



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

## Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	09 April 2025
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0041823

## About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

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

Number of residents on the date of inspection:	36
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## How we inspect

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 9 April 2025	09:30hrs to 18:15hrs	Siobhan Bourke	Lead
Wednesday 9 April 2025	11:00hrs to 18:15hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by two inspectors of social services. Inspectors met with many of the 36 residents, who were living in the centre and spoke with eight residents in more detail. One resident told inspectors that "they came and went as they pleased and regularly went down town", However a number of other residents said they had very limited access to the outdoors. The inspectors also met with four visitors during the inspection. Residents and visitors, who met with inspectors, spoke positively, regarding the care, staff provided to residents, living in the centre. However, inspectors observed that action was required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

The inspectors arrived unannounced and followed the centre's sign in procedures. The clinical nurse manager on duty accompanied an inspector on a walk around the centre to meet with residents and staff. During the morning, many residents were up and sitting in the day room and dining room, having their breakfast, while staff were assisting other residents with personal care. The inspector saw that staff knocked before entering residents' bedrooms and greeted them warmly during the morning. It was evident to the inspector that the clinical nurse manager knew the residents well and was aware of their assessed needs. The inspector saw that a number of the residents used the smoking room, which had access to a call bell and were safe to smoke unsupervised, however, one resident was not. During the walk around, the inspector saw that this resident was smoking, without supervision and was a risk to themselves and other residents. This was brought to the attention of the manager, as it required immediate action. The inspectors saw that the resident was supervised, while smoking for the rest of the day. The inspectors saw that staff endeavoured to ensure the smoking room door was kept closed to reduce the smell of smoke to other communal spaces in the centre.

Blair's Hill Nursing Home is registered for 37 residents and resident accommodation is over three floors with 33 single bedrooms and two twin bedrooms. Many residents' bedrooms were personalised with family photographs and memorabilia and bedrooms were in general, warm, cosy and visibly clean. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. The inspectors saw that there were two staff allocated to housekeeping each day, to ensure bedrooms were cleaned daily and deep cleaned regularly. Some equipment such as specialist chairs were worn and cracked and could not be effectively cleaned, a toilet seat was observed to be cracked, and the grouting surrounding a number of sinks in residents bedrooms required cleaning. This is discussed further in the report.

The communal spaces in the centre comprised a large conservatory, a smaller sitting room/activities room, an oratory and a smoking room. The inspectors saw that many of the residents spent their day in the large conservatory room, where there was a large smart TV available for residents' use. The inspectors saw that the oratory had

been decluttered since the previous inspection.

The inspectors observed the lunch time meal and saw that food was served hot and appeared appetising. The inspectors saw that while there was a choice available for the lunchtime meal, residents who spoke with inspectors were not aware of the choices available. The choices were not displayed in the dining room. Staff informed an inspector that residents were asked to select their options the evening before which was recorded on a list and sent to the kitchen. On review of the list completed for the day of inspection, residents who were in hospital had their choices listed, therefore indicating that better oversight of this system was required. The dining experience also required further attention; as while more residents were eating in the dining rooms than the previous inspection, a number still remained eating in the day room from tables, pulled up to their chairs. This is outlined further in the report.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents were supported to go on outings from the centre with their relatives and friends. The centre had a driver and designated car, whereby residents were facilitated to get supplies and messages from the city or to go shopping or attend appointments. Residents had access to advocacy services if required. Regular residents' meetings were scheduled to seek feedback from residents. An inspector saw that all residents were surveyed to seek their views on their care, food, activities and their environment. From a review of surveys received, residents gave positive feedback on the care they received in the centre.

The inspectors saw that residents spent long times during the day with little activity other than to watch TV in their rooms or the dayroom. The centre had a small, well maintained, external patio area, adjacent to the main conservatory, that was equipped with seating, tables, colourful plants and a clear windbreaker, so that residents could enjoy the views over the city. During the morning, three residents told an inspector that they would like to sit outside and only when this was brought to the attention of staff, were they were facilitated to do so. The inspectors were informed that the activity co-ordinator had recently resigned and this left a gap in the activity schedule for residents.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## **Capacity and capability**

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The findings of this inspection were that the registered provider did not ensure that the governance and management arrangements in place, sustained the improvements found on the previous

inspection. Significant action was required to come into compliance with the regulations relevant to; notification of incidents, governance and management, fire precautions, care planning, health care and residents' rights.

The governance in the centre did not ensure that appropriate systems of management were implemented to monitor care, respond to risk, and ensure the timely escalation of risks, that may impact on the safety and welfare of residents. This impacted the quality and safety of care provided to residents. An immediate action was issued to the provider with regard to supervision of residents who smoked on the day of inspection; this is discussed further in the report.

Blair's Hill Nursing Home Limited is the registered provider for Blair's Hill Nursing Home. It is registered to accommodate 37 residents. The registered provider company has two directors, one of whom is actively involved in the management of the centre and is the nominated person representing the provider. The centre had a full time person in charge. A clinical nurse manager worked in the centre two days a week, supernumerary to the nursing roster, and worked on days, when the person in charge was off duty. The number and skill mix of nursing and care staff were appropriate to meet the assessed needs of residents living in the centre. However, activity staff had resigned from the centre in the weeks prior to the inspection. Inspectors were informed that a member of the care staff was assigned to activities two days a week in their absence. On the day of inspection, no member of staff was assigned, to ensure residents had access to meaningful activities as outlined under Regulation 9; Residents' rights.

The provider had a schedule of both face-to-face and online training available for staff. From a review of the training matrix provided to inspectors, a number of staff were overdue update training on safeguarding, moving and handling, responsive behaviours and fire training as outlined under Regulation 16 Training and staff development.

The management systems in place did not ensure that the service provided was safe, appropriate, consistent or effectively monitored. The provider had a schedule of audits in place to monitor key risks to residents such as medication management, restrictive practices, falls management and environmental hygiene audits. However, while audits of care planning were conducted every month, and findings recorded as actioned, they did not include an analysis of the findings, or identify learning to ensure an effective quality improvement action plan could be developed. The provider was operating the designated centre outside of condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. There was an area in the building that was used for administration offices, storage of equipment and records required for residents' use. This floor had not been registered as required under the Health Act.

Risk management systems were ineffective. While risk assessments were carried out by the provider; recognised controls were not implemented to reduce the risk to residents as outlined under Regulation 23; Governance and management.

Required notifications regarding injury to residents, such as residents who required

hospital treatment following a fall in the centre, were notified to the office of the Chief Inspector, as well as quarterly notifications, relating to pressure ulcers and use of restrictive practices, in the centre. However, from a review of the complaints log, it was evident to inspectors that a number of safeguarding allegations were not. This is outlined under Regulation 31 Notification of Incidents.

From a review of a sample of staff files, it was evident that required records were maintained in line with Schedule 2 of the regulations.

The provider had an up-to-date complaints procedure that was displayed in the centre. A record of complaints and action taken in response were maintained in the centre.

### Regulation 15: Staffing

Inspectors found that the number and skill mix of staff was appropriate to meet the assessed needs of the 36 residents living in the centre on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records and the centers training matrix reviewed during the inspection showed that there were large deficits in training for staff that required action.

- 23 staff required updated training on fire safety
- 20 staff required updated safeguarding training
- 3 staff required updated moving and handling training
- The majority of the staff required responsive behaviour training, with a number of staff, who never received this training.
- Staff required training on care planning as evidenced under Regulation 5.

Judgment: Not compliant

### Regulation 21: Records

Records were made available in a timely manner to inspectors. From a review of a sample of staff files, it was evident that records were maintained in line with Schedule 2 of the regulations.



Judgment: Compliant

### Regulation 23: Governance and management

Management oversight of the quality and safety of the service and care provided to residents required immediate action to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored; An immediate action was issued to the provider on the day of inspection, regarding supervision arrangements, for a resident who was a high risk while smoking. This was actioned on the day.

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by the following:

- The provider was operating the designated centre outside of condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. There was an area in the building that was used for administration offices, storage of equipment and records required for residents' use. This floor had not been registered as part of the designated centre as required under the Health Act.
- The system and oversight of training required strengthening as detailed under Regulation 16; Training and staff development.
- The system of audit and review required action as while there was an audit schedule in place, good compliance with audit findings was not reflected in the inspection findings as outlined under Regulation 5; Individual assessment and care plan.
- The system of oversight of incidents required improvement. While safeguarding incidents were investigated and actioned in the centre, legally mandated notifications were not submitted as required to the Chief inspector with regard to allegations or incidents of abuse of residents as outlined under Regulation 31; Notification of incidents.
- Oversight of risk management systems required action, as inspectors observed that a risk assessment regarding a resident who was a high risk when smoking did not have recommended controls implemented.

Judgment: Not compliant

### Regulation 31: Notification of incidents

From a review of the records pertaining to incidents and complaints, maintained in the centre, the inspectors found that not all notifications had been submitted to the Chief inspector as required as evidenced by the following;

While allegations or incidents, relating to safeguarding of residents, had been investigated and actioned by the person in charge, a number of these not been notified to the Chief inspector as required.
Judgment: Not compliant
<b>Regulation 34: Complaints procedure</b>
The complaints procedure was displayed and maintained in line with the regulations. From a review of the complaints log maintained in the centre, it was evident that complaints were recorded and investigation by the complaints officer as required.
Judgment: Compliant
<b>Quality and safety</b>
<p>While residents and visitors, who spoke with the inspectors, gave positive feedback on the care provided by staff working in the centre, Inspectors were concerned that the high level of non-compliance found on inspection, was posing a risk to the safety and well being of residents, in particular with regard to fire precautions, care planning, and promoting residents' rights.</p> <p>The inspectors reviewed a sample of residents' files and found that each resident had a care plan in place. Validated assessment tools were used to assess risks to residents and to inform care planning. However, inspectors found that information used to inform assessments was not always accurate, and care plans were not always updated when a resident's condition changed. These and other findings are outlined under Regulation 5; Individual Care planning and assessment.</p> <p>Residents had good access to health care services from a local GP practice who attended the centre each week or as required. Out of hours services were also accessible to residents. When required, residents were referred to physiotherapy, dietitian and speech and language therapists. From a review of residents' records, it was evident that wounds were not managed in line with recommendations from tissue viability specialists and a consistent approach to wound assessment was required as outlined under Regulation 6; Health care.</p> <p>Food appeared nutritious and in sufficient quantities; drinks and snack rounds were observed morning and afternoon. It was evident to inspectors that there was close monitoring of residents' weights and nutritional assessments. While there was a choice of main courses available each day, the systems in place to ensure residents knew what choices were available require action, as outlined under Regulation 18;</p>

## Food and Nutrition.

The inspectors saw that alternatives to bed rails such as crash mats and low beds were in use. There was a low use of bed rails in the centre and there were closely monitored by the management team. Staff were observed to interact with residents in a respectful manner during the inspection. However, a number of staff were overdue training on responsive behaviors as outlined under Regulation 16; Training and staff development.

The inspectors saw that there was adequate resources available to ensure residents' bedrooms were cleaned every day and deep cleaned regularly. The usage of antibiotics and residents who acquired infections were closely monitored. The inspectors saw that some equipment in use for residents and some flooring in the centre was worn and could not be effectively cleaned. These and other findings are outlined under Regulation 27; Infection Control.

The fire folder was examined by inspectors. Emergency lighting, and the fire alarm system were serviced quarterly and annually as required and fire equipment was serviced annually. An immediate action was issued to the provider on the day of inspection due to the risk of lack of supervision of residents who smoked. This and other findings are outlined under Regulation 28 Fire precautions.

Residents had access to advocacy services if required. Regular residents' meetings were held in the centre, to seek residents' views on the running of the centre. The inspectors saw that surveys were completed by residents, to give further feedback and these were found to be generally positive. The activity co-ordinator had left their position in the weeks before the inspection and while care staff were observed supervising the day room, there was little meaningful activities for residents. These and other findings are outlined under Regulation 9; Residents' rights.

## Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection and visitors and residents confirmed that visiting was not restricted.

Judgment: Compliant

## Regulation 18: Food and nutrition

Action was required to ensure residents were offered a choice at mealtimes as evidenced by the following;

- Inspectors found that while there were two options available for the main lunch time meal, residents who spoke to inspectors were not aware of these

choices.

- Inspectors were told that residents were asked their preferred option the day before inspection and a list was sent to the kitchen with their choices recorded. From a review of the list shown to inspectors on the day of inspection, choices were recorded for residents who were in hospital so therefore an accurate list was not maintained.
- The menu available was not displayed anywhere for residents to be reminded of the choices on offer.

Inspectors saw that while some residents were offered a sociable dining experience in the two dining rooms in the centre, others were not, as they were served their meals from tables brought to their chairs in the dayroom.

Judgment: Substantially compliant

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

Transfer letters for times when residents were transferred out of the centre to another care facility were maintained on site, and records of information supplied to the receiving service to enable the resident to be cared for in accordance with their assessed needs, preferences and wishes was maintained in the centre.

Judgment: Compliant

### Regulation 26: Risk management

The provider ensured the plan in place for managing an emergency, such as disruptions to essential services were strengthened, with purchase of a generator for the centre.

Judgment: Compliant

### Regulation 27: Infection control

The following required action with regard to infection control practices for the centre.

- grouting in a number of sinks in residents' bedrooms were not clean
- a toilet seat was cracked and worn and could not be effectively cleaned
- some seating and pressure relieving cushions were worn and torn; and could

not be effectively cleaned.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
<p>Immediate action was required on the day of inspection pertaining to fire precautions. The provider was not taking adequate precautions against the risk of fire as evidenced by the following findings:</p> <ul style="list-style-type: none"> <li>• There was inadequate supervision of residents who smoked to ensure they were protected. An inspector saw that while a risk assessment carried out by the provider required direct supervision of a resident while smoking, this resident was observed to be unsupervised during the morning. The provider was issued with an immediate action to ensure the resident was supervised at all times when smoking.</li> <li>• A resident's chair and pressure relieving cushion had evidence of burn holes and therefore, the integrity of the equipment could not be assured.</li> <li>• While fire drills were being carried out in the centre, they did not ensure that evacuation of the largest compartment in the centre could be carried out in a timely manner when staffing was at minimum levels. The provider was requested to ensure these were carried out following the inspection.</li> <li>• A number of staff were overdue or required fire training,</li> </ul>
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
<p>Processes were in place for the prescribing, administration and handling of medicines, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.</p>
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
<p>A sample of assessments and care plans were reviewed and these showed mixed findings. While some care plans were comprehensive and person centred, others</p>

required action to facilitate staff to provide person-centred care as evidenced by the following;

- Information recorded in assessments was not used to inform development of care plans, for example a nutritional assessment score was recorded as high risk on assessment but a lower risk was recorded in the care plan.
- Care plans related to skin integrity did not accurately reflect if pressure relieving devices were required or in use
- Assessments were not consistently updated following a resident's return from hospital to reflect their changing condition.
- daily narrative notes were not always person centred.

Judgment: Substantially compliant

### Regulation 6: Health care

Inspectors saw that evidence-based nursing care, as required by the regulations, was not consistently provided. In relation to wound care management for residents. From a review of two care plans for residents who had wounds, wound care plans recommended by tissue viability specialists was not always followed with regard to wound dressings used.

Wound assessments were not consistently recorded at regular intervals to indicate if wounds were improving or deteriorating. This could result in errors or delays in wound care healing.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

The inspectors saw that staff engaged with residents in a respectful and dignified way. Restrictive practices were monitored by the person in charge and there was evidence of use of alternatives to bed rails such as low-low beds and crash mats, in accordance with best practice guidelines. There was a low use of bed rails in the centre. A number of staff were overdue training in responsive behaviour as outlined under Regulation 16 training and staff development.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required to ensure residents' rights were promoted and upheld at all times as evidenced by the following;

- The inspectors saw that residents spend much of the day in the day room, with few opportunities to engage in activities of interest to them, there was no staff assigned to activities to support them with this.
- There was limited access to the outdoors for a number of residents as seen on the morning of the inspection and as identified to the inspectors.
- As found on the last inspection, the dining experience was not a sociable one for a number of residents, as they were served their meals from tables beside their chairs in the day room.
- A television in a resident's room was in a position that the resident could not view it easily.

Judgment: Not 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	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially 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	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0041823

Date of inspection: 09/04/2025

## 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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The deficits in training is now well under way. <ul style="list-style-type: none"><li>• Fire safety training is almost completed, only a few more staff to do and this will take place in a week or two.</li><li>• Safeguarding and Communication training has been taking place in the last two weeks and many of the staff have now completed these.</li><li>• With regards behaviour that challenges we are still waiting to hear back from external provider, who generally does this for us.</li><li>• Manual Handling and People Handling will take place early June.</li><li>• Full day care planning training will take place. Two sessions are organized on July 23rd</li></ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• Areas operated outside Centre condition one of registration have now been almost cleared out and this will be completed by end of June. We have organized for specialist shredding to dispose records safely.</li><li>• The Fire Consultant is due to come and advise, and assessed these areas. Plans will be created by end of June.</li><li>• Also, the Statement of Purpose and Function will be reviewed and updated to include these new plans.</li><li>• Training and staff development is currently been undertaken.</li></ul>	

- With regards auditing, we have a good system in place in general, with regards to individual assessments and care plan. While it has improved greatly in last 9-12 month there is still more understanding needed of the importance of high quality assessments and care plan in the continuing care of residents' best interest.  
We have organized additional training with an external provider for the nursing staff. This will take place on July 23rd, when two training sessions have been organized with regards to individual assessments and care plan, to ensure a better understanding and provision of a higher standard of care.
- In the future we will ensure all the Notifications will be submitted as per Regulations in a timely manner, and all relevant staff have been communicated with about this.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

We had a meeting with CNM1 and all nursing staff to discuss the need to notify within two working days any incidents or complaints, especially regarding safeguarding, and to ensure that they understand that notifications must be submitted to Inspector in a timely manner.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Having investigated the system with regards residents menus choices. We have decide that instead of going over these with the residents the evening before the menu choices will be discussed with each resident the following morning by the dining room attendant. The menu will be displayed on each table from the morning and we have provided two menu boards, one in each dining room, where the menu for the day will be printed and easily seen by the residents so they can view choices.
- We are currently considering how best we can organize a sociable mealtimes experience for some residents who do not wish to eat in dining area.

Regulation 27: Infection control	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• With regards to a number of sinks in residents bedrooms where grouting is not clean, our maintenance Team will be coming in 3rd week of June to remove old grouting and put new grouting in place.</li> <li>• Toilet seats that were cracked and worn have now been removed, new ones have been fitted.</li> <li>• We are in the process of replacing torn and worn pressure relieving cushions.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Regarding the resident who require direct supervision while smoking, adequate precautions have now been put in place</li> <li>• Residents chairs and pressure relieving cushions that has evidence of burn holes is currently been reviewed and will be replaced by end of June.</li> <li>• A review of how we carry out our fire drill has been undertaken and improvements are in place.</li> <li>• Most of the staff have since received fire training, only a few more needs to update their training, and this is currently been scheduled.</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> <p>Since inspection, we have been working closely with the nurses to ensure they understand how to provide and develop meaningful up to date assessments and care plan that clearly states the plans goals and action needed to ensure residents receive appropriate care that is regularly followed up.</p> <p>Training will be provided, 2 sessions, on July 23rd by an external provider and is already in place. The tutor has been made aware of the training still required to improve our assessments and care plan.</p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We have wound assessments in place but these were not always followed up consistently, or recorded at regular intervals, or when changes indicated, or whether wound is improving or not. Since inspection, we have discussed this with all the nursing staff and they are now aware of this.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Inspector noted residents right did not always uphold with regards meaningful activities. While a new activity coordinator has been accepted and is to commence shortly, she will work Monday to Friday. We are planning to involve HCAs more in meaningful activities with the residents in between providing care.</li> <li>• All staff are aware that if the weather allows, residents are to be given the opportunity to go outdoors.</li> <li>• We have discussed with staff that when leaving the residents, who wish to stay in room.. that they need to ensure the TV is in a position where they can view it easily.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/07/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	16/06/2025
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.	Substantially Compliant	Yellow	14/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	31/07/2025

	appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2025
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.	Not Compliant	Red	09/04/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the 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	Not Compliant	Orange	30/06/2025

	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	16/06/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	26/05/2025
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	Substantially Compliant	Yellow	31/07/2025



	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	26/05/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/06/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2025