



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

Issued by the Chief Inspector

Name of designated centre:	Blarney Nursing and Retirement Home
Name of provider:	Blarney Nursing and Retirement Home Limited
Address of centre:	Killowen, Blarney, Cork
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0035715

About the designated centre

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

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 26 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a range of allied health services available to residents such as optical, dental, podiatry and physiotherapy. Dietary and speech and language therapy (SALT) are accessible through a specialist group. The general practitioner (GP) service is regular and dedicated. A nearby pharmacy supplies residents' medicines and supports staff with audit and training needs. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 January 2022	07:00hrs to 14:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Throughout the inspection day it was evident that Blarney Nursing Home was a nice place to live where residents were facilitated to avail of nicely decorated bedroom and communal accommodation. This unannounced inspection took place over one day as a result of the Chief Inspector being notified of an extensive outbreak of COVID-19 in the centre. This was the first time that the centre had experienced an outbreak since the beginning of the pandemic. Fortunately, all residents were reported and seen to be well and documentation seen indicated that their medical and care needs were being met. In addition, residents told the inspector that their rights were respected in relation to changes in their daily lives as a result of the outbreak and residents and their families had been informed regularly as to the status of the outbreak and changes to visiting rules.

The inspector arrived unannounced to the centre and was met by a staff member who ensured that infection prevention and control procedures were followed. Following an opening meeting with the nurse completing her night duty shift, the inspector was accompanied on a tour of the premises. The person in charge and the assistant person in charge came on duty at 8am and supported the inspection process for the remainder of the day, along with the operations manager. On the day of inspection there were 23 residents living in the centre. The majority of the residents were infected with the virus and staff were availing of daily public health advice in relation to isolation rules. Consequently all residents remained in their bedrooms apart from those who could not conform to any restrictions. The inspector saw that despite being confined to their bedrooms all residents were up and dressed and sitting in their preferred chairs on the day of inspection. They were well dressed and well groomed and majority of those spoken with looked well despite testing positive for the virus. A small number of mobile residents were seen to walk around or sit in the communal rooms while occasionally being redirected back to their rooms or to the communal rooms, with a calm approach.

Despite the outbreak a number of residents who were recovering engaged with the inspector. The inspector met a number of these residents throughout the day and spoke with four residents in more detail. They told the inspector that they were very happy living in the centre, staff were very kind and they felt that their rights were respected. They confirmed that they were content despite the limitations on visits from relatives and were happy to have telephone contact at present. One lady said she missed the bingo and exercise classes and she was looking forward to returning to the sitting and dining rooms. Residents said they knew about COVID-19 as the staff updated them regularly at resident meetings. Residents told inspectors that they missed their friends in the home during the isolation period and looked forward to returning to their normal routine. Residents described the last few years as challenging especially during the periods when visits were restricted but they said they understood the need for these rules. Residents told the inspector that they were very grateful to the staff who had worked tirelessly during the pandemic to

keep them safe and COVID-19 free during the earlier waves.

A number of single bedrooms were equipped with full en suite facilities while the remaining residents shared communal toilets and shower. Bedrooms were seen to be personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. Staff were seen to knock on residents' doors prior to entering to deliver meals and meet care needs. However, on this inspection the inspector found that similar to findings on the last inspection, not all residents were provided with the minimum recommended personal bedroom space set out in the regulations for the sector. While three of the six identified under-sized twin bedrooms were now single occupancy, three other twin bedrooms were still occupied by two people.

Due to the ongoing transmission of the virus within the centre the inspector observed the use of PPE (personal protective equipment, such as gowns, gloves and masks) and compliance with the public health guidelines set out for an outbreak of COVID-19. While there was a plentiful supply of PPE in the centre the inspector saw inappropriate use of PPE such as, staff wearing full PPE around the communal areas and poor practice when removing it after resident care needs were met. There were insufficient yellow clinical waste bins available for this purpose adjacent to the point of care. The inspector saw that by the end of the inspection improvements had taken place such as, securing additional yellow clinical waste bins and more appropriate wearing of PPE. These and other aspects of infection control management were discussed under Regulation 27, in the quality and safety dimension of this report.

On a positive note, the physical environment in the centre appeared clean and well maintained throughout. The staff member charged with cleaning the centre on the day of inspection was found to be knowledgeable and trained in use of the recommended products. He was seen to have a good supply of washable mop heads available to him to enable them to be changed frequently. Staff spoken with about the management of the laundry were knowledgeable of the correct use of alginate bags (red, dissolvable, plastic bags for infected clothes which can be put into the machine) and the correct washing temperature for contaminated clothes.

Residents spoke enthusiastically about the food provided to them and told the inspector there was always an alternative available. One resident told the inspector that they required a specialised diet, and they had met with the kitchen staff to discuss meal options.

Overall, residents were very complementary about the staff and medical care stating that they were all "very good" and they felt safe with them. It was evident that a person centred ethos was established and staff were committed to the provision of high quality care. There was a warm and welcoming atmosphere in the nursing home and the inspector saw that interactions with residents were kind and caring. It was apparent that staff knew the residents well and were familiar with each residents' daily routine and preferences. Residents called staff by name and were seen to appear confident in their company and attentive care.

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

The inspector found that overall there were effective management systems in place in this centre to ensure the quality and safety of care provided to residents. Nevertheless, on this inspection, some improvements were required in relation to oversight of infection prevention and control and premises issues, which are discussed under the quality and safety section of this report.

This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 and the national standards for infection prevention and control following the declaration of an outbreak of COVID-19 in the designated centre. This was the centre's first major outbreak since the pandemic began and a number of staff and the majority of residents were confirmed as COVID-19 cases. Prior to this outbreak it was evident to the inspector that management in the centre had implemented a number of controls to reduce the likelihood of an outbreak. The inspector acknowledged that residents, their families and staff have been through a difficult time, due to the constraints of the COVID-19 pandemic and the current outbreak.

Blarney Nursing Home was operated by Blarney Nursing and Retirement Home Ltd, the registered provider. At the time of the inspection the overall day to day governance structure was well established. The owner, who was the registered provider representative (RPR) attended the centre frequently, liaised with staff and residents and coordinated the activity sessions with staff members. The person in charge was knowledgeable of residents and the remit of the role. She was supported by an assistant person in charge, an operations manager and a team of nursing, care and household staff.

During the last inspection of the centre the inspector found that six of the twin bedrooms would not be compliant with the premises regulations from 1 January 2022. There have been on going meetings and discussions between the provider and the office of the Chief Inspector in relation to this. However, despite the ongoing engagement the provider has yet to come into full compliance with the Regulations as further outlined under Regulation 17.

The person in charge was the lead person for infection prevention and control in the centre. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place a number of controls to keep residents and staff safe. Up-to-date infection prevention and control policies and procedures were in place and were based on national guidelines. An additional hand wash sink had been installed since the previous inspection to enhance hand hygiene opportunities for staff or visitors. The inspector reviewed the training matrix

which indicated that staff had attended a range of online training and in-house training. The majority of staff and residents had received COVID-19 vaccination and booster vaccination. Management staff had sought daily advice from public health. However, in view of the high rate of transmission of this particular strain of the virus and in view of the inspection findings in relation to their infection control processes and protocols on site, the person in charge was advised to request a further meeting with the Health Services Executive (HSE), outbreak control team (OCT). This was completed before the end of the inspection day and all the additional advice was followed, such as, securing additional yellow clinical waste bins, appropriate wearing of PPE, providing signage on the room doors of those effected and supervising the mobile residents.

There was an ongoing programme of maintenance and upkeep of the centre. A comprehensive annual review of the quality and safety of care provided to residents in 2020/2021 had been prepared in consultation with residents. Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff had been assessed in the required competencies to fulfil their roles and duties. A quality management system, which included reviews and audits, was in place to support the provision of a safe, effective and monitored service. The recording and investigation of incidents and complaints included learning for improvement, where necessary.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill mix of staff on duty in the centre was appropriate to meet the assessed needs of residents. The roster corresponded with the information discussed with the person in charge. Staff had worked extra shifts in the centre to maintain staff rotas during the outbreak. Senior management staff were also assigned to work at weekends which supported communication over the seven days. An additional member of staff had been assigned to the night duty team during the outbreak to ensure that there was additional care available to monitor residents' oxygen levels and any symptoms such as, coughing and fatigue.

Judgment: Compliant

Regulation 16: Training and staff development

- Mandatory and appropriate training had been delivered to staff. This included training related to safeguarding, manual handling techniques, infection control practices, hand hygiene procedures and the wearing of personal protective equipment (PPE).
- Staff at the centre had been provided with training on the wearing of FFP2 (the recommended protection level) masks and gowns.
- Staff retention was high and staff consultation meetings were held throughout their probation and annual appraisals thereafter.

Judgment: Compliant

Regulation 21: Records

The required an Garda Siochana (Irish Police) Garda vetting clearance forms were seen to be in place for a sample of staff members on the roster.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that management systems were not sufficiently robust to ensure that the service provided was safe appropriate, consistent and effectively monitored.

- This was evidenced by the inspector's findings that further supervision was required in relation to infection control processes and protocols as identified under Regulation 27.
- The bedroom space currently available in a number of twin bedrooms was not sufficient to accommodate the number of residents in the centre since the 01 January 2022. The provider had been made aware of his requirement to come into compliance with Regulation:17 by the aforementioned date. However, despite the ongoing engagement between the provider and the office of the Chief Inspector the provider has continued to admit long stay residents to the centre and therefore is not in compliance with the Regulations as is further outlined under Regulation 17.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector saw evidence that learning from incidents was applied to improve the quality of care. Record of incidents were well maintained in the centre and there was oversight evident by the person in charge. Based on a review of incidents the inspector was satisfied that regulatory notifications of specified incidents were submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

While complaints were infrequent they were well managed in the centre. There was a comprehensive complaints policy in place and the protocol was displayed at the entrance to the designated centre. Residents had access to an appeal process, in accordance with the regulatory requirements. The inspector reviewed a sample of complaints and found that complaints were appropriately recorded. Each complaint was investigated and the satisfaction of the complainant was documented. Improvements were implemented when it was identified that improvements were required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were in place and updated on a three yearly basis, in line with regulatory requirements.

The inspector saw that a policy had been developed to support the human rights of residents.

Judgment: Compliant

Quality and safety

Overall, residents in Blarney Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and good opportunities for social engagement. Nonetheless, findings on this inspection were that improvements were required in the provision of adequate bedroom space and in relation to monitoring

infection control practice.

The premises was generally well maintained, homely and comfortable. It was colourful throughout and thoughtfully decorated. The laundry area was small and well maintained, however, due to the size of the room there was no prospect of segregating it into a clean and contaminated zone for the purposes of laundry management. This may lead to cross infection, however the aforementioned alginate bags were seen to be used appropriately and may mitigate any further spread of infection. Issues of non-compliance relating to the individual bedroom spaces were discussed under Regulation 17, as alluded to in the opening paragraphs. There was adequate seating in the garden patio area to be enjoyed by residents as they wished.

Residents' records were maintained on a paper based system. Recent medical input was seen in each of the care plans reviewed. Residents' needs were assessed using clinical assessment tools and care plans were developed to meet residents' identified needs. The inspector reviewed four care plans during this inspection. Care plans were underpinned by a human rights-based approach and ethos.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, nutrition, cognitive ability and falls. Residents had good access to general practitioners (GPs) and a range of health care professionals. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice.

The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. The inspector was assured that residents dietary and fluid requirements were well met. Food intake was recorded daily for any residents who were at risk of malnutrition. Food was seen to be nutritious and appetising. Meal trays coming from the rooms of residents' who had COVID-19 demonstrated good nutritional intake.

Fire fighting equipment was located throughout the building. Emergency exits were clearly displayed and free of obstruction. The risk management policy included the regulatory, specified risks and a live risk register was in place which included area-specific identified risks, such as risks related to working in the kitchen and the mitigating controls in place.

Staff in the centre continued to monitor residents and staff for COVID-19 infection and any ill effects and residents and their families were informed of any test requirement and the status of the resident. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use to risk assess the centre's practices three monthly, as required. Nonetheless, the inspector found that a number of improvements were required in infection prevention and control processes which were highlighted under Regulation 27.

Activity provision was central to the daily experience of residents. These had been suspended during the current outbreak to facilitate more one to one sessions of staff contact. Residents were seen to have access to radios, television, telephones and newspapers. The community was very supportive and had sent in cards and gifts during any time that visits were restricted. Residents' meetings were held three monthly which provided opportunities for residents to express their opinion on various aspects of care and their concerns about the COVID-19 virus. An annual resident survey was completed and actions recorded. Staff said that efforts would be made to allow visits in exceptional cases at all times, such as for those at the end of life. Mass was facilitated, currently by video link to the local church.

Robust systems had been established to support residents' rights and their safety. For example, an ongoing review of the use and safety of bedrails, provision of appropriate training, access to external advocacy services and good communication with residents and their relatives.

Required improvements in relation to infection control processes were detailed under the respective regulations in this dimension of the report.

Regulation 11: Visits

As there was a COVID-19 outbreak in the centre on the day of inspection, visiting was restricted in line with public health guidance. Compassionate visits were facilitated during this time if required or requested. Residents and their relatives had been made aware of the restrictions and residents were found to be informed when spoken with.

Judgment: Compliant

Regulation 17: Premises

The provider had failed to comply with the regulation on premises:

- As found on the previous inspection three out of six identified twin bedrooms did not meet the recommended space for each individual bedroom space as set out in the regulations. There was a statutory requirement to come into compliance with the regulations on premises by 1 January 2022 and the provider was aware of the requirement to come into compliance.

These findings were also significant in view of the COVID-19 outbreak and the ongoing need to facilitate social distance and increased personal space.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks. A risk register was maintained which contained an assessment of individual clinical and non-clinical risks. The risk register had been updated to include the risks associated with the COVID-19 pandemic.

Judgment: Compliant

Regulation 27: Infection control

Although the centre appeared to be very clean there was evidence of ongoing transmission of COVID-19 within the centre at the time of inspection.

Improvements were required to comply with Regulation 27:

For example:

- There were insufficient PPE stations set up. Some of those in place were not maintained in a proper manner: For example, skin care products in use by staff were seen on these trollies, which would increase cross contamination as these products were being taken in and out of bedrooms for individual residents and then placed back on the trolley next to clinically clean PPE items.
- There was inadequate COVID-19 guideline signage available around the centre. There were no signs on residents' doors to alert any one entering that residents were infected. Signage was not available over each PPE station to guide staff on the protocol for donning and doffing PPE.
- There were no records available to provide assurance that each commode or movement hoist was disinfected between each use to prevent cross infection.
- There were insufficient yellow clinical waste bins in place which meant that staff were not taking off their PPE within each room as recommended by public health guidelines but coming out of each room and going to the main foyer, or end of a hall, to remove potentially contaminated, gowns. A yellow clinical bin was required to be provided inside each room with external bins for the removal of masks.
- Staff were wearing full PPE inappropriately when moving around the general areas of the centre when not required to do so.
- The hand sanitising gel in use was in refillable pouches, rather than being provided in the required sealed pouches, this can lead to cross contamination.
- A rack was required for the correct storage of urinals in the sluice room (this

was a repeat finding from the last inspection).

- A movement hoist and sling were stored in one occupied bedroom where there was a COVID-19 infection present. This presented a risk as it was not in use for the residents and could be brought out for use with another resident presenting a risk of cross infection.
- The bedrooms door of some newly positive for COVID-19, symptomatic, residents were open, which meant that the mobile residents were seen to enter these rooms on at least three occasions during the inspection. Increased supervision was required to occupy these mobile residents in another area of the home.

However, due to the responsiveness of the management staff to the above findings many of these risks had been mitigated before the end of the inspection day and additional controls were seen to have been put in place as required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support on admission to the designated centre. Residents' needs were assessed using standardised assessment tools, and a care plan was developed to direct the staff to assist residents in meeting those needs. Care plans on end-of-life decisions had been developed and it was apparent that residents had been consulted to ensure their wishes were recorded and reviewed.

Overall, care plans were person centred, periodically reviewed and updated at least every four months, as required under the regulations. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs, and this information was reflected in the care plans.

Judgment: Compliant

Regulation 6: Health care

Resident's had access to a good range of health and social care services in line with their assessed needs. Specialist health and social care services were available and the records showed that referrals were sent promptly when residents needs changed. Dietitian and speech and language services (SALT) were provided by a private nutrition product company. There was access to physiotherapy and occupational therapy (OT) services when required. Residents also had access to specialist services including podiatry, dental, palliative care, wound care and

psychiatry.

The residents' general practitioners attended the centre for regular medical reviews, and residents had access to specialist geriatrician services where required. On the day of inspection the GP visited a number of residents in the centre and reviewed those who had recently tested positive for the COVID-19 virus as well as those who were on treatment for other infections. It was evident from records and documentation seen that the GP was attentive to residents and visited them regularly. Medicines were reviewed at suitable intervals which meant that residents had access to best evidence-based care and optimal medical interventions.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider was focused on a restraint free environment. There was a low incidence of restraint usage in the centre, with only six residents using bed rails on the day of this inspection. Restraint was being effectively monitored by the management team. Behavioral support care plans were in place for residents as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff who spoke with the inspector demonstrated a good understanding of safeguarding and abuse prevention. They were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw the training records which confirmed that staff had received this mandatory training.

Judgment: Compliant

Regulation 9: Residents' rights

Care in Blarney Nursing home was person centred and residents' rights were upheld. Residents were supported to maintain links with family and friends and their local community throughout the period of the pandemic. In particular during the current outbreak relatives were contacted each evening and residents were facilitated to

keep in touch with them.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented.

Residents had access to television, newspapers and other media.

Residents' views and feedback were actively sought through the resident's meetings, complaints, resident surveys and informal feedback. This feedback was used to inform areas for improvement and change within the service.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not 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	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0035715

Date of inspection: 20/01/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The center was complaint re: bedroom size up to December 31st 2021. We felt it would be unjust to discharge any resident nearly to comply with the new regulations on Jan1st 2022. There have been no new admissions in 2022.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Since January 2022 no new resident have been admitted. Plans for an extension have been submitted to Cork city hall- Planning office in November 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Cleaned tag system has been put in place for hoist. Jan 22nd 2022.</p> <p>Sufficient clinical waste bins purchased Jan 24th 2022.</p> <p>All alcohol dispensers have been replaced with sealed pouches. Feb 1st 2022.</p> <p>Wall mounted alcohol dispensers have been placed in each bed rooms. Feb 1st 2022.</p>	

On going training in infection control for all staff. March 2022.
A rack for urinal will be in placed by April 30th 2022.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2022
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.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	01/01/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/04/2022