

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

Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	19 February 2025
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0046333

About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 19 February 2025	09:15hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 19 February 2025	09:15hrs to 17:45hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, residents in Powdermill nursing home were supported to have a good quality of life and were found to be content with life in the centre. During the inspection day, inspectors met with all residents and spoke with 10 residents in more detail. Residents praised all aspects of the centre and said they were very happy with the staff and the care provided. Ten visitors also spoke with inspectors and they echoed the positive comments from residents, stating that they had free access to the centre. This was evidenced by the many signatures in the visitors' book on the day in question, as well as the large number of visitors who were seen coming and going, from early morning until the evening. They were complimentary about their experience and felt that communication was effective, from both staff and management. Inspectors observed lovely interactions, between residents and staff and it was apparent that meaningful connections had been established, with a respectful approach promoted.

Following an opening meeting with the person in charge, the operations manager and a clinical nurse manager (CNM), inspectors were accompanied on a walk around the centre. Powdermill nursing home is registered to accommodate 40 residents, over two floors. There were 39 residents living there on the day of inspection. Inspectors saw that the centre was well maintained and appeared clean and bright. Bedrooms were personalised with flowers, photographs, small personal items from residents' homes and presents brought in by their families. During the walk about, inspectors observed that, in one multi-occupancy bedroom, the TV was not accessible to all residents, especially when the privacy curtains were pulled. This is further outlined under regulation 17, Premises. Maintenance work, on-going at the last inspection, was seen to be continuing, with a planned schedule of improvements underway for 2025.

Communal rooms consisted of two large combined dining and sitting rooms, as well as a spacious internal foyer area and a staff office, used for private visits. Both of the larger rooms contained a kitchenette, from where each meal was observed to be served to residents. Relatives said that "a cup of tea was always on offer" during visits, and they said they really appreciated this "personal touch". The newly refurbished stairs to the upper floor was nicely decorated, with exposed original stone and wallpaper decoration. There were handrails on both sides of this stairs and staff informed inspectors that one resident in particular, liked to use the stairs, in preference to the lift.

Externally, the newly paved pathway led to lovely seating areas, which overlooked the local sports field. Additionally, inspectors observed that a new roof had been installed in the spacious pergola, and staff said that plans were well underway to ensure residents would be facilitated to avail of plenty fresh air, and outdoor events, as soon as the weather improved.

Residents were complimentary of the choice, the quality, and variety of food on offer and inspectors found that the chef was dedicated to ensuring the the meals were nourishing, tasty and varied. Snacks and drinks were seen to be served to residents throughout the day of inspection and specialised diets were catered for. In particular, substantial, leisurely, breakfasts were served, with one person enjoying two boiled eggs, porridge, toast and a yogurt. The breakfast experience was supported by two dining room assistants, whom residents said were "very kind and patient". One resident informed inspectors that following their return from a recent hospital admission they were delighted to be "back home" in the centre. However, aspects of the dining experience, in general, required review, to ensure that it was a more social and interactive event. For example, at dinner time the majority of residents were observed to dine alone at individual small tables, even though there was adequate seating space available to dine in groups, at the dining tables which were only used by 3 residents in one of the dining rooms and no resident in the other dining room. This was not conducive to meaningful conversation and sociability. This finding is outlined in more detail, under regulation 9: Residents' rights, in this report.

A programme of activities was organised for residents, over the seven days, by two staff members. A monthly newsletter proved very popular with residents, family members and staff. The December edition contained a resident's Christmas memories, as well as messages of goodwill from management and administration staff. Activities ranged from outings, an external yoga teacher, a physiotherapist, musicians, massage, art, bingo and celebrations. For example, on the week of the inspection the chef informed inspectors that he had baked three birthday cakes that week for residents. There were a variety of communal areas for residents' and relatives' use. This meant that residents had adequate social and personal space, as well as opportunities to meet with family in private, or watch alternative TV programmes.

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

Capacity and capability

This one day, unannounced, inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, this inspection found that Powdermill nursing home was a well-managed service, where residents were in receipt of a good standard of care, by staff that were responsive to their needs. In general, inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined. The provider had implemented the majority of actions required, with regards to the

premises, following the findings of the previous inspection of 30 July 2024. On this inspection some further actions were required in, maintaining staffing levels for the early night shift, improving the dining experience for residents and some aspects of fire safety. An immediate action was given in relation to the unsafe location of a TV cable, adjacent to a ceiling light, and this was satisfactorily addressed during the inspection. These will be further detailed under the relevant regulations.

Powdermill nursing home is operated by JPC Powdermill Care Centre Limited. There are two directors in the company who are involved in the management of the centre. On a daily basis, management support within the centre was provided by one director of the company, who was present there each day. This director was also the person in charge, and they were found to be knowledgeable of the role and the regulatory responsibilities which it entailed. They were supported in the delivery of care by clinical nurse managers (CNMs), nurses and a health care team, as well as household, laundry, catering and administration staff. There were two additional members of the management team on site daily, the general manager and the operations manager. All staff spoken with were aware of their role and responsibilities and to whom they were accountable.

While the number and skill-mix of staff on duty, during the day, was appropriate to meet the needs of residents, the roster seen indicated that there were gaps and discrepancies in the number of staff available in the early night time hours. This finding required action, as described in detail under regulation 15, Staffing. There were systems in place to ensure appropriate communication between the management team and the staff. These included regular handover reports to discuss residents' care requirements and team meetings for each grade of staff, which were scheduled and documented.

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant, up-to-date training, to enable them to perform their respective roles. A training matrix was maintained to monitor staff attendance at training.

A range of audits were carried out, which reviewed practices such as care planning, incident management, medication management and infection prevention and control. Antimicrobial stewardship was undertaken, to ensure that antibiotics were only used when appropriate and that the most effective antibiotic was used. This meant that the risks from MDROs (multi-drug resistant organisms) occurrence was reduced. All residents were issued with a contract for the provision of services, as required by the regulations and the centre was appropriately insured.

There was a complaints policy in place. The complaint register was reviewed by inspectors and it was evident that complaints were being documented and addressed. The person in charge had submitted all the specified notifications to the Chief Inspector, within the required time frames, as listed in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors reviewed the management of various incidents, relating to residents, and were assured that detailed investigations

were carried out, resulting in enhanced supervision systems being put in place, to prevent recurrence.

Records were seen to be maintained and stored adequately, meeting legislative requirements. A sample of staff files reviewed contained all the required documentation, including Garda vetting (GV) clearance, which inspectors were assured was in place, prior to employment.

Regulation 15: Staffing

Action was required in relation to staffing levels and skill mix for night time in the centre:

- Duty Rosters were reviewed and staff informed the inspectors that on a number of nights each week there was only one nurse on duty to administer the night time medications, provide care to residents and to supervise the care staff. Previous inspections of the centre had identified that two nursing staff were required due to the size and layout of the centre over two floors. The provider agreed and had committed to having two nurses until at least 22.00hrs when the medication round was completed. The inspectors saw that two nurses were available on a number of the twilight shifts but not every night. The nursing staffing levels for the day shifts could be up to five nurses on duty some days then reducing to only one nurse at night, further review and distribution of nursing hours were required to ensure residents received optimal nursing care at night.
- There were three care staff on duty until 22.00hrs and this reduced to two care staff until 08.00am the next day. Given the layout of the centre over two floors this staffing level required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance at the sessions was recorded on the training matrix.

Training, appropriate to the sector, was found to be up-to-date.

Staff told inspectors that training was easily accessible. In-house, face-to-face training was delivered, by senior staff members, in for example, safeguarding, infection control and dementia care training.

Staff were appropriately supervised and supported to perform their respective roles. Inspectors saw that performance improvement plans (PIP) were seen to have been

commenced and supervision was increased, where any person did not fulfill the required standards.

There was a comprehensive induction and appraisal programme in place underpinned by policies. which supported robust recruitment and retention of staff. Copies of these documents were available for review.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available for inspection and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured.

A copy of the document was made available to inspectors and it was seen to be in date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of authority and accountability were clearly defined.

Effective monitoring and oversight systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Audits were scheduled on a regular basis and the person in charge said that their effectiveness was to be further enhanced, by the development of more robust action plans.

Judgment: Compliant

Regulation 31: Notification of incidents
<p>All specified incidents were submitted to the Chief Inspector, in a timely manner, as set out by the regulations.</p> <p>These included, sudden deaths or accidents requiring hospitalisation.</p> <p>Records of these events were looked into during the inspection, and they were found to be investigated and followed up.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>Complaints were well managed in the centre.</p> <p>There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. Records of complaints were well maintained and investigated in line with the centre's complaints policy. Inspectors reviewed a sample of these records.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>The policies required under Schedule 5 of the regulations were available in the centre.</p> <p>A sample of these were seen to have been updated every three years or when there were new developments, such as, updates to the regulations related to complaints management.</p>
Judgment: Compliant
Quality and safety

Findings of this inspection were that residents living in Powdermill nursing home enjoyed a good quality of life and were in receipt of a good standard of quality care. Residents' needs were being met through good access to healthcare services and appropriate opportunities for social engagement. Nevertheless, improvements were required in the areas of fire safety, premises and the dining experience, which will be detailed under the relevant regulations, in this dimension of the report.

An assessment of residents' health and social care requirements was completed prior to admission, and this ensured that residents' individual care and support needs could be met. Care planning documentation was available for each resident in the centre, as per regulatory requirements. Care plans were reviewed and updated four monthly. Information, pertaining to the needs of each resident, was sufficiently detailed to direct care, and guide staff practice,

Inspectors were satisfied that the health care needs of residents were well met. Residents in the centre had access to medical care from local general practitioners (GPs), who visited the centre weekly. There was evidence of regular medical, and medicine reviews in residents' files. There was also access to additional health care services, such as, occupational therapy (OT), physiotherapy, dietetics, speech and language (SALT), chiropodist and palliative care, as required. This resulted in good outcomes for residents, for example one resident had been supplied with a new mobility chair, which meant that they now had easier access to outings and could move about with ease.

Each resident had a nutritional assessment completed, using a validated tool, the MUST (Malnutrition Universal Screening Tool). If significant weight loss was identified, the nursing staff made a referral to a dietitian and speech and language therapy (SALT), as appropriate. Documentation reviewed indicated that recommendations from these specialists were implemented. Residents were provided with wholesome and nutritious food choices, and snacks and refreshments were made available at their request. Menus were developed, taking into account residents' individual preferences and any specific dietary requirements, as detailed in each resident's care plan. Action that was required in relation to the dining experience, observed on the day, is detailed under regulation 9, Residents' rights.

There was a low incidence of pressure ulcers reported, and inspectors found that the risk related to maintaining skin integrity was regularly assessed. Appropriate preventative interventions, including pressure relieving equipment, and regular position change when residents were in bed, were employed following risk assessment. All staff had safeguarding training completed, and those spoken with on the day of inspection were found to be knowledgeable of key aspects of the training. Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse.

Management and staff promoted and respected the rights, and choices, of residents in the centre. It was evident that staff knew residents well and respected their choices. Throughout the day inspectors observed that staff were respectful of the privacy and dignity of residents and addressed residents with kindness. Residents meetings were organised every three months and minutes seen indicated that there

was good attendance. Internal, and external, activity staff implemented a varied and interesting schedule of activities, and the programme was rolled out over the seven days. Advocacy services, and services for those under 65 years, were available to residents and this service was seen to have assisted some residents with personal and social matters. Residents were supported and encouraged to visit their families at home and go on trips outside the centre with friends and family.

Regulation 10: Communication difficulties

Communication was enabled and encouraged for those with challenges:

For example: colourful booklets were available, to aid a number of residents in choosing a meal.

Strategies had been developed, to enable staff to communicate with non-verbal residents, based on staff members' knowledge of residents' likes and dislikes, as well as life-history information.

One resident, who did not speak English, was facilitated to communicate their needs by a staff member, who spoke their language and had developed a sheet of common phrases and words to facilitate other staff.

Music and other sensory activity sessions were available, and staff explained how these activities stimulated interaction and communication.

Judgment: Compliant

Regulation 13: End of life

There was evidence that a good standard of care was provided to residents at end of life with consideration given to their physical, psychological, social and spiritual preferences.

Consultation with family members was used to ensure that residents' needs were met and that their end of life wishes were fulfilled. One relative praised the team of staff and their kindness and compassion, when caring for their relative. Thank you notes, and letters seen, contained lovely testaments about the care received at this time.

The person in charge informed inspectors that their GP was always available, to prescribe appropriate medicines for end of life care, even in the late evening, which provided continuity of care for the resident.

Staff had been involved in end-of-life care, focus groups, and senior staff members had done additional studies, to lead out on best-practice in this area, ensuring better outcomes for residents.

Judgment: Compliant

Regulation 17: Premises

Some aspects of the premises required action, to conform with Schedule 6 of the regulations:

- In two of the en suite shower rooms there was a musty smell, and when checked, it was apparent that the ceiling extractor fans were not working.
- Minor areas of rust was seen on the lower end of one shower chair and on the support legs of a raised toilet seat.
- The person in charge stated that work was ongoing to complete the external clearing of unused, worn furniture and other items, some of which was seen to be stored externally.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Appropriate documentation was in place for those who required hospital admission.

The national transfer document was seen to have been used for a recent admission and it contained pertinent details.

In addition, the directory of residents was appropriately updated when the resident returned, and the hospital discharge letters were appropriately addressed and filed.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that there was good practice in relation to infection control.

There were sufficient hand wash sinks and hand sanitising gels available.

One staff member had completed a course in infection prevention and control (IPC), and rolled out appropriate training to staff.

The mopping system in use was seen to be suitable and staff were knowledgeable about the system stating that they signed documentation when they had cleaned each section.

Judgment: Compliant

Regulation 28: Fire precautions

Some action was required to ensure that all aspects of fire safety were addressed and that adequate precautions had been taken against the risk of fire:

By way of example:

There had been one evacuation drill undertaken in the largest compartment which was home to 12 residents in the previous year. Inspectors requested a further drill was undertaken of the largest compartment to simulate when there were only three staff on duty at the night time hours of 10pm to 8am to ensure staff could evacuate the residents in a timely manner. Drill records were submitted following the inspection which demonstrated very detailed evacuations and excellent learning and actions taken from same. Further drills were recommended to provide assurance that each member of staff were confident in the evacuation of the largest compartment in a timely manner.

The aerial cable for one TV, had been routed through a ceiling light installment, which created a risk of fire. This was immediately addressed on the day of the inspection when the risk was identified by inspectors.

As a follow up to the compliance plan from the previous inspection, the risk assessment for the use of a small number of extension leads was not available on inspection, however, it was submitted following the inspection, along with evidence of the testing of electrical devices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans had been developed for each resident:

Care plans were informative and person centred. They were well maintained on a combination of a computerised and paper based system, and were updated on a

four monthly basis. They contained relevant details and guidelines to direct care. Each care plan was underpinned by an evidence-based, clinical risk assessment.

Evidence was seen that members of the multi-disciplinary team, for example, the physiotherapist, had inputted advice for staff in providing best evidence-based care.

Residents had been consulted in the development of their care plans which were found to reflect residents' social and medical needs.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence-based health and nursing care.

Residents had timely access to a general practitioner (GP), from a local practice.

Residents also had good access to other supporting health professionals such as, speech and language therapists (SALT), a dietitian, a physiotherapist, an occupational therapist (OT). and specialist medical services such as, community palliative care and community mental health services, as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of how to manage responsive behaviour:

Staff were trained in the management of the behaviour and psychological symptoms of dementia (BPSD).

Care plans for relevant residents were seen to be comprehensive and informative.

Restrictive practices (such as the use of bedrails), had been reduced and the use of any restrictive devices was reported to the Chief Inspector, on a three-monthly basis as required in the regulations.

Judgment: Compliant

Regulation 8: Protection

The provider had taken action to prevent abuse and safeguard residents:

Staff had been in receipt of safeguarding training and they were aware of their reporting responsibilities.

The centre did not act as pension agent.

Receipts were available for any resident spending, invoices were provided and finances were well managed.

Where any allegation had been made it was investigated and addressed, with appropriate measures taken to ensure the safety of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The following areas, pertaining to residents' rights, required review and action:

- The dining experience required review, as the current system was not conducive to sociability and interaction. The majority of residents dined on individual tables by their chairs. For example, in one dining room only three residents were sitting at the available, communal, dining tables at lunch time. In the other dining room no resident sat at the dining table. This meant that residents did not get the opportunity to move over to the table and enjoy a shared meal, as well as the actual activity provided by the movement and transfer, which would be beneficial to them. This would also mean that for those with dementia, the time of the day was more clearly defined, by participating in the usual daily events, which they would have been familiar with all their lives.
- In one multi occupancy bedroom an additional TV was required, to ensure that each resident could access individual programmes and not intrude on the privacy and choice of others.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0046333

Date of inspection: 19/02/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• We have assigned two nurses to work until 22:00 hours every night. Furthermore, the nurse that is rostered until 22:00 hours liaises daily with the nurse in charge and can stay longer any night or extend their hours when there is an identifiable nursing need. This retains flexibility in the workforce and means we are able to respond more acutely to individual residents' needs – effective from 24th Feb 2025• The third healthcare assistant that was rostered until 22:00 hours will now be rostered until 23:00 hours. This health care assistant liaises daily with the nurse in charge to verify that there are no specific residents' needs required to stay beyond that time. Thus, again we will have introduced more certainty and flexibility to our schedule – effective from 7th April.• In 2024 we had conducted staff engagement on the prospect of changing the nursing and/ or healthcare assistant shift patterns and duration of time on shift. The outcome of this was that staff and senior nurse managers wished to keep the shift patterns in place as they were currently meeting residents' needs and facilitated a better work/ life balance for staff. – complete	
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">• An independent review has been completed on extractor fans. A new system will be installed to ensure sufficient ventilation in ensuite rooms• The shower chair and raised toilet seat have been taken out of service - complete.	

- All unused furniture being stored externally has now been removed - complete.
- An additional and separate TV has been installed in the multi occupancy room - complete.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Since the inspection a further 3 fire drills have been completed in the largest compartment with nighttime staffing levels and with staff who primarily work nights. All learning outcomes from these drills have been addressed and we will continue to train our staff to the highest standard as evidenced in our training compliance – completed on 25th February, 28th February, 14th March and ongoing.
- The aerial being referred to was re-routed on the day of the inspection. A full review was conducted by our qualified electrician who concluded there was no risk of fire – complete.
- PAT testing had been completed on all electrical devices and a copy of this certificate was submitted post-inspection. A copy of the risk assessment of extension leads was also submitted post-inspection – complete.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Since the inspection we have made a great effort in encouraging the residents to sit at the dining room tables during mealtimes and we are having some success. However, some residents stated preferences are that they do not wish to come to the dining room and prefer to dine using the small table. We respect and uphold their wishes. We will continue to encourage the residents to dine collectively together in the dining rooms, have scheduled this for discussion at the next residents' committee meeting and will review periodically. To further encourage the dining experience we have introduced a "Captains Table" on a pilot basis where 2-3 residents are given the opportunity to invite family or friends along with 1-2 staff members to enjoy dinner together, this has been very positive so far.
- We have introduced a new question in our survey of the overall dining experience to

ascertain how the overall dining experience can be improved and this will be discussed at the next resident committee meeting – commencing from April 2025

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	07/04/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	27/03/2025

Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	27/03/2025
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