



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

## Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0037023

## About the designated centre

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

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. For operational purposes the centre is divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

There are numerous communal areas for residents to use including four day rooms, a dining room and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs in-house as required. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff. Activities are provided seven days per week and throughout the day and evening.

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

Number of residents on the date of inspection:	58
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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 1 February 2023	09:00hrs to 17:15hrs	Siobhan Bourke	Lead
Thursday 2 February 2023	09:00hrs to 16:45hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents and their relatives, it was evident that staff were striving to promote residents rights and provide a good quality of life for residents. The inspector met with many of the 58 residents living in the centre and spoke with ten residents in more detail. Residents who spoke with the inspector were full of praise for staff working in the centre. There was mixed feedback from relatives who spoke with the inspector with some relatives very complimentary while others raised concerns about oversight of the monitoring of food intake for residents. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival, the inspector was guided through the centre's infection control procedures by a member of staff. An opening meeting was held with the person in charge and the assistant director of nursing. Following this meeting, the assistant director of nursing accompanied the inspector on a walk around the centre. During the walkaround, the inspector saw that residents were being assisted with personal care while some residents were up and relaxing in various day rooms. There was a warm and friendly atmosphere in the home and the inspector saw staff greet residents in a respectful and friendly manner when entering rooms to provide personal care in the morning.

Bishopscourt Residential Centre is laid out over two wings, namely Fuschia and Heather Wing with 30 single bedrooms in Fuschia Wing and 12 twin rooms and six single bedrooms in Heather Wing. All residents' bedrooms had ensuite showers, hand wash basin and toilets. The centre was very clean and warm throughout. The corridors were nicely decorated with art works and pictures. The inspector saw that residents' bedrooms were spacious and decorated with residents' personal possessions and photographs. Residents and relatives who spoke with the inspector were happy with the standard of cleaning in the centre and some described it as exceptional. In general, flooring and furnishings in the centre were in good repair with the exception of the flooring along one of the corridors. The management team in the centre told the inspector that this was under review.

The inspector saw that the communal spaces and rooms in the centres were well maintained and homely with plenty comfortable seating for residents. There was easy access to a well maintained outdoor courtyard garden with raised flower beds and seating. The main day room was a large bright room with plenty armchairs, reading lamps and memorabilia such as a singer sewing machine giving the room a homely feel. During the two days of the inspection, the inspector saw that communal rooms were well used by residents to participate in activities or just to sit and relax in the centre. The centre also had a "flower walk" where a glass corridor, lined with potted flowering plants, linked through the centre, where residents could walk up and down regardless of the weather outside. Residents were observed mobilizing independently around the centre and using this corridor throughout the

inspection.

The inspector observed the lunch time and evening meal on the first day of inspection and the lunch time meal on the second day of inspection. The centre had two interconnecting large dining rooms for residents' to enjoy their meals. Both dining rooms were brightly decorated and had murals of Cork scenes on the walls. Tables were stocked with condiments for residents' use. The inspector saw that the majority of residents attended the dining room for their lunch and evening meal and it was a sociable and enjoyable experience for residents. Residents eating in the dining room who required assistance were provided with assistance in a timely manner. The inspector saw that residents were offered choice at the lunch time meals and the food served to residents appeared appetising and nutritious. Residents told the inspector that staff knew their likes and dislikes and some of the residents told the inspector that they loved the home made brown bread and scones in the centre. However, the evening tea choice for residents on texture modified diets was limited and did not appear appetising. The inspector saw that the system for serving and assisting residents who were eating in their bedrooms required review. The inspector saw that two trollies with meals were taken to residents' rooms, one to each unit and distributed by care staff and staff then returned to assist residents who required it. Some residents' meals were sitting in their rooms for some time before they were assisted which meant the food could get cold before they were assisted. This is outlined further under Regulation 18. Food and nutrition.

Inspectors saw that residents were well dressed and groomed to their own style. Residents told inspectors that they were listened to and that staff were kind to them. The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. The inspector saw that residents with cognitive impairment were directed gently by staff when required. Some residents, however, told the inspector that their sleep was disturbed at night by other residents with dementia who walked with purpose during the night.

Many visitors were seen coming and going to the centre during the course of the inspection and residents also enjoyed days out with their relatives. Residents could meet their visitors in the privacy of their rooms or in a designated visitors' room near the main reception. Visitors who spoke with the inspector were happy with the visiting arrangements in place in the centre.

The centre employed three activity staff who ensured that there was a varied and flexible activity schedule available at the centre, seven days a week. During both days of the inspection, the inspector saw activities such as group exercises led by one of the activity co-ordinators on the first day and the physiotherapist on the second. A quiz and poetry session was also held on the first day and a on the second day of inspection, one of the activity co-ordinators provided residents with a beautiful singing session which they seemed to enjoy in the main day room. The inspector saw that residents each had a leaflet with the weeks activities in their rooms so that they could decide which ones they liked to attend. A group of residents loved knitting and created lovely arts and crafts during these activities. Residents told the inspector that they also loved the musicians who came regularly to the centre to provide musical evenings. Rosary was said by residents and mass

was also held in the centre regularly. Residents views on the running of the centre were sought through monthly residents' meetings and days out and activities were planned and discussed at these meetings. The manager in the centre developed a resident's letter to outline actions taken in response to issues raised by residents at their meetings and this was read out at the next meeting.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection conducted over two days to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to inform decision making for renewal of registration of the centre. Overall, the inspector found that some management systems in place required improvement to ensure the quality and safety of care provided to residents was safe and effective. In particular, the systems in place with regard to food and nutrition, staffing, care planning and fire precautions.

Bishopscourt Residential Care Limited is the registered provider for Bishopscourt Residential Care and is registered to accommodate 60 residents. Bishopscourt Residential Care Limited had a change of ownership and directors in July 2022 and became part of Grace Healthcare group who manage a number of nursing homes throughout the country. The registered provider had two directors one of whom represented the provider. There were clear lines of accountability with each member of the team having their role and responsibilities defined. The centre employed a general manager who was responsible for the operational management in the centre. The director of nursing was the person in charge and was supported in her role by an assistant director of nursing, a team of nurses, health care assistants, activity staff and housekeeping staff. The centre also had a full time maintenance person and an administrative assistant. The management team within the centre was supported by a national management team of quality and compliance, finance, health and safety, maintenance and human resources (HR). Since the change of ownership, the management and staff team working in the centre had remained largely unchanged, providing consistency and continuity in the lives and care of residents. On the days of inspection, the quality and compliance manager was onsite in the centre to support the team.

The centre had a minimum of two nurses rostered on duty 24 hours a day. The director of nursing and assistant director of nursing were rostered Monday to Friday to support nursing and care staff in their roles. The centre employed three activity staff who provided a range of activities for residents seven days a week. The centre

was sufficiently resourced with cleaning and laundry staff to ensure a high standard of cleanliness was maintained and that a satisfactory laundry service was provided for residents. However, the inspector was not assured that there were sufficient care staff to ensure supervision of residents at night time and to ensure residents who required assistance with eating and drinking were provided with it in timely manner. This is underlined under Regulation 15. Staffing.

Staff were knowledgeable and demonstrated competence in their work. There was a programme of both online and face-to-face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control. New staff were supernumerary for a period of time during their induction to the centre.

The management team in the centre attended management meetings with the group's senior managers on a monthly basis. From a review of minutes of these meetings it was evident that key issues related to the quality and safety of residents care such as infection prevention and control, fire safety, premises, incidents and complaints were reviewed and actioned at these meetings. The person in charge held regular staff meeting with nursing, care staff and housekeeping staff to communicate any planned changes in the centre. Key clinical risks to residents such as falls, pressure ulcers, use of restraint, nutritional status, multi-drug resistant organisms (MDRO) status and infections were monitored and reported by the person in charge in a care quality indicator report and submitted through the group's structures. The centre had a schedule of audits in place and action plans were implemented where findings required it. However, action was required in relation to the systems in place to ensure oversight of residents' nutrition and hydration needs as outlined under Regulation 23. Governance and management.

The provider had completed an annual review for 2021 and an annual review for 2022 was being prepared and near completion at the time of the inspection.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. Falls were analysed to identify any trends or areas for improvement by the person in charge.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident and relative surveys were completed to help inform ongoing improvements in the centre.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees



were paid and the prescribed documentation was submitted.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience, as specified in the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

Action was required in relation to staffing levels to ensure that there was an appropriate number of staff available to meet the needs of residents, having regard to the size and layout of the centre:

- the inspector observed that residents , who required assistance with eating and drinking, particularly those who dined in their bedrooms were not always provided with assistance in a timely manner
- more effective supervision of residents at night time was required, as some residents told the inspector that their sleep was disturbed by other residents with dementia who walked with purpose during the night.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The inspector reviewed the training matrix and saw that mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date and regularly scheduled for staff. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information required in line with specified regulatory requirements.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of staff personnel records on inspection and found that they included all of the required prescribed information, as set out in Schedule 2 of the regulations. Other records as required by the regulations were well maintained, securely stored and made available for inspection.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure oversight of nutrition and hydration and fire precautions required action as outlined under Regulation 18: Food and Nutrition and Regulation 28: Fire precautions.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of

legislation.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was available for review, met the regulatory requirements and had been updated for 2023.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were clearly documented and investigated in line with the centre's policy.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations. These policies were updated by the provider as required and were available to staff in the centre.
Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life by kind and competent staff and it was evident that residents' choices were respected and promoted in the centre. However, action was required to ensure the quality and safety of care provided to residents was consistently provided particularly with regard to food and nutrition, care planning and fire precautions.

Residents had access to medical care from local general practitioner services (GP) who provided reviews in the centre as required. One of the GPs was onsite the second day of the inspection. A physiotherapist attended the centre one day a week providing one-to-one sessions with residents as required and a group exercise class. Residents had good access to health care services including occupational therapy, dietitian, speech and language therapy and tissue viability expertise. The inspector reviewed a sample of residents' files. Residents' social and health care needs were assessed using validated tools, however the inspector found action was required in relation to care planning as assessments and care plans reviewed did not consistently reflect the needs of the residents. This is outlined further under Regulation 5: Individual assessment and care plan.

The inspector saw that the premises was bright, homely and clean throughout. There was an ongoing programme of maintenance at the centre and the management team had identified that new flooring was required in some of the centre's corridors.

The assistant director of nursing was the nominated infection control lead for the centre and had the required training and protected hours for this role. Since the previous inspection, surveillance of multi-drug resistant organisms (MDROs) was undertaken and residents' assessments and care plans reflected this practice. The inspector found that the centre was clean throughout and had effective assurance processes in place in relation to the standard of environmental hygiene and compliance with hand hygiene practices. The assistant director of nursing facilitated regular tool box talks on infection control issues at handover that were reported as being effective in increasing staff knowledge. Some areas for improvement in relation to infection control are outlined under Regulation 27. Infection control.

Fire Safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency lighting and the fire alarm. A new fire alarm had been installed since the previous inspection. Fire safety training was provided annually for all staff. Personal evacuation plans were in place for each resident. The inspector found that staff were knowledgeable and clear about what to do in the event of a fire. However action was required in relation to fire precautions as outlined under Regulation 28 Fire precautions.

Food appeared nutritious and in sufficient quantities; drinks and snack rounds were observed morning and afternoon. However, action was required to improve the systems in place to ensure monitoring of food and nutrition intake for residents and

to ensure that residents who required assistance were provided with it in a timely manner. This is outlined under Regulation 18 Food and nutrition.

The centre promoted a restraint free environment and there was a reduction in the number of residents allocated bed rails on the day of inspection, in line with reported quarterly notifications. Safeguarding training was provided and was seen to be up-to-date for staff. Residents with dementia and those with responsive behaviour were being effectively supported by staff.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

### Regulation 11: Visits

Visits were encouraged and practical precautions were in place to manage any associated risks. The inspector saw that there were lots of visitors in the centre during the course of the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' bedrooms had space to maintain their clothes and personal possessions that included lockable storage space. Residents had access to on-site laundry facilities and there was a system in place to ensure residents' laundry was returned to them.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were clean, well-maintained and well laid out to support residents' needs. The inspector saw that plans were in place to replace flooring that required repair in one of the centre's corridors.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were significant improvements required with food and nutrition and the monitoring of residents' nutritional intake.

- The inspector observed that the systems in place for ensuring residents requiring assistance who dined in their bedrooms required review. For example, the inspector saw that meals were taken on a trolley by staff to residents who were having their lunch and tea in their bedrooms to both units in the centre. Once all these meals were delivered to residents' rooms, the staff member returned to provide assistance to those who required it. This meant that some residents had their meals in their rooms for some time before they were provided with assistance which may result in the meals being served cold or remaining uneaten.
- Recording of intake and output for residents who required assistance was not consistently documented on the electronic system or in paper format which did not provide assurance that residents had an appropriate intake.
- The presentation and choices available for residents requiring texture modified diets at tea time required action as feedback from residents and from the observations of the inspector was that these were not appetising or varied.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

Residents' documentation including information upon transfer to another health care facility, residents' infection status and history, antibiotic treatment and multi-drug resistant (MDRO) status, was recorded.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found the following required action to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018)

- residents' toiletries were stored on sinks and open shelving in some of the shared en suite bathrooms room resulting in a risk of cross contamination
- nebuliser masks were seen uncovered in residents' bedrooms which could lead to cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- The inspector saw that there was no signage on two bedrooms where residents were using oxygen to alert staff in the event of fire, this was immediately addressed by the provider on the day of inspection.
- A set of cross fire doors were noted to have a gap that would allow the spread of smoke to protected escape routes, this was immediately addressed by the provider on the day of inspection.
- The closing mechanism on a number of bedroom doors required adjustment to ensure the door closed correctly once released, these were addressed by the provider during the inspection.
- While simulations of evacuation of compartments were undertaken in the centre, these had not occurred in the largest compartments with minimal/night time staffing levels to ensure staff were confident and competent to evacuate residents in a timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector found mixed findings in relation to care planning and a number of issues with assessment and care planning required action. The inspector reviewed a sample of residents' records and found that while assessments and care plans were

person-centred and were updated in line with the time frame of the regulations, they did not always reflect the residents current needs. For example, one resident had their nutritional assessment score incorrectly recorded. Another resident's care plan outlined that the resident could eat and drink independently whereas they required full assistance with eating and drinking. These findings had the potential to result in errors in care provided.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to general practitioners and a physiotherapist was on site to provide assessments and treatment to residents one day a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care and mental health services as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were under review by the person in charge and there was evidence of use of alternatives to bed rails such as crash mats and low low beds in accordance with best practice guidelines.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Allegations of abuse were reported to the chief inspector and actioned and investigated as required. The provider did not act as a pension agent for any resident.

Judgment: Compliant



## Regulation 9: Residents' rights

Residents' right to privacy and dignity were well respected by staff in the centre. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Residents had access to advocacy services. The provider employed three activity staff who were allocated to the social care needs of residents and for ensuring the activity schedule was available for residents seven days a week. The schedule included movie nights, musical sessions, brain teasers, arts and crafts, board games, puzzles and knitting groups. The inspector saw residents enjoying a chair exercise class each day with one of the activity co-ordinators and the physiotherapist. While on the second day of inspection, a lively sing song took place for residents. Residents told the inspector there was plenty for them to do and they were complimentary about the social care programme and the staff providing same.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bishopscourt Residential Care OSV-0000200

Inspection ID: MON-0037023

Date of inspection: 02/02/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two additional staff will be added to the roster at tea time. We will continue to review staffing and allocations on a regular basis to ensure the needs of the residents are being met.</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>Increased planning and managing food and nutritional care Improved nutrition policy infrastructure Robust processes for monitoring and audit to ensure provision of high quality care Planned programmes of training and education to underpin policy, protocols and practice. This will be achieved by:</p> <p>Two additional staff will be added to the roster at tea time to ensure residents dining in their room are supported &amp; assisted.</p> <p>Re training of staff to ensure accurate recording of intake and output for Residents requiring assistance with feeding. Audit of same to be carried out by management and reviewed with staff.</p> <p>Additional simulated fire drills to be completed in zones of large compartments to be evacuated.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p>	

Two additional Healthcare assistants will be added to the roster at tea time to ensure residents dining in their rooms are supported & assisted.

The process of delivering meals to the rooms has been reviewed and now the meals for those who can feed themselves are delivered first to their rooms. Then the meals for each resident that requires assistance is taken hot from the kitchen when the staff member is ready to feed them. Cloches are also utilized to ensure that the meals are kept hot when being transported. This change in process will be monitored by the management team in the home to ensure that any necessary changes or issues are identified in a timely manner and rectified. Ongoing, informal feedback from residents will be sought to ensure that this process is suitable to their needs also.

Audits will be conducted on the dining experience for residents attending the dining room as well as for those residents remaining in their room, in line with the audit schedule in place in the centre. Any findings from these audits will be communicated with staff on a regular basis to support the implementation of any required quality improvements identified.

A review of heated serving trolleys to see if they could enhance the process in any way will be conducted.

Re training of staff to ensure accurate recording of intake and output for Residents requiring assistance with feeding. Audit of same to be carried out by management and reviewed with staff.

Current menus are being reviewed and will be changed to be more appetizing and suitable for residents on modified diets and in line with Resident preference. A further review with Residents will be undertaken following the changes made.

Regulation 27: Infection control

Substantially Compliant

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

Plastic storage containers will be provided for toiletries each Resident in shared bedrooms with ongoing supervision of practice to ensure adherence. Ongoing communication to staff

Residents Nebuliser masks will be stored in plastic bags when not in use and all staff communicated to about change in practice.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Additional simulations of evacuation of compartments have been undertaken in the largest compartments with minimal / night time staffing levels to ensure staff are confident and competent to evacuate residents in a timely manner.

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Increase in auditing and monitoring of individual care plans and assessment. Additional staff education on care planning and assessments.	

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/04/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	30/04/2023

Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	30/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
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	30/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2023



Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2023
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.	Substantially Compliant	Yellow	30/04/2023
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 that resident's family.	Substantially Compliant	Yellow	30/04/2023