within the centre, inspectors were told that a member of management attended each handover. A CNM was on duty each day and night. Nursing staff were supported by a physiotherapist, health care assistants, activity staff, domestic, catering and maintenance staff. Inspectors reviewed evidence where staff were provided with additional supervision as required.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. The registered provider had recently reviewed their infection prevention and control training to include in-person training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care.

The registered provider had prepared a statement of purpose which contained all of the information set out in Schedule 1. They were requested to update their staffing levels following the inspection to ensure it was accurate.

All Schedule 5 policies and procedures were available and updated within the prescribed time frame.

Inspectors were informed that the directory of residents was available for review on the electronic computerised system. However, the directory shown and printed for inspectors did not contain all information as set out and required by the regulations.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The registered provider had also nominated a staff nurse to the role of infection prevention and control link person with relevant training planned. There was a good support system for infection prevention and control from the community liaison team and public health, which was evidenced in the management of a recent outbreak.

There was evidence of management systems in place such as management forums and auditing. There were fortnightly meetings attended by senior management within the centre to discuss areas such as occupancy, resident clinical data, infection control, complaints management, fire safety, activities, staffing, training, catering and maintenance. In addition a weekly report was completed by the person in charge for the clinical operations manager. Audits were seen to include action plans to respond to any learnings identified. However inspectors found that notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored. This is further discussed under Regulation 23: Governance and Management.

There was an accessible and effective procedure in place for dealing with complaints which was displayed throughout the designated centre. This procedure had been updated to incorporate amendments made to this regulation. Inspectors reviewed the complaints log and saw that there were no open complaints on the day of the inspection.

Registration Regulation 4: Application for registration or renewal of registration

A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up to date and there was a training plan in place for further refresher training to ensure that staff maintained sufficient knowledge for their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in electronic format and did not meet the criteria as set out within Schedule 3 of the regulations. For example, the directory presented to inspectors did not include the following information:

- the address of the next of kin for each resident was not recorded
- if the resident was transferred to another designated centre or to a hospital, the name of the designated centre or hospital and the date on which the resident was transferred
- where the resident died at the designated centre, the date, time and cause of death, when established.

Judgment: Substantially compliant

Regulation 23: Governance and management

The oversight of the allocation of resources for infection control required improvement. For example, the allocation of cleaning resources to one unit was not effective to ensure that cleaning standards were maintained as this unit was seen to be unclean on the day of the inspection. The pantry areas were seen to be unclean with these areas not overseen by the household team. In addition, short term leave for cleaning staff was not being effectively covered and as a result cleaning hours were being shared amongst units.

Evidence of where further management oversight was required included:

- minutes of a recent management meeting did not discuss a critical incident that had occurred to ensure the necessary follow up was actioned
- the designated smoking area on the first floor was not appropriate. Inspectors were told that four out of the five residents who smoked used this area. There was no call bell on the day of the inspection, this area was unclean with cigarette butts. The area did not have sufficient furniture for resident use and there was no area for residents to shelter.
- progress in relation to some actions from the previous inspection was evident on this inspection. However, further action was required to ensure reusable equipment is decontaminated to reduce the risk of infection transmission
- evidence of multi-drug resistant organism (MDRO) and antibiotic consumption surveillance was available but no trending of results or quality improvements were documented.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three contracts of care between the resident and the registered provider and saw that they clearly set out the room occupied by the resident, details of any fees payable by the resident and services that were not covered by the Nursing Home Support Scheme thus incurred an additional charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The register provider had prepared in writing a statement of purpose relating to the designated centre and this document had been revised at intervals of not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Evidence was seen by inspectors that procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Inspectors found that residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life within Rathborne Nursing Home. Staff working in the centre were committed to providing quality care to residents and inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to care planning and Infection prevention control which will be further discussed under their respective regulations.

A selection of care plans were reviewed on the day of inspection. A pre-assessment was carried out prior to admission to the designated centre and a comprehensive assessment was carried out within 48 hours of admission to the centre. Care plans were generally individualised and many clearly reflected the health and social needs of the residents. However, inspectors found that a number of residents had inappropriate and generic care plans regarding safeguarding in place that required review to ensure staff were sufficiently guided on how to safeguard residents. This is further discussed under Regulation 5: Individual assessment and care plan.

Inspectors found that residents had timely access to medical, health and social care professionals, including the provision of an on-site physiotherapist.

The registered provider was a pension agent for seven residents. Inspectors viewed documentation in relation to residents' possessions and finances and found that there were appropriate procedures in place to safeguard residents' finances. However, on the day of inspection there was no relevant policy available on the procedures around acting as pension agent for residents. This was since submitted following the inspection.

Residents' rights were clearly upheld within Rathborne Nursing Home. Residents were supported to exercise their civil, political and religious rights. There was a varied activity programme available for residents to attend. These activities included massage, hairdressing, pet therapy, yoga, zumba and live music. There were minutes of residents meetings reviewed by the inspectors, where it was evident residents were consulted with regarding the designated centre.

Inspectors observed that each bedroom had ample storage space for residents to store their personal belongings. Some bedrooms were observed to have personal items of furniture that residents had brought in from home. Every resident had access to lockable storage for safe keeping. Inspectors noted that improvements

had been made to the laundry system and the return of residents' clothing since the last inspection.

The registered provider had prepared a residents guide in respect of the designated centre which contained all of the required information in line with regulatory requirements.

Inspectors saw evidence that relevant information accompanied residents on their transfer and on their return to the designated centre following their temporary transfer to another place of care.

Inspectors identified some areas of good practice in the prevention and control of infection. For example, care plans had sufficient detail to enable person centred care and safe practices, infection prevention and control training and audits were up to-date. The registered provider had established various measures for good environmental hygiene standards, such as specific cleaning procedures, checklists, and colour-coded cloths to prevent cross-contamination. A review of cleaning records showed consistent daily cleaning and monthly deep cleaning. However, during the inspection, it was noted that the flooring in one unit and the pantry areas needed more thorough cleaning. Inspectors observed staff attending to residents isolated due to respiratory illness. While personal protective equipment was accessible outside each room, there were no wall-mounted alcohol gel dispensers, leading to some staff using personal toggles for hand sanitisation. This method could limit effective hand hygiene and potentially increase the risk of infection transmission. Additionally, the signage used to inform staff about required precautions was inappropriate. This is further discussed under regulation 27: Infection control.

Inspectors observed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe.

Regulation 12: Personal possessions

There was adequate storage in residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on-site, and residents' clothes were returned to them clean and fresh.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, advocacy services and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary absence and discharge of residents were reviewed. All relevant information about the resident being transferred to hospital was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files. Care plans were updated accordingly.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance procedures did not fully ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- while antibiotic usage was monitored, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives
- staff showed limited awareness of the "skip the dip" campaign, which focuses on avoiding the improper use of urine dipstick tests. These unnecessary tests can lead to over prescribing antibiotics, which doesn't help the resident and could lead to harmful outcomes like antibiotic resistance.

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. For example:

- staff did not empty and decontaminate urinals in the automated bedpan washer after every use. Several urinals in en-suite bathrooms were visibly unclean. Inadequate disinfection of urinals increases the risk of environmental contamination and MDRO transmission
- hand hygiene facilities were not provided in line with best practice. There was a limited amount of hand hygiene sinks within easy access for staff on each floor. One unit had no wall mounted alcohol gel dispensers and relied on staff toggles that were not visible

- door signage displayed to alert staff that infection control precautions were required before entering a residents room was a yellow hazardous chemical sign
- sluices on all floors had storage units with a new outer film that required removing once installed. This film was ripped in parts and was a barrier to effective cleaning
- clinical waste was not managed in line with national guidelines. Inspectors observed domestic waste bags in three clinical waste bins in bathrooms. This may lead to confusion and incorrect segregation of waste
- the flooring and sinks in each pantry area were noticeably dirty. Additionally, some meal trays stored in the pantry were in poor condition and therefore unable to be properly cleaned.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The registered provider had failed to ensure all care plans were reflective of the resident's current care needs. For example:

- one resident had a care plan for safeguarding, however the care plan was irrelevant to safeguarding and was more relevant to managing responsive behaviours
- a number of residents' care plans around safeguarding were generic and did not accurately reflect the residents' individual care needs.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and staff spoken with confirmed to inspectors that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse. A review of safeguarding incidents that had occurred in the centre were seen to have been appropriately investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, and television. There was independent advocacy services available to residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Rathborne Nursing Home OSV-0007976

Inspection ID: MON-0042361

Date of inspection: 03/01/2024

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 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 PIC will ensure an electronic copy of the directory of residents is maintained to ensure compliance with schedule 3 of regulation SI415 . A full review of the gaps in the directory identified by the inspectors will be undertaken and so far as reasonably practicable will be updated with the required information.</p> <p>The person in charge will ensure a monthly audit is undertaken to review the resident's directory to ensure compliance with the regulation SI415 schedule 3</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fortnightly management meetings will include all incidents and actions agreed. A robust investigation process is undertaken in relation to critical incidents that occur at the facility and findings and recommendations are reviewed as part of the nursing homes quality improvement process.</p> <p>A review of the cleaning hours, products and equipment was undertaken by the person in charge. A new scrubber machine was purchased and implemented on 19.01.24 which has significantly improved the standard of cleaning of the flooring throughout the centre and addressed the issues identified by the inspectors on Beech unit at the time of the inspection. The person in charge developed a revised cleaning regime for kitchen pantries with the chef manager to address daily cleaning ensure deep cleaning measures are implemented weekly. The chef manager will oversee the hygiene of the pantry kitchens, and quarterly audits will be completed by the group Catering manager to</p>	

review compliance with this schedule .

A mobile call bell is implemented to the upstairs smoking area, the PIC has reviewed seating in this area to ensure all residents who smoke have seating in place. Residents are encouraged to use the downstairs covered area for smoking during the inclement weather.

The person in charge will implement a monthly surveillance program with evidence of trends and graphs for antibiotic usage. Educational sessions of skip the dip, decontamination of equipment and correct signage use will be carried out for all nurses.

Regulation 27: Infection control

Substantially Compliant

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

The person in charge collates data monthly on Antibiotic usage and has issued all staff with stewardship guidance. Further reviews will be carried out by the PIC to improve the auditing in antibiotic stewardship at the nursing home to include trending of antibiotic usage within the centre.

A Clinical Nurse Manager is booked for training on 19/02/24 for Infection Control training to become the link practitioner for Rathborne to support clinical practice at the nursing home.

A review of signage has taken place and signage is implemented as per policy, ongoing face to face Infection control training. An improved monthly surveillance program will be implemented with evidence of trends and graphs for antibiotic usage. Educational sessions of " skip the dip", antibiotic stewardship and correct use of signage will be completed with all nursing staff. Leaflets are available for residents and families on infection prevention and control issues at the main reception.

Hand hygiene audits are completed monthly and the person in charge will complete an infection control audit and action findings on a monthly basis. Wall mounted alcohol hand gels were implemented in Beech unit as a result of the findings of the inspector. A review of all sluices was conducted, and any film was removed. Education of all staff in relation to clinical waste bins and decontamination of equipment following usage was completed with staff. All staff advised and updated on how to use bedpan washer in all units.

New meal trays were ordered on 22.1.24 and will be maintained by catering staff. The person in charge has implemented a daily cleaning program and weekly deep cleaning program of pantry kitchens.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The PIC will ensure a full review of all safeguarding and responsive behavior care plans is carried out. Education and training is provided to nurses on the topics of safeguarding and responsive behaviors. Training and support will be given to new staff in completing care plans for residents. The person in charge will complete a monthly audit on a sample of care plans at the centre monthly and action any findings with staff as part of the centres quality improvement initiative</p>	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	12/02/2024
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	28/02/2024
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/03/2024

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	21/02/2024