



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

Issued by the Chief Inspector

Name of designated centre:	Bushy Park Nursing Home
Name of provider:	Bushy Park Nursing Home Limited
Address of centre:	Nenagh Road, Borrisokane, Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0000410
Fieldwork ID:	MON-0033856

About the designated centre

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

Bushypark nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located on the outskirts of the town of Borrisokane. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining, day and activities rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

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 18 August 2021	09:45hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection of Bushy Park Nursing Home. Overall, residents spoke positively about the staff working in the centre. They told the inspector that staff were kind and caring. Areas for improvement were required, predominantly in relation to infection prevention and control.

The inspector arrived to the centre unannounced for a one day inspection. On arrival, the inspector was met by the registered provider representative (RPR) who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checks were implemented, prior to entering the centre. After an opening meeting with the RPR and assistant director of nursing (ADON), the inspector was guided on a tour of the centre, where he met and spoke with residents in their bedrooms and in communal areas.

Bushy Park Nursing Home is a single storey premises on the outskirts of Borrisokane, County Tipperary and is registered to provide care for 34 residents. It is a purpose-built, family run nursing home. On the day of this inspection there were 21 residents living in the centre. Bedroom accommodation comprises 13 twin bedrooms and eight single bedrooms. All bedrooms, except two of the twin rooms, are en suite with a shower, toilet and wash hand basin.

The design and layout of the centre supported the free movement of residents throughout the centre. Residents were encouraged and supported to mobilise freely. While the centre was generally clean throughout, as found on previous inspections, the centre was in need of renovation and redecoration. Some of the paintwork on doors and door surrounds was scuffed. Floors in some of the bedrooms were also damaged. A programme of works was underway and the floor covering in some of the bedrooms was in the process of being replaced on a room by room basis.

Most residents spent their day in the sitting room and adjacent activities room. This area was furnished with armchairs, a television and various memorabilia. The upholstery on some of the armchairs and cushions were damaged, and from an infection prevention and control perspective, would be difficult to clean effectively. This area was supervised by an activities coordinator and residents were seen to enthusiastically participate in a music session on the afternoon of the inspection. Discussions with the activity staff indicated that they knew residents well and tailored the programme of activities to the preferences of residents. The programme of activities was also flexible to the wishes of residents on a daily basis.

During the tour of the premises the inspector viewed the laundry room. The inspector was informed that a healthcare assistant was assigned on a daily basis to launder the clothes and this was usually done in the afternoon. However, the inspector noted that the washing machine was in use in the morning and throughout the day. Staff responsible for laundering the clothes also provided direct care to

residents throughout the day, which posed a risk of cross contamination. It was also noted that the area at the entrance to the laundry served as staff changing facilities. This was identified as an infection control risk. Personal clothing was stored openly on coat hooks in a manner that posed a risk of cross contamination either from soiled laundry or from other staff clothing. A staff toilet was also accessed through the laundry and the toilet seat required replacement.

Staff spoken with were knowledgeable of residents and their individual needs. Where residents required assistance during this inspection, the inspector observed staff assisting residents in a discrete and sensitive manner at all times.

The inspector had the opportunity to observe residents' dining experience. Residents to whom the inspector spoke with were complimentary about the food served in the centre and confirmed that they were always afforded choice. One resident stated that the lunch was usually good but the evening meal could be better.

While visiting was facilitated, the inspector did not observe a significant amount of visiting. One resident was taken out by a family member for a number of hours and the inspector observed another resident having a window visit. The inspector did not have an opportunity to meet with any visitors. The inspector was informed that the provider was currently reviewing visiting arrangements due to the increase in COVID-19 in the community

The inspector identified a number of ongoing issues with the governance arrangements in the centre that required action, notable the absence of a person in charge. The residents generally seemed to be unaware of this issue as the previous person in charge continued to work in the centre.

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

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a stable team of staff committed to meet their needs and ensure their safety. A number of areas that required improvement were identified during the inspection, specifically in relation to the absence of a person in charge and inadequate infection prevention and control arrangements. The provider of this centre had a good history of regulatory compliance and has been responsive to the regulatory process. However, improved focus and oversight was now required to achieve regulatory compliance to support a safe and high quality of service to the residents living there.

The registered provider is Bushy Park Nursing Home Limited, which is family owned and operated. One of the directors of the company is present in the centre on a daily basis and is involved in the day to day operation of the centre. The person in

charge (PIC) had resigned their position in February 2021 but continues to work in the centre as a staff nurse and also continues to carry out some management functions such as auditing. The assistant director of nursing is now the acting director of nursing and is supported in the role by the previous PIC. A cautionary meeting was held with the provider in June 2021 to outline the concerns of the Chief Inspector in relation to the absence of a PIC. At that meeting the provider was advised that escalation proceedings would be initiated if a person in charge was not appointed in a timely manner. During the inspection, the inspector was informed that the position of PIC has been advertised on a number of occasions but to date a suitable candidate has not come forward. Despite the absence of a PIC, there is a clearly defined management structure in place with which staff are familiar and are aware of their individual roles and responsibilities within the structure.

Nursing and care staffing levels on the day of inspection were appropriate to meet the needs of the residents. A review, however, is required of ancillary staff as the person assigned to laundry duties also provided direct care to residents and these roles were not appropriately segregated. This was identified as an infection prevention and control risk.

All residents and staff had been vaccinated against COVID-19 and there was a dedicated COVID-19 lead in the centre. While the centre had a COVID-19 contingency plan, it had not been updated recently. Discussions with management indicated that further review was required of planned isolation areas should there be an outbreak, as the area currently identified would impact on access to the centre through the main entrance and also access to communal sitting rooms. In addition, there were inadequate staff changing facilities to segregate staff in the event of an outbreak.

There was a range of audits and associated actions identified in areas where improvements were required. Some improvements, however, were required as the audit programme did not identify some of the issues identified on this inspection, such as inadequate staff facilities and non-compliance with recommended practice in relation to the wearing of uniforms. There was an annual review of the quality and safety of care to residents that incorporated feedback from residents, primarily obtained through regular residents' meetings.

Staff were supported and facilitated to attend training relevant to their role and most staff had completed training in mandatory areas such as fire safety, manual and people handling, safeguarding and responsive behaviour. Staff had access to relevant policies to guide their practice and there was evidence of regular and effective communication, including staff meetings, memos and email communication. All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI). A review of a sample of staff personnel files indicated that all staff had Garda vetting in place prior to commencing employment. Some improvements, however, were required in relation to ensuring that a comprehensive employment record was maintained for all staff and in ensuring that all employment references were verified.

A review of complaint records indicated there was good oversight of the management of complaints.

Regulation 14: Persons in charge

There was no person in charge of the centre on the day of the inspection as the previous person in charge had resigned at the end of February 2021.

Judgment: Not compliant

Regulation 15: Staffing

A review was required of staffing, as caring and laundry duties were carried out by a healthcare assistant without adequate segregation of duties.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of staff training records indicated that staff were supported and facilitated to attend training. Most staff had attended mandatory training, however, a small number of existing staff were overdue attendance at manual handling and fire safety training for between three and six months.

Judgment: Substantially compliant

Regulation 21: Records

Improvements required in relation to the management of records included:

- of a sample of four personnel records reviewed, the employment history of two staff contained gaps for which a satisfactory explanation was not recorded
- the training matrix provided a high level record of training but individual components of training were not reflected in the matrix. For example, the training matrix identified attendance at infection prevention and control training but it was not possible to ascertain from the record when staff

attended training for issues such as hand hygiene, donning and doffing personal protective equipment (PPE) or COVID-19 training

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements required in relation to oversight of the centre included:

- The centre did not have a person in charge as required by the regulations.
- While there was an audit process, issues identified on this inspection were not captured, such as non-adherence to uniform guidance

The COVID-19 contingency plan also required review to ensure that the centre was adequately prepared for a COVID-19 outbreak. Issues to be addressed included:

- plans to segregate staff teams that care for residents that are suspected or test positive for COVID-19 from staff that care for residents that have a not-detected status;
- identifying a suitable area for isolating residents that may test positive. The proposed arrangement for isolation rooms would hinder access to areas such as communal rooms and offices.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose required review and updating to ensure it accurately reflected the current governance arrangements in the centre and also the conditions of the current registration.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of accident and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were in place and all had been reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

Overall residents living in the centre were seen to receive a good standard of care. The inspector observed that staff responded to residents requests for attention promptly and residents gave positive feedback regarding their care. Improvements were required predominantly in relation to infection prevention and control (IPC). Following the inspection, the provider confirmed that they had arranged for an IPC specialist to do a site visit and provide advice and guidance in relation to infection prevention and control in the centre.

The inspector reviewed a sample of residents records, which demonstrated that residents were comprehensively assessed on admission and regularly reviewed thereafter using recognised assessment tools. Care plans were developed based on these assessments and these were seen to be comprehensive and provided good guidance on the care to be delivered to each resident on an individual basis. There was a need, however, to ensure that when care plans were updated, that the current needs of residents was at the forefront of the plan, rather than the care needs of the residents on previous assessments.

Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Three general practitioners visited the centre, however, most residents were under the care of one GP practice. Residents also had access to allied health and specialist services such as speech and language therapy, dietetics and occupational therapy.

Residents confirmed they felt safe in the centre and felt able to talk to staff if they had any concerns. There was a policy in place to guide staff to safeguard residents. Staff had attended safeguarding training and were aware of their responsibility to keep residents safe. A restraint free environment was promoted in accordance with best practice, national guidance and risk assessments. Suitable arrangements were in place for the provider to operate as a pension agent and to safeguard residents.

Mealtimes were observed to be a relaxed experience for residents. Staff were seen to engage appropriately with residents and to discreetly attend to them when required. Residents spoken with confirmed that requests for alternatives to the menu were facilitated and the chef was familiar with residents likes and dislikes. The inspector saw that drinks and snacks were provided between mealtimes.

Visiting was facilitated in the main sitting room and in a designated visiting area. The provider informed the inspector that visiting was not facilitated in residents' bedrooms due to the increased risk posed by visitors walking through the centre. A member of staff had responsibility for ensuring infection prevention and control precautions were in place, should a visitor or other person enter the building. These included a COVID-19 related questionnaire to be completed along with a temperature check, hand hygiene and mask-wearing.

There was a risk management policy in place that addressed the requirements of the regulations. The risk management policy outlined procedures for the management and reporting of non-serious and serious incidents at the centre. The inspector found that the registered provider had arrangements in place for the identification and recording of incidents involving residents and the inspector reviewed comprehensive incident records. Quality and safety meetings were held regularly during which any untoward incidents were discussed. A small number of residents smoked and arrangements were in place to supervise residents while they smoked. There was a need however to include this in residents' care plans.

Significant improvements were required in relation to infection prevention and control. Required improvements included the inadequate segregation of caring and laundry duties. Staff changing facilities, located in the laundry area, were not fit for purpose and posed an infection control risk. Staff did not adhere to recommended practice in relation to changing into uniform in the centre at the beginning and end of a shift. This is discussed under regulation 27.

The household team spoken with had a system of colour-coded cleaning cloths in place, with appropriate separation of clean and unclean items during cleaning processes. There was a system for deep cleaning bedrooms on a rotational basis. Residents' bedrooms and communal areas were observed to be clean on the day of the inspection. However, damaged flooring and paint work could not be effectively cleaned and external and internal maintenance programme required review. Details are set out under regulation 17.

Certification was available demonstrating that the emergency lighting was serviced annually in accordance with the relevant standards. The fire procedure and evacuation plans were prominently displayed in the centre. Fire escape signage to

guide residents, staff and visitors to the assembly area in the event of emergency was evident. The fire exit from the sitting room was observed to be obstructed on the morning of the inspection but the obstruction was immediately removed. While arrangements were in place for the preventive maintenance of fire safety equipment some improvement was required to the maintenance schedule of emergency lighting to demonstrate compliance with relevant standards.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. Appropriate risk assessment and safety measures were in place for indoor visiting.

Judgment: Compliant

Regulation 17: Premises

Improvements required in relation to the premises included:

- the floor covering in some bedrooms was damaged. The paintwork on some doors and surrounds was scuffed and required repainting.
- while there was good access to outdoor space, the environment could be enhanced and made more inviting by the addition of garden furniture and plant beds. Additionally, there was some debris on the ground and it would benefit from power washing. No residents were seen to avail of the outdoor space on the day of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

The door to the staff changing area was unlocked and would pose a risk to residents should they enter the area unsupervised.

Judgment: Substantially compliant

Regulation 27: Infection control

Evidence found on inspection pointed to a knowledge deficit in relation to infection prevention and control. Significant improvements were required in relation to infection prevention and control. Issues included:

- staff wore their uniform pants to and from work.
- housekeeping staff did not have a designated uniform and were dressed in civilian clothing
- staff changing facilities were inadequate as they were part of the laundry
- the upholstery on some furniture and cushions was torn and would not be possible to clean effectively
- the toilet in the staff bathroom was in a poor state of repair
- damaged flooring and paintwork would not be cleaned to an acceptable standard.

Judgment: Not compliant

Regulation 28: Fire precautions

There was evidence that emergency lighting was tested quarterly but, certification was not available to demonstrate that it was done by a suitably qualified person in accordance with the relevant standards.

One of the emergency exits leads out to the secure outdoor area. Once you are in this area it is not possible to proceed to the fire assembly point, as the lock is only accessible from the other side of the gate. The provider was requested to review the lock on this gate while taking into account the need to prevent residents from absconding from the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Nurses transcribed prescriptions, however, not all prescriptions were signed by a general practitioner. Therefore nursing staff were not administering medications using a valid prescription.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While residents had a risk assessment conducted in relation to smoking, care plans were not developed clearly outlining the required supervision arrangements while residents smoked.

While care plans were detailed and personalised, many contained historical information that did not accurately reflect the care to be given at this time.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner of their choice, who attended to them frequently in the centre, and to other healthcare services based on their assessed needs.

A high standard of evidence-based nursing care was provided as evidenced by the use of regular clinical risk assessments using validated tools.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents living in the centre presenting with responsive behaviour on the day of the inspection. Other than external door locks, the only form of restraint in place were bed rails. Risk assessments were conducted prior to the use of bed rails and adequate safety checks were conducted while bed rails were in place.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. All staff interactions with residents were seen to be respectful. The centre was pension agent for one resident and adequate banking arrangements were in place for this resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that staff understood and respected residents' rights to make their own decisions and live in a way that suited them. They had access to advocacy services and were frequently consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Bushy Park Nursing Home OSV-0000410

Inspection ID: MON-0033856

Date of inspection: 18/08/2021

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <ul style="list-style-type: none"> • No person in charge in Bushy Park Nursing Home to present date. • Assistant Director of Nursing continues in the role of Acting Director of Nursing • Recruitment on going 	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Adequate skill mix daily to facilitate the needs of all residents • Laundry service available on site to facilitate all residents if they choose • Appointed HCA – working 08-00 to 20-00 hrs. shift will be allocated to the laundry, only from 13-30 to 20-00 hrs. <ul style="list-style-type: none"> o HCA will attend to residents until 13.30 hrs. o Lunch 13-30 to 14-00 hrs. o Laundry at 14-00 to 20-00 hrs. • Dress code – Uniform will be changed, to regular blouse / shirt • Apron- Green has now been put in place, to define laundry staff • Role and responsibility of staff Re: laundry is clearly defined and staff understand their individual and collective responsibility Re. laundry • Reviewed in Uniform and Code of Conduct Policy • This has now been implemented into Job description health care assistant in Bushy Park Nursing Home 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Manual Handling Training now up to date, reflected in matrix • Fire safety training organized, date 1rd October 2021 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • Employment history of staff personnel records reviewed, records with any gaps completed • All staff have completed Individual up to date training on <ul style="list-style-type: none"> • Hand Hygiene • Donning and Doffing • Covid -19 training <p>Documentation of same available on site.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Recruitment on going for P.I.C. In the absence of P.I.C Assistant Director of Nursing is Acting Director of Nursing. Management structure in place presently is clearly defined, staff, residents and families are familiar with same. • Infection prevention & control audit system reviewed and now a more robust system in place to capture/highlight any non-adherence. • Dress Code: Uniform guidance has been reviewed, clearly outlined in staff job descriptions and Uniform Code of Conduct Policy. • Contingency plan reviewed with IPC specialist, Friday 03/09/21, significant changes implemented. • Contingency plan drill with all staff took place 06/09/21 	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Statement of purpose reviewed and updated, now reflects current Governance arrangements in the center and also the condition of the current registration. 	
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"> • Floor covering – Refurbishment of bed rooms on going. Two bed rooms have been completed since inspection. Remaining rooms to be completed 04/10/2021 • Paint work- On going/internal building • Garden furniture- Positioned in back garden. • External Environment has been power washed • Additional potted plants have been added to the grounds 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> • Risk register completed. • Keypad at laundry door safety check audit implemented, maintained daily. To ensure the keypad locks main door into the laundry and door is secure to prevent access by residents. 	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • New staff dressing/changing room constructed. • Daily audit Re uniform now implemented, will reflect change of clothes/uniform • Housekeeping staff-dress code <p>Black top Pants Aprons</p> <ul style="list-style-type: none"> • Furniture/cushions not suitable to environment have been removed and disposed of. • Staff toilet and laundry are presently undergoing refurbishment, to be completed 11/10/2021 <ul style="list-style-type: none"> • Service provider has completed all necessary paintworks and work remains in progress with refurbishment of rooms/ongoing presently 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Gate- 19/08/2021 Lock reviewed at gate in outdoor garden. New lock positioned at accessible point, staff aware of same. Not visual to residents • Risk register maintained. • Emergency light test to be carried out quarterly by certified electrician contractor. First inspection completed 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Appropriate medication management practices now in place. All medications administered have valid up to date prescription signed by G.P. 	
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:

- Two residents currently smoking
- Individual smoking care plans implemented 19/08/21
- Individual smoking audit completed 19/08/21
- Both Residents and one family involved in the implementation of care plan
- Care plans, assessments and audit will be reviewed 3-4 monthly or should residents status present with any changes

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	31/01/2021
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	22/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	11/10/2021

	which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	22/09/2021
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.	Not Compliant	Orange	27/09/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	22/09/2021
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	Not Compliant	Orange	11/10/2021

	Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	22/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	22/09/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	22/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/09/2021

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	22/09/2021
-----------------	---	-------------------------	--------	------------