



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

## Issued by the Chief Inspector

Name of designated centre:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	11 September 2023
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0039286

## About the designated centre

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

Corbally House Nursing Home is registered to provide care to 40 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Private accommodation comprises of 36 single bedrooms and two twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors.

There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	37
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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
Monday 11 September 2023	09:00hrs to 16:45hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in Corbally House Nursing Home told the inspector that they enjoyed a good quality of life in the centre and that staff treated them with respect. The inspector found that residents received a satisfactory standard of person-centred care from a team of staff, under the supervision of a structured management team. Residents expressed high levels of satisfaction with the service, including the provision of meaningful and engaging activities that supported them to develop good social connections with other residents, and staff.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting with the person in charge and provider representative, the inspector walked through the centre and met with residents and staff. The inspector met with the majority of residents in the centre, and spoke with five residents in detail about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre and the inspector observed that those residents appeared comfortable, and content in their environment. Staff were observed attending to the needs of those residents throughout the day, and supporting the residents to engage in meaningful group activities.

There was a friendly and homely atmosphere in the centre. Residents were observed chatting with one another in the communal dayroom, and staff were seen to be attentive to their requests for assistance. Other residents were seen walking through the corridors, meeting their visitors, and some residents were seen going on outings with their family. While staff were busy attending to resident's requests for assistance, residents were observed to receive patient and person-centred care from the staff. Call bells were answered promptly. There was a friendly relationship between staff and residents, who were seen to chat and interact with each other in a relaxed manner.

The inspector spoke with a number of residents who had lived in the centre for a number of years. Residents reported improvements in the quality of care they received, and the provision of meaningful activities that they described as 'fun and enjoyable'. Residents complimented the staff who they described as 'polite and caring'. Residents told the inspector that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Residents were familiar with the staff that provided them with care, and this made them feel safe and comfortable. Residents described the management as 'approachable and honest', and this made them feel comfortable raising any concerns that they may have about the quality of the service.

The centre was registered to provide accommodation to 40 residents. The premises was warm, well-lit, clean in most areas, and comfortable for residents. The provider had improved aspects of the premises such as the communal areas and some bedrooms that had been recently redecorated. Externally, a secure patio areas was observed to be appropriately maintained, furnished, and accessible to residents.

However, the inspector observed that some aspects of the premises were in a poor state of repair. The paintwork on some bedroom walls was chipped, and floor coverings in communal bathrooms were visibly damaged, resulting in those areas being unclean. The inspector observed some items of furniture, such as bedside tables, and chairs where the surface was observed to be not intact, resulting in these areas not being amenable to effective cleaning.

Areas of the premises occupied by residents, such as bedrooms and communal day rooms, were observed to be clean. However, some communal bathrooms, en-suite shower facilities, catering areas and equipment, and store rooms were not cleaned to an acceptable standard. While there was a dedicated housekeeping room in the centre, cleaning equipment and supplies were being inappropriately stored in a communal bathroom.

The inspector observed that all fire doors had been fitted with automatic door closures devices. This also allowed residents to have their door open safely, if they wished, without impacting on fire containment measures. However, there was a lack of signage in relation to fire compartments and its location within the centre. This had the potential to cause confusion and delay in the safe evacuation of residents during a fire emergency.

Residents expressed their satisfaction with their bedroom accommodation and were satisfied with the storage facilities for their personal clothing and possessions. Some residents had en-suite facilities while other residents could access toilet and shower facilities proximal to their bedrooms. Residents accommodated in shared bedrooms were appropriately assessed to ensure the size and layout of the bedroom met their individual care needs.

Residents were engaged in activities throughout the day. There was a detailed weekly activity schedule on display to support residents to choose what activities they would like to participate in. The inspector spent time observing the interactions between residents and staff and observed that staff supported residents to enjoy the social aspect of activities. Staff were observed spending time with residents in their bedrooms chatting, while also assisting the residents to tidy their room and organise their wardrobes.

Residents were facilitated to provide feedback on the quality of the service through formal scheduled resident meetings and the inspector observed that residents' feedback was used to inform quality improvements. Residents were also provided with information on the services available to support them. This included independent advocacy and safeguarding services.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This was an unannounced risk inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in November 2022.

The findings of this inspection were that the centre had an established management structure that was responsible, and accountable for the provision of safe and quality care to the residents. Following the previous inspection, the provider had taken action to further improve fire safety systems, and to improve the systems in place to support effective infection prevention and control, the quality of the premises to ensure it met the individual and collective needs of the residents, and residents rights. Notwithstanding the improvements made, further action was now required in relation to the governance and management of the centre to ensure full compliance with the regulations. This included the monitoring of fire safety management systems, and infection prevention and control. Further improvements was also required to ensure that resident's finances were protected, and appropriately managed.

Corbally House Nursing Home Limited, a company comprised of one director, was the registered provider of this centre. The provider was represented by a company director who worked full-time in the centre. The provider representative was responsible and accountable for the governance and oversight of the service and was the person to whom the person in charge reported to. Within the centre, the person in charge was supported by an assistant director of nursing, and a clinical nurse manager. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was oversight of the quality of care provided to residents.

Management systems and oversight of the service had improved since the previous inspection. The provider had implemented a revised schedule of audits. A range of clinical and environmental audits were completed by the clinical management team. These audits reviewed practices such as infection prevention and control, restrictive practices, resident's nutrition, and falls management. Where areas for improvement were identified, action plans were developed and completed. However, a review of completed audits found that some audits were not effectively used to identify risks and deficits in the service. For example, nutritional care audits completed in August 2023 assessed the quality of resident's nutritional care plans, and the assessment of their nutritional care needs. Each completed audit achieved full compliance, with no quality improvement required, despite there being a number of residents, assessed as being at risk of malnutrition, with no appropriate care plan in place to manage the risk. In addition, while there was a risk register in place, this was not reviewed in a timely manner to reflect changing risks in the centre such as risk associated with infection control management, and fire safety.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Record keeping systems comprised of electronic and paper-based systems. Records were securely stored and accessible. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations.

A directory of residents was maintained by the registered provider and was available for review.

The centre had sufficient resources to ensure effective delivery of care and support to residents. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place. There was a system in place to ensure clear and effective communication between the management and staff.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training appropriate to their role. This included training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. However, some staff did not demonstrate an appropriate awareness of their training with regard to the procedures to commence in the event of fire alarm activation.

There were arrangements in place to induct, orientate and support staff. The person in charge, assistant director of nursing, and clinical nurse managers provided clinical supervision and support to all staff.

A centre specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was displayed in the centre and residents and staff were aware of the procedure. Inspectors reviewed the records of complaints received by the centre and found that they were appropriately managed, in line with the requirements of the regulations.

## Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were satisfactory levels of health care staff on duty to support the residents with their assessed needs. The staffing compliment included cleaning, catering and activities staff.

Judgment: Compliant

## Regulation 16: Training and staff development



Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure the service was safe and well monitored required review to ensure full compliance with the regulations. For example;

- the risk management system in place was not effectively implemented, as risks identified in the centre were not reviewed in accordance with the centre's own policy. Risks specific to fire safety had not been reviewed or updated to reflect the completion of fire safety works, or reviewed in the context of on-going, and outstanding fire safety remedial works.
- ineffective systems to evaluate and improve the quality of the service. For example, audit of the premises reflected high levels of compliance with no quality improvement actions required, despite deficits in the premises impacting on effective infection prevention and control.

While the provider had made significant improvements in relation to the governance of the centre, the compliance plan following the previous inspection had not been fully implemented, and this resulted in some repeated non-compliance with the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure in place for dealing with complaints.

The complaints procedure detailed the personnel responsible for the management of complaints and specified the time-frame for the resolution of complaints.

Arrangements were in place to support a person making a complaint to understand the complaints procedure, and additional supports and services were made available to assist with the making of a complaint.

Judgment: Compliant

## Quality and safety

Resident's health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. While the provider had taken significant action to ensure residents safety with regard to infection prevention and control and fire safety, the actions taken were not sufficient to achieve full compliance with the regulation. Additionally, further action was required to ensure that arrangements were in place to support residents to manage their finances, in line with the requirements of the regulations.

A sample of resident's assessments and care plans were reviewed, and there was evidence that the residents' needs were being assessed using validated tools. The care plans reviewed reflected person-centred, evidence-based guidance on the current care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Residents were provided with access to other health care professional for further specialist assessment, through a system of referral. The recommendations made by the allied health care professionals was incorporated into the residents' care plans.

The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The inspector found that action was required to ensure residents finances were managed and protected. While the provider supported a resident to manage their pension, the management system was not in line with best practice guidelines.

The needs and preferences of residents, who had difficulty communicating, were actively identified by staff and efforts made to support resident's to communicate their views and needs directly. Residents who required supportive equipment to communicate were provided with such equipment. Residents care plans reflected their communication needs and preferences.

A review of fire precautions in the centre found that the provider had arrangements in place to ensure records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. However, further improvement was required to ensure full compliance with Regulation 28, Fire precautions. For example, action was required to ensure the procedures to be followed in the event of a fire were prominently displayed, and accurately reflected the centre's fire safety management strategy. Action was also required to ensure staff were aware of the centre's fire procedures.

A review of the care environment found that further action was required by the provider to ensure an appropriate standard of environmental and equipment hygiene was maintained in all areas of the centre. The inspector found that while the provider had established an effective cleaning procedure that minimised the risk of cross infection to residents, there were aspects of the physical environment that impacted on effective cleaning, and infection prevention and control. For example, damaged floor coverings in areas such as communal shower facilities could not be effectively cleaned, resulting in a build-up of dirt and debris. The inspector found that the inappropriate storage of cleaning equipment in a communal toilet facilities posed a risk of cross contamination. Further findings are discussed under Regulation 27, Infection control.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings evidenced that resident's feedback, with regard to the quality of the service, was used to improve the service.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had access to television, radio, newspapers, and books.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or a designated visitor area, if they wished.

### Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and supported to enable residents to make informed choices and decisions.

Staff demonstrated an appropriate knowledge of each residents communications needs, and the aids and appliances required by some residents to support their needs, in line with the residents individual care plan.

Judgment: Compliant

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with National Standards for Infection Prevention and Control in Community Services published by HIQA.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Floor coverings in some bedrooms, communal toilets, and shower facilities were damaged or torn. Consequently, there was a build up of dirt and debris that could not be effectively cleaned.
- A number of shower trays in resident's en-suits were visibly unclean on their underneath. There was a build up of dirt and debris that posed a risk of infection to residents.
- Storage space was limited. Cleaning equipment, mobility aids, and portable waste bins were inappropriately stored within the communal bathrooms. This increased the risk of cross infection.
- Some equipment within the catering environment was visibly unclean on inspection. This included stainless steel shelving in the areas for washing utensils, and the floor underneath those shelving units.

This is a repeated non-compliance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While the provider had taken significant action to protect residents from the risk of fire, further action was required to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for containing fire in the designated centre required improvement. For example:

- There were holes around services, pipes and electrical cables that had not been appropriately sealed to prevent the spread of smoke and fire. This included the dry goods store beneath the main staircase, and the ceiling in the reception area.

Arrangements for the display of procedures to be followed in the event of a fire required action.

- Floor plans on display at the main fire panel did not identify the individual fire compartments in the centre. As a result, it was unclear where the fire compartments were, and which direction of travel to take in order to safely access a designated fire exit. This posed a risk as it may cause confusion in the event of an evacuation.
- The fire procedure on display at the main fire panel required further review to ensure it provided clear direction to staff on the management of the fire alarm system, and the alarm sounders, during a fire emergency.

While staff had completed additional training with regards to fire safety, some staff did not demonstrate an appropriate awareness of their training in relation to the centre's fire evacuation procedure.

While regular fire evacuation drills were practiced frequently, fire drill reports did not contain sufficient information to demonstrate the effectiveness of the evacuation procedure. This included evidence of the evacuation strategy, details of the compartment used as the place of safety, or an analysis of the deficits and improvement actions required.

This is a repeated non-compliance.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner(GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral. The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 8: Protection

Action was required to ensure residents finances were managed through a system that protected residents and their finances. The management of pension agent arrangements required review to ensure best practice guidelines were followed.

This is a repeated non-compliance.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents rights and choice were respected in the centre and the service ensured that residents had consistent access to a variety of meaningful activities. Residents detailed how they contributed to the development of an activities programme that they described as interesting, engaging, and fun. Residents who did not participate in group activities were provided with one-to-one time.

Residents said that they were kept informed about changes in the centre through monthly resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service.

Residents were provided with information on, and access to, independent advocacy services. Residents told the inspector that they had received information about the advocacy services available to them should they wish to be supported.

Residents could enjoy access to communal and private space in the centre where they could receive visitors in private, watch television or listen to the radio without impacting on others around them.

Residents were provided with facilities to ensure they could undertake personal activities in private. The provider had ensured that privacy screens were appropriately placed in shared bedrooms to ensure residents right to privacy was maintained.

Residents were provided with access to religious services in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0039286

Date of inspection: 11/09/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1.All risk identified reflected on to the risk register is now being reviewed and updated particularly in regard to fire safety works. Work is ongoing with target dates 2nd week November and any outstanding work will continuously be monitored. Each week, PIC/ ADON will walk around the premises to inspect / address and manage the risk. Any outcome will be reviewed on a weekly basis to ensure that identified risk has been addressed effectively.</p> <p>2.Audits will be reviewed to ensure they are center specific to help the management to identify the area for improvement.</p> <p>As with the compliance plan, going forward the Provider/PIC will ensure the action plan outlined in the compliance plan are completed by the date and any delay will be communicated through email.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>For the damaged floor coverings, it was patched and sealed on September 25, 2023, to facilitate effective cleaning and prevent buildup of dirt and debris. All staff are informed during handover to report any breaks or holes in floors.</p> <p>For the inappropriate storage of cleaning equipment, unclean shower tray on the resident’s en-suits room, and limited storage space. A meeting has been called on</p>	

September 26, 2023, for the house keeping department and kitchen staff. PIC discussed the following during the meeting.

1. Strict compliance of storing cleaning materials in the house keeping storage room and to be monitored on a daily basis by IPC link/ADON/CNM1.
2. Shower trays will be cleaned weekly aside from the twice monthly deep clean to target any areas that are missed in a weekly routine or areas that need extra attention.
3. To declutter the housekeeping storage, remove equipment that are not commonly used and placed in the rented storage unit in town.
4. Resident's mobility aid will be placed in their own room to prevent the risk of cross contamination. Equipment is cleaned on a daily basis or sooner when necessary.
5. Portable waste bins to be allocated in the bathrooms for prevention of cross contamination and to ease access when changing resident's incontinent pads.
6. Kitchen staff to polish and clean stainless steel shelving, deep clean the entire kitchen, and repaint walls. (Done September 27, 2023)

Changes are effective immediately and all housekeeping and kitchen staff agreed with the changes. Minutes of meeting filed.

Furthermore, this was supported by the IPC link by conducting a retraining on October 12, 2023, for the housekeeping staff. Continuous monitoring and evaluation to be done by the PIC/ADON/CNM1 and IPC link. Retraining or support will be facilitated based on evaluation.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A meeting was conducted and spearheaded by the Fire Warden to address HIQA recommendations on September 28, 2023. The meeting outcome are as follows:

1. Electrician and maintenance will be contacted to fix holes around the services, pipes, and tidy electrical cables. Target date to be accomplished will be on the second week of November.
2. Floor plan to be revised for clear identification of compartments and direction of travel to fire exits and should be ready for printing before the end of October. Once printed it will be posted in designated areas in the nursing home. To be accomplished on or before November 7, 2023.
3. For information to the attendees: The fire procedure was reviewed, simplified and easier to remember by the fire warden and ADON. Posted in designated areas of the facility. Copy of fire procedure was given to all attendees.
4. Fire procedure retraining scheduled on 12th October 2023. (Done as scheduled)
5. Unannounced and announced fire drills with a variety of scenarios will be carried out from third week of October onwards. Post drill evaluation will include effectiveness of evacuation strategy, details of the compartment used as the place of safety, analysis of the deficits and improvement actions as required. To be documented and filed accordingly. Trainings and support to be provided based on post drill evaluations.

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Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The Provider of the Center is no longer a pension agent Going forward the resident's finances will be manage according to the best practice. Resident and their representative will be supported to manage finances independently.

## 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 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	14/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	25/09/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Substantially Compliant	Yellow	07/11/2023

	designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/11/2023
Regulation 28(2)(iv)	The registered provider shall	Substantially Compliant	Yellow	07/11/2023

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/11/2023