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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	12 April 2023
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0039167

## About the designated centre

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

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

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

Number of residents on the date of inspection:	35
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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 April 2023	18:25hrs to 20:15hrs	Fiona Cawley	Lead
Thursday 13 April 2023	08:55hrs to 18:00hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out over one evening and one day on consecutive days. There were 35 residents accommodated in the centre on the days of the inspection and 10 vacancies.

Over the course of the inspection, feedback from residents was that they were very satisfied with their lives in the centre, and that staff provided them with the help and support they needed. Staff were observed to deliver care and support to the residents which was kind, respectful and, in line with their assessed needs.

On the first evening of the inspection, the inspector spent time chatting with, and observing, residents in the various areas of the centre. There were a number of residents sitting in the communal area watching television. Other residents were in their bedrooms relaxing, reading, watching television or listening to the radio.

On the morning of the second day of inspection, the inspector completed a tour of the designated centre accompanied by the person in charge. A number of residents were having breakfast in the dining room, and other residents were relaxing in the day room. There were also a number of in their bedrooms receiving care. It was evident that residents' choices and preferences in their daily routines were respected.

Bushfield Care Centre was a purpose-built single-storey located outside Oranmore, County Galway. The designated centre provided accommodation for 45 residents in single and twin-occupancy bedrooms. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. Residents were provided with a variety of communal areas to use, depending on their choice and preference including, a day room, two conservatories, a dining room, a library area, a chapel and a reception area. All communal areas were spacious with appropriate furnishings and domestic features, which provided a comfortable, homely environment for residents. Bedrooms were suitably styled, with many residents decorating their rooms with personal items including pictures and furniture. There was sufficient space for residents to live comfortably, which included adequate space to store personal belongings.

Residents had unrestricted access to an enclosed outdoor garden. However, there was no appropriate garden furniture available for residents to use on the days of the inspection, and therefore this limited the use of this area. This was a repeated finding from the last inspection.

There was also a designated outdoor smoking area. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment.

The centre was bright, warm and well-ventilated throughout. There were

appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. There was a sufficient number of toilets and bathroom facilities available to the residents. Call bells were available throughout the centre and the inspector observed that call bells were responded to in a timely manner. The centre was very clean and tidy on both days of the inspection.

The inspector interacted with a large number of the residents, and spoke in detail with a total of 16 residents over the two days of the inspection. Residents' feedback provided an insight of their lived experience in the centre. Residents told the inspector that staff were very good to them, and that they were well cared for. On the first evening of the inspection, a number of residents told the inspector that they preferred to retire to their bedrooms early in the evening, and some residents said they chose to go to bed early. One resident told the inspector that they 'could find no fault with the staff', and that they had plenty of choice in how they spent their days. Another resident told the inspector that the staff were extremely helpful with all their care needs, including their special dietary needs. Residents said that they felt safe in the centre, and that they could freely speak with staff if they had any worries or concerns. One resident said that when they had raised a concern with the manager, the issue was resolved satisfactorily. A number of residents told the inspector that staff provided them with assistance when they needed it and that they were always very kind to them. Others stated that they were very content with their bedrooms. A number of residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The inspector also spoke with three visitors who were all satisfied with the care and support received by their loved one. One visitor described staff as 'so kind and so attentive, they're like a family'.

Throughout the second day, the majority of residents were up and about in the various communal areas of the centre. Residents sat together in the day room watching TV, reading and participating in activities. A number of residents were relaxing in the foyer, while other residents were observed mobilising freely throughout the building. Friendly conversations could be overheard throughout the day in the various areas of the centre. Communal areas were appropriately supervised. The residents who chose to remain in their rooms were monitored by staff throughout the day. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in a relaxed manner, and friendly conversations were overheard between residents and staff. The inspector observed that residents had their personal care needs and grooming delivered to a good standard.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was an activities schedule in place seven days a week and residents told the inspector that they were free to choose whether or not they participated. The inspector observed the activities co-ordinator provide activities on the second day of the inspection including, one-to-one and group activities. A number of residents participated in a quiz and a card game which they appeared to enjoy.

Residents were very complimentary about the food in the centre. They told the inspector that they were provided with a range of food and refreshments at any time of the day or night. Residents had a choice of when and where to have their meals. On the day of the inspection, the inspector observed residents having meals at various times of the day, depending on their preference. During the lunchtime period, the majority of residents had lunch in the dining room. Food was freshly prepared in the centre's own kitchen, and was observed to be well presented. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents living in this designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was a risk inspection carried out 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 information received from the provider through statutory notifications and unsolicited information received by the Chief Inspector.

The inspector also reviewed the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2022. A finding on this previous inspection was that there was no person in charge in the centre who met the requirements of the regulations. Following a failure of the provider to address the issue in a subsequent compliance plan, and significant engagement with the provider and the Chief Inspector, a decision was made to attach a condition to the registration of the centre requiring the appointment of a person in charge, who met the requirements of Regulation 14: person in charge. This inspection found that the centre was now operating in line with the conditions of registration, and that there

was a person in charge of the centre, who met the requirements of the post.

Overall, the inspector found improvements in relation to governance and management, records, premises and health care. Notwithstanding the improvements made, further action was now required to ensure that the system of oversight in relation to premises, fire safety, and assessment and care planning was brought in line with the requirements of the regulations.

Bushfield Nursing Home Limited was the registered provider of this designated centre. There was a management structure in place with identified lines of authority and accountability. The person in charge demonstrated an understanding of their role and responsibility. They were supported in this role by a complement of staff including a clinical nurse manager, nursing and care staff, housekeeping, catering, administrative, and activity staff. However, due to a reduced availability of nursing staff, the clinical nurse manager often worked as part of the nursing team and did not work in a supervisory capacity consistently. Consequently, this impacted on the time available to support the person in charge with the oversight and management systems in the centre.

A representative of the provider and an area manager provided managerial support to the person in charge. There were deputising arrangements in place for when the person in charge was absent.

Governance and management oversight of the service had improved since the last inspection. The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed by the person in charge reviewing care planning, falls management, environmental cleanliness, weight loss, and medication management. Where areas for improvement were identified, action plans were developed and completed. However, the monitoring system in place did not identify areas of known risk such as risks identified in a fire safety risk assessment.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2022.

On the days of the inspection, the centre had a sufficient number of staff on duty to ensure the delivery of effective care to residents, according to their assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of healthcare assistants. Staff had the required skills, competencies and experience to fulfil their roles. The person in charge provided clinical supervision and support to all staff. Communal areas were appropriately supervised and staff were observed to be interacting in a positive way with residents.

While there were adequate staff on duty on the days of inspection, a review of the staff roster found that the number of registered nurses employed in the centre was not in line with the staffing described in the statement of purpose for the designated centre. The inspector found that the number of registered nurses employed by the centre was not sufficient to ensure all necessary shifts would be covered in the event of planned and unplanned leave, and to ensure that staffing levels were



sufficient to meet the assessed needs of the residents. As a result, as previously mentioned, the clinical nurse manager regularly worked as a nurse to ensure all shifts were covered.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training.

The inspector reviewed minutes of management meetings which were held regularly and saw that a range of issues were reviewed including the fire and safety issues, incidents, staffing, training, and residents' meetings. There was also evidence of communication with staff. There were regular staff meetings where issues such as communication, resident issues, care planning, and workplace culture were discussed.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons, and worked full-time in the centre. The person in charge had the overall clinical responsibility for the delivery of health and social care to the residents. The person in post displayed good knowledge of the residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

The inspector found that staff had access to and had attended training appropriate

to their roles.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents contained the information specified in paragraph 3 of Schedule 3 of the regulations.
Judgment: Compliant
<b>Regulation 21: Records</b>
The inspector found that the storage of records in the centre was safe, accessible and, in line with the requirements of the regulation.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>A review of the staff available to work in the centre found that the number of staff nurses was not adequate to ensure that all nursing shifts could be rostered, or that planned and unplanned leave could be safely facilitated.</p> <p>The management systems in place required strengthening to ensure full compliance with Regulation 23. For example, the systems in place to monitor the service, such as audits and risk management systems did not identify actions required to address areas of known risk. This was evidenced by inadequate oversight of documentation including nursing documentation and fire safety checks.</p>
Judgment: Substantially compliant
<b>Regulation 4: Written policies and procedures</b>
The policies, required under Schedule 5, were in place, and updated in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they could enjoy a good quality of life. Notwithstanding the positive findings in relation to care delivery, findings from the inspection found that action was required to ensure that residents were safe and that the provider was in full compliance with issues relating to the premises, fire safety management and, assessment and care planning.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff, with whom the inspector spoke with, were knowledgeable about what to do in the event of a fire. However, following the previous inspection in September 2022, the provider had submitted a compliance plan that included an action to have a fire safety risk assessment carried out by an external fire consultant. This report was not available in the centre on the days of the inspection.

Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range assessments were carried out using validated assessment tools to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. The inspector reviewed a sample of five resident files and found that a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

Overall, the centre was well-maintained. The environment and equipment used by residents were visibly clean on both days of the inspection. While it was noted that there were insufficient hand wash facilities available to staff, there were ample wall-mounted hand sanitisers placed throughout the centre. The laundry facility was a well-ventilated area, with a one way system to maintain segregation of clean and dirty linen. There was appropriate sluicing facilities available in the the centre. Overall, the storage of residents' equipment was well managed. However, on the days of the inspection, the inspector observed inappropriate storage in a small number of residents' bedrooms. This was a repeated finding from the previous inspection.

There was a low level of restrictive practice in place on the day of the inspection. Restrictive practices were only initiated following an appropriate risk assessment. The person in charge monitored the use of restrictive practices in the centre, such as bedrails.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. The minutes of these meetings were reviewed and showed that feedback was acted upon. Residents had access to an independent advocacy service.

There was an up-to-date risk register in the centre which identified risks and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure full compliance with the requirements of Schedule 6 of the regulations.

The centre lacked suitable storage of care equipment that was not in use. This was evidenced by the storage of communal care equipment in the bedrooms of two residents.

The outdoor courtyard, which was accessible to residents, lacked appropriate

seating and furniture. This a repeated non-compliance from the previous inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had failed to adequately review the fire precautions in the centre. The provider had committed to completing a fire risk assessment of the centre following the last inspection. This assessment was not available for review. Action was required to ensure that the systems were in place to safely evacuate, where necessary, in the event of a fire, all persons in the designated centre. This was evidenced by;

- reviewed records of simulated fire evacuation drills did not provide assurance that adequate arrangements had been made for evacuating residents from the centre in a timely manner. For example, the records did not detail the time taken to evacuate residents from a compartment.
- the arrangements in place to ensure that a fire could be contained within the centre were not adequate. For example, the inspector released multiple fire compartment doors and observed that a small number of doors did not seal, with a visible gap evident between the doors. The doors therefore did not provide the necessary seal to prevent the spread of smoke in the event of a fire.

Action was also required in relation to reviewing fire precautions in the centre. While

there was a system in place to check all the fire escape routes daily, these checks were not consistently recorded.

This is a repeated non-compliance.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of residents' nursing records found that a small number of care plans were not formally reviewed to reflect changes to residents' needs, and therefore did not contain the necessary information to guide care delivery. For example, two residents did not have their needs assessed following hospital admissions, despite changes in their care needs. Therefore, their care plans did not accurately reflect their current health needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had systems in place to regularly review the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0039167

Date of inspection: 13/04/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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"> <li>- The CNM is working supernumerary off the floor to support the PIC with the oversight, supervision, and management of the centre.</li> <li>- Another CNM is being recruited and the advert is already up on Indeed.</li> <li>- The nurse on Maternity leave is back to fulltime hours and an additional nurse is being recruited to ensure all nursing shifts could be rostered, or that planned and unplanned leave can be facilitated.</li> </ul>	
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"> <li>- All care equipment that was not in use have been removed from resident's room and stored in appropriate dedicated storage space.</li> <li>- The two vacant residents rooms that had storage of communal care equipment in their bedrooms have now been cleared and the equipment stored in suitable space, the rooms are now occupied by new admissions to the centre.</li> <li>- The outdoor courtyard furniture has been orderd by the PPM and at present portable furntniture is being used until it is delivered.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p><b><i>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the regulations</i></b></p> <p>Oversight of fire drill procedures has been reviewed. Fire drills now include the time taken to evacuate each fire compartment, and the aim is to evacuate within 3 minutes. The fire drill is being conducted monthly for the time being and all staff have received appropriate training by Henderson Fire &amp; Safety.</p> <ul style="list-style-type: none"> <li>- Fire safety checks are conducted daily, including on weekends.</li> <li>-</li> <li>- A works programme is being developed to repair / replace some fire doors and other equipment, now that, the refurbishment and reconfiguration works have been completed.</li> </ul>	
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> <ul style="list-style-type: none"> <li>- Nurses are now being rostered to carry out supernumerary role with protected hours to work on their primary duties such as creating resident centric care plans.</li> <li>- All care plans are reviewed to ensure care interventions are current and reflect the resident's needs and any changes to care requirements will be shared with the multi-disciplinary care teams.</li> <li>- All new admissions have a dedicated admission nurse to ensure all documentation is commenced in a timely manner within 48 hours post admission.</li> <li>- CNM will review all new residents' documentation to ensure nursing staff are meeting the regulated guidance in respect of care assessments required and care plans.</li> <li>- All care plans will be updated four monthly, or sooner if residents changing needs require it.</li> <li>- PPM will continue to conduct monthly audits on all care plans.</li> <li>- Primary Nurses list has been updated and each resident is allocated to a named nurse who will be responsible to ensure that care plans are resident centric and reflect current needs of the resident.</li> </ul>	



## 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	30/06/2023
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	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	22/05/2023

	consistent and effectively monitored.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	22/05/2023
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.	Not Compliant	Orange	22/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	20/05/2023

	that resident's family.			
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