



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0046028

About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area, visitors' room and the quiet reflection room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Thursday 20 February 2025	09:15hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This was an unannounced one-day inspection. The inspector met with many of the 23 residents living in the centre and spoke with nine residents in more detail to gain insight into their experience of living in the centre. Residents gave positive feedback and were complimentary about the staff and the care provided; residents said they were very happy in the centre and there was a great atmosphere there; they reported that they enjoyed their meals and the quality of food was always excellent. Observation throughout the day demonstrated that the person in charge was knowledgeable regarding residents' care needs and a holistic approach was promoted to ensure residents' rights were upheld.

Bandon Community Hospital is situated on the outskirts of Bandon town. The centre is a single storey building and registered to accommodate 25 residents. The daycare centre and mental health out-patients facility are attached to the designated centre. The community hospital is an extension of the original hospital and resident accommodation is within the new extension; the kitchen, some storage and staff facilities are within the old building. Residents' bedroom accommodation comprises 21 single rooms and two twin bedrooms. All bedrooms have en-suite shower, toilet and hand-wash facilities. The inspector saw that residents' rooms were bright, well maintained and personalised with residents' photographs and memorabilia. Many residents had additional display tables with flowers, plants and mementos displayed. Residents' personal storage in their bedrooms comprised a minimum of a double wardrobe and bedside locker, and each room had a lockable storage space. One resident reported that he required additional plug-points to charge his mobile phone and tablet, and showed the inspector the new sockets the person in charge had got installed the previous day. All bedrooms had over-head hoists to enable ease of transfer from bed to chair, if required. While the privacy screens in twin bedrooms were changed since with previous inspection, they still remained difficult to use independently by residents.

The main entrance, which was wheelchair accessible, had a lovely seating area and visitor toilet facilities. There were several residents' notice boards throughout the centre with information such as the complaints procedure, activities and local news displayed. The hairdressers room near reception, was tastefully decorated, and the hairdresser was on site every week. There was a large dining and recreation room. The inspector saw that this room had beautiful wall paper, curtains, was bright and had views of the main entrance. Some residents were relaxing here and there was appropriate music playing which they said they enjoyed. The centre also had two smaller communal rooms, and a visitors' room with an adjacent kitchenette. The second sitting room had comfortable seating and view of the garden and had a computer for residents; residents also had access to two tablets. There were areas throughout the centre where residents could sit and relax with comfortable seating and coffee tables. The reflection room was upgraded since the last inspection and was decorated with two feature walls, one with a forest scene and the other a waterfall; there was comfortable seating with soft furnishings and the option of a

fold-out bed should a relative wish to stay over if their relative was unwell. New directional signage informing resident and visitors of locations such as day rooms, bedrooms, the quiet reflection room were in place to minimise disorientation.

The inspector saw that a number of residents were mobilising independently throughout the centre during the day and residents could access outdoor spaces. Visitors were seen coming and going throughout the day. Staff socially interacted with visitors and welcomed them, and provided updates on their relative's condition. Relatives were seen taking their relative out for a walk even though it was a blustery day, and upon return, everyone seemed to enjoy the crisp weather, albeit, blown away.

All residents had their breakfast either in bed or in their bedrooms. The inspector observed the dining experience at lunch time. Most residents had their main meal in the dining room, while others chose to remain in their bedroom. The lunch time meal appeared appetising, including textured meals and residents had menu choice. There was adequate staff available to provide assistance for residents during meal time and the inspector saw that assistance was provided to residents in a dignified and respectful way. Tables in the main dining were set out banquet-style with four square table together and a circular table as each end. Tables were set with cutlery, glasses, condiments and serviettes before meals. The inspector saw that this was a very sociable affair; residents were greeted by their friends as they came to the dining table; everyone chatted and were included in the conversation, including a visitor. Following the meal, some residents stayed at the table, enjoying a cup of tea, chatting with their friends, staff and visitors.

There was a varied schedule of activities available for residents to enjoy in the centre; these were facilitated by both external activity personnel and the centre's own staff. On the morning of the inspection, a group of residents enjoyed mass live-streamed from the local church; one-to-one interaction was seen and the staff providing refreshments mid-morning and mid-afternoon called to residents' bedrooms, and chatted about local news. Many residents attended the day room where the external organiser facilitated a variety of activities and information sharing, updating residents regarding the assisted decision-making legislation, sing-songs, and exercises for example, and bingo in the afternoon. A local priest attended the centre to celebrate mass every Tuesday. One resident said they attend the day centre which is adjacent to the centre and meets up with their friends; this enabled continuity of relationships with their friends in the community. Residents were seen in various locations reading the newspaper while enjoying their morning coffee. Some residents spoken with explained that they preferred to stay in their bedrooms listening to the local radio, and their wishes were respected. Those residents who could not communicate their needs appeared comfortable and content.

The inspector saw that residents were well dressed, with accessories and colour co-ordinated outfits. The inspector observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices.

The inspector saw that the centre was generally clean and that there were adequate hand hygiene facilities throughout the centre and available to staff at point of care. Sluice rooms were securely maintained to prevent unauthorised access. In the sluice room, the handwash sink was relocated away from the sluice hopper following the findings of the last inspection. The flooring in the small visitors' room was quite worn.

The next two sections of the report 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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection. The inspector found that some of the findings of the previous inspection had been actioned with improvement in some areas relating to staff training, upgrading of the reflection room, premises, orientation signage, some infection control issues were remedied, and the governance structure was enhanced with the appointment of a clinical nurse manager (CNM). Other findings had not been addressed as follows: Schedule 5 policies and procedures, statement of purpose [which was updated on this inspection], privacy screens in twin bedrooms, aspects of infection control, fire safety precautions, assessments and care planning records, staff files and other records maintained in the centre.

Bandon Community Hospital is operated by the Health Service Executive (HSE), who is the registered provider. On the day of inspection, there were clearly defined management structures in place to enable accountability and responsibility for the service. The General Manager represented the registered provider, and the person in charge reported to the provider representative. The management team in the centre was also supported by the HSE practice development, facilities and estates, infection prevention and control, human resources staff and maintenance.

Overall, this was a good service that promoted a rights-based approach to care delivery. There were some systems in place to monitor the service. Key quality indicators in aspects of resident care such as weights, antimicrobial usage, restrictive practices, pressure ulcers and falls were collated and monitored by the person in charge. Falls were analysed to identify any trends or areas for improvement. However, further oversight was required in relation to some aspects of the service such as records, infection control, policies and procedures and fire precautions which are detailed under Regulation: 23 Governance and Management. The provider had a schedule of audits in place and audits were completed in clinical and non-clinical areas. There were regular management meetings between the general manager, the director of nursing and other directors of nursing of

community centres to enable sharing of information and learning between the services.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. The staffing levels and skill-mix were more than adequate to meet the needs of the 25 residents living in the centre. Mandatory and other training was provided to ensure staff had up-to-date information to enable best outcomes for residents.

The inspector saw that incidents were well managed in the centre and accurately recorded. The statement of purpose and residents' guide were updated on inspection to ensure regulatory compliance.

Regulation 14: Persons in charge

The person in charge was full time in position. She had the necessary experience and management qualification as required in the regulations. She demonstrated good knowledge regarding her role and governance and management and oversight of the service, and positively engaged with the regulator.

Judgment: Compliant

Regulation 15: Staffing

A review of the staffing rosters and the staffing levels on the day of the inspection demonstrated adequate staffing levels to meet the assessed needs of the 25 residents, and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory and other training was available to staff appropriate to their role and responsibility. Training was scheduled in the weeks following the inspection to ensure training remained current, for example, safeguarding 14 March, fire safety 25 February, assisted decision-making briefing session 24 February, diabetic care and wound care 27 February and 5th March, and palliative care on 28th February for example.

Judgment: Compliant

Regulation 21: Records

A sample of Schedule 2 staff files were examined and the following deficits were identified:

- there were gaps in employment histories in two files
- written references did not identify the reporting relationship of the referee to the person seeking a reference, so it could not be determined if the references were accurate and a true appraisal; the workplace of the referee was not identified so it could not be determined whether a reference in place was from the employee's last place of employment as required in the regulations.

Records relating to Schedule 3 (Records to be kept in a designated centre in respect of each resident) deficits:

- there were gaps in administration records of residents so it could not be assured that residents received medication in accordance with their prescription
- while there was a legend to identify reasons for non-administration of medications, this was not comprehensively used to ensure that comprehensive medication records were maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that some of the management systems in place required action as follows:

- oversight of Schedule 5 policies and records as detailed under Regulation 4: Written policies and procedures and Regulation 21: Records
- aspects of infection prevention and control as outlined under Regulation 27, Infection control
- oversight of fire safety precautions. The findings of the last inspection showed that fire drills and simulated evacuations were not undertaken outside of training, and this remained the finding on this inspection [further discussed under Regulation 28: Fire precautions]
- notifications NF40 were not being submitted.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to include the following:

- the current conditions of registration as Condition 4 was not included, and the detailed in Condition 1 to reflect the current statement of purpose and floor plans

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as specified in Schedule 5 remained outstanding:

- a policy relating to the temporary absence, as detailed in the regulations, was not in place
- some policies delegated responsibility for the implementation of the policies to the assistant director of nursing, CNM, however, this responsibility lies with the registered provider
- the provision of information to residents was written as if it was a residents' guide rather than a policy document for staff to adhere.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Bandon Community Hospital, where the person in charge and staff promoted residents' rights. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that some improvements were required as highlighted throughout the report.

Residents received a good standard of health care and services were provided in line with their assessed needs. There continued to be a very low use of restrictive practices in the centre and a register was maintained to monitor these practices. Residents had timely access to general practitioners, who visited the centre four times a week. Residents had good access to allied health professionals such as physiotherapy, dietitian, speech and language therapy and occupational therapy. Validated risk assessments were available to assess various clinical risks, however,

these were not comprehensively completed to inform the care planning process. While some assessments and care plans were excellent and reflected a holistic picture of the resident and their needs, others did not have this detail; this is further discussed under Regulation 5, Individual assessment and care plan.

From discussions with the person in charge, she had good oversight of resident-related multi-drug resistant organisms (MDROs) and healthcare associated infections (HCAIs). Controlled drugs were maintained in line with professional guidelines, however, gaps were seen in residents' administration records of regular medications.

There were sufficient staff available at mealtimes to assist residents with their meals. The inspector saw that the dining experience for residents was pleasant and enjoyable and comparable to a normal dining experience. While residents had choice where to dine for their main meal and tea time, all residents had their breakfast either in bed or in their bedroom.

Laundry was segregated at source; laundry services for residents' bed linen and personal laundry was outsourced, with collection and delivery of laundry every Tuesday, Thursday and Saturdays. While issues were raised regarding personal laundry, these had been addressed to residents' satisfaction.

Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Emergency evacuation floor plans were displayed; some had a secondary escape route detailed, but a primary escape route was not detailed; other floor plans had escape routes that did not differentiate primary and secondary escape routes. While escape exits were detailed, when comparing different floor plans, the possible escape routes and exits did not correlate. This and other fire safety concerns are further detailed under Regulation 28: Fire precautions.

Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw many visitors attending the centre on the day of inspection; they were welcomed by staff who actively engaged with them.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had a minimum of a double wardrobe and bedside locker to store their clothing and personal belongings. Some residents had additional chest of drawers, and tables to display their mementos. The complaints log showed that there was

issues with laundry services and these were followed up by the person in charge to the satisfaction of the complainants. The person in charge maintained oversight of laundry services to ensure personal laundry returned to residents was in good condition.

Judgment: Compliant

Regulation 17: Premises

Action was necessary to ensure the premises conformed with the aims and objectives of their statement of purpose, as follows:

- the privacy screens in twin bedrooms were difficult to use and when opened out, they did not provide adequate screening to ensure the dignity of residents
- there was inadequate storage shelving available in the laundry room as lots of bags were seen on the floor [new shelving was due to be installed in March 2025]
- flooring in the visitors room was visibly very worn.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The dining experience for residents was social and friendly where resident were seen to enjoy each others company, chat about local news and events. Meals were served appropriately and residents were offered choice. Nonetheless, all resident had their breakfast either in bed or in their bedroom, as breakfast was not served in the dining room residents did not have the choice to eat their breakfast in the dining room.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was updated on inspection to ensure compliance with specified regulatory requirements as follows:

- to reflect the current HSE general manager with oversight of the centre

- named complaints officer and review officer residents have recourse to as part of the complaints procedure
- reviewed the complaints procedure to refer the reader to the review officer and not immediate referral to the office of the ombudsman
- the terms and conditions relating to residence in the designated centre (contract of care).

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of transfer letter for occasions when residents were temporarily absent from the centre to another medical facility, as follows:

- the transfer letter template did not enable information such as multi-drug resistant organism (MDROs) history to be recorded so the receiving centre would receive incomplete information regarding appropriate care required for the resident
- transfer letters were routinely filled out upon admission with the status of the residents on admission, such as their mobility, care needs, food and nutrition for example, however, should a resident become acutely unwell and require hospitalisation, this information could be obsolete, for example, if a resident fell and broke their hip or had a stroke.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy was available and it had the risks as specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The following findings required action:

- used toiletries such as roll-on deodorants and perfume were stored in the supplies store
- while residents had their individual blood glucose testing kit, one of these was stored in the clinical store alongside new clinical supplies and this posed a risk of cross contamination [this kit was unmarked and a new label with the resident's name was applied to it during the inspection, and the container removed from clinical storage].

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues required action in relation to fire safety in the centre:

- fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels only as part of the fire safety training and not done routinely in line with their policy; this was a repeat finding
- the information on emergency floor plans displayed had differing information detailed regarding the possible escape exits and escape routes available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, the inspector found that while some residents' care records were excellent and provided a holistic appraisal of residents needs, others were not consistently updated in line with the requirements of the regulations and were not always updated when residents' care needs changed, and these findings may impact provision of residents' care:

- one resident had a significant cardiac history detailed in their medical notes, however, the associated medications were not indicated in their assessment; their related care plan was general and did not outline specific clinical indicators to be vigilant for to ensure better outcomes for the resident
- some assessments were incomplete so a comprehensive care plan could not be prepared.

Judgment: Substantially compliant

Regulation 6: Health care

Action was necessary to ensure residents received a high standard of evidence-based nursing care as follows:

- one residents wound care records indicated the resident had a pressure ulcer and others stated it was a diabetic ulcer so it could not be assured that the resident was receiving the appropriate treatment in accordance with the underlying diagnosis
- wound care records showed that one resident's wound had not been assessed since 07/02/25; while their dressing and evaluation was updated and the wound was 'satisfactory', there was no record of this evaluation as the parameters were not recorded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to a varied activities programme and this was facilitated by both an external activities company and staff in the centre. There was a lovely relaxed atmosphere in the centre and staff were observed to socially interact with residents and treat them with respect and dignity. Regular residents' meeting were facilitated in the centre. On a three-monthly basis, an external activities company held meetings; in addition, the person in charge held meetings in-between times to be assured that residents' voices were heard.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0046028

Date of inspection: 20/02/2025

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 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">• The two files identified with gaps in employment history has been updated with an explanation of all the gaps in services. A clerical staff member is assigned to audit all existing staff records to ensure all records are up to date. It will be completed by 30/06/2025.• For the gaps identified in staff files, the Director of Nursing contacted the referee and updated the reference. This will be included as part of the upcoming audits for all staff files and will be completed by 30/06/2025.• Gaps in the references identified at inspection were raised with HSE South West HR who have taken on board the inspector's comments and have amended the standard form issued to referees to ensure that fields on the form provide the required information.• In relation to the gaps in the medication administration the CNM2 has been assigned to conduct additional medication administration audits and has reminded staff at every handover and safety pause meetings of medication management best practice. The findings from these additional audits will be used to create action plans to address noncompliance.• All gaps in medication administration will be reported via the National Incident Management Framework and monitored monthly for trends.• CNM2 will review the medication records with agency staff to ensure they are aware of the legends to identify the reasons for non- administration of the medications and the documentation of non-administration.• All medication administration issues discussed on the Nurses Meeting Held on 10/03/2025. The audit findings and associated action plans will be standing agenda items at future nurses' team meeting and QPS meeting.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The admission policy will include the temporary absence policy, is currently under review and will be available by Q2. • The CNM2 will conduct additional environmental audits and glucose monitoring audits for the next 3 months to provide assurance that any areas of non-compliance such as incorrect storage of toiletries or glucometer is addressed. • The glucose monitoring policy is currently being updated. • There is a plan in place to submit NF40 regularly, as all other notifications. Added to the google Calendar with 6 monthly dates. • Fire drill conducted on 25/02/25 as a part of scheduled staff fire training. Going forward a fire drill is planned for every month and will include simulated evacuations of the largest compartment with the smallest number of staff. Opportunities for learning will be addressed with staff after each drill. The first of these drills took place on 13.03.2025. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The admission policy will include the temporary absence policy, is currently under review and will be available by Q2. • Reviewed and updated the Provision of information to the Residents policy on 25/02/2025. • The schedule 5 policies requiring the inclusion of the registered providers in the implementation and review will be discussed with CDC and amended in accordance with legislation. 	
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"> • In relation to the privacy screens the service will explore other options such as telescopic curtains which will be completed by 30/06/2025. • Additional shelving installed in the linen room on 14/03/2025. • Flooring in the visitor's room will be replaced by 30/06/2025. 	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The option to have breakfast in the communal area will be provided to the residents. Staff will be proactive on a daily basis to ensure choice of dining venue is offered and respected. • Staff will actively respond to the residents' requests and preferences on dining location. While also remaining cognisant that the residents' preference may change. • The residents' choice of dining location is part of the residents' care plan review and is updated quarterly or sooner if required. • The importance of offering a dining choice for residents was discussed at recent staff meetings and at all safety pause meetings. Staff instructed to ensure all residents have a choice of where to dine. The Director of Nursing will include dining choices as a standing item on all future residents meetings. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • The current transfer letter in use was reviewed and replaced with The Nursing Summery /Discharge Summery (249A) which contains all required information including the MDRO history. • This document is completed at the time of transfer and mitigates the risk of staff prepopulating documentation. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • All used items found on the day of inspection were removed from the store room. All staff are reminded at daily handover and safety pause meetings regarding the correct storage of residents' toiletries. • The cleaning staff will include the identification of incorrectly stored toiletries as part of their daily routine and will report any adverse findings to the CNM. • The updated glucose monitoring policy will be available in Q2. • CNM2 will conduct additional IPC environmental audits monthly and share findings with 	

all staff monthly and action any non-compliances <ul style="list-style-type: none"> • These audits have already commenced and showed all residents had labelled glucose monitor which was stored separately to prevent cross infections. • Diabetic care training scheduled for 27.03.2025. • One staff nurse has completed a full day Diabetic course at the MUH CNE and is sharing the learning with staff on 05.03.2025. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Fire drill conducted on 25/02/25 as a part of scheduled staff fire training. Going forward a fire drill is planned every month and will include simulated evacuations of the largest compartment with the smallest number of staff. Opportunities for learning will be addressed with staff after each drill. The first of these drills took place on 13.03.2025. • Two fire evacuation maps identified as older versions will be replaced with an updated version by 30.04.2025. All compartments will have a minimum of 1 evacuation maps. 	
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: <ul style="list-style-type: none"> • The care plan identified on the day of inspection was been reviewed and updated with all the required information. • All care plans will be reviewed to ensure that there are accurate, individualized and all assessments are in date. • The findings of additional documentation audits conducted by the CNM will be shared with the relevant staff to address any areas of non-compliance identified. 	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: <ul style="list-style-type: none"> • The wound identified on the day of inspection has been referred for specialist input. Appointments for vascular and diabetic teams confirmed for April 2025. • The care plans skin integrity section of this wound has been reviewed and the wound dressing/care evaluations has been updated with clear parameters of assessment and monitoring. 	

- All wounds are discussed at daily safety pause to share findings and peer review of care interventions.
- Wound care documentation and skin care integrity care plans were discussed at the staff nurse meeting on 10/03/2025.
- Additional diabetic training has been sourced to include diabetic wounds and is scheduled for 27.03.2025.
- One staff nurse has completed a full day Diabetic course at the MUH CNE and is sharing the learning with staff on 05.03.2025.
- All residents with skin integrity issues will have the skin integrity care plan audited and reviewed to assure the service of compliance with best practice.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	25/03/2025
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	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/04/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	19/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/04/2025

	reviewing fire precautions.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2025
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	30/06/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/04/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	30/06/2025

	the matters set out in Schedule 5.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2025
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	30/04/2025
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	Substantially Compliant	Yellow	30/04/2025

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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