



**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:	Bishopscourt Nursing Home Limited
Name of provider:	Bishopscourt Nursing Home Ltd
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	18 May 2025
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0047137

About the designated centre

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

Bishopscourt Nursing Home is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. There are numerous communal areas for residents to use including three day rooms, two dining rooms and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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
Sunday 18 May 2025	16:55hrs to 21:00hrs	Ella Ferriter	Lead
Monday 19 May 2025	08:55hrs to 15:45hrs	Ella Ferriter	Lead
Sunday 18 May 2025	16:55hrs to 21:00hrs	Siobhan Bourke	Support
Monday 19 May 2025	08:55hrs to 15:45hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

This was an unannounced inspection, by two inspectors carried out over one evening and one day. The inspectors met with the majority of the 59 residents living in the centre over the two days and spoke in detail with 20 residents. The inspectors also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. Residents told the inspectors that staff were very kind, caring and helpful and stated that they worked very hard. The inspectors had the opportunity to meet with ten visitors, who all reported positive feedback about the care their loved one received.

Bishopscourt Nursing Home is a purpose built single story designated centre for older people, situated in Waterfall, south of Cork City. The centre is registered to provide care to 60 residents and there were 59 residents living in the centre at the time of this inspection. Operationally, the centre is divided into two wings, named Fuschia and Heather. Bedroom accommodation consists of 36 single bedrooms and 12 twin rooms, all with ensuite facilities. The inspectors observed that the majority of bedrooms were personalised, with items of significance to each resident, such as family photographs and soft furnishings. Residents spoken with stated that they loved their bedrooms and the privacy afforded to them.

On arrival to the centre at 5pm the inspectors met with one of the registered nurses on duty. Approximately 24 residents were observed at this time in the centres main sitting room. Chairs were seen to be lined up in rows and the staff explained to the inspectors that there was a musician booked for 6pm and they came every Sunday. Residents appeared relaxed and content in their surroundings and told inspectors they looked forward to the live music and the sing song at the weekends. Inspectors enquired as to the time of the evening supper and were informed that this was over and had commenced at 4:30 pm. On review of the menu available inspectors found that there was a limited choice of meals for the evening, on a Sunday, as sandwiches were served at this time and again at 7pm. This is actioned under regulation 18; Food and Nutrition.

Inspectors saw that that staff working in the centre, engaged with residents in a respectful and dignified way during the evening inspection. Where residents had responsive behaviour, the inspectors observed that staff redirected residents or used distraction techniques to guide residents where required. The main sitting room was supervised at all times throughout the evening and residents and staff were observed singing and engaging with the music session. Residents who requested assistance were responded to in a timely manner and residents were offered drinks and snacks throughout the evening. Inspectors saw that the staff member assigned to activities was rostered to work until 9pm.

For residents who chose to remain in their bedrooms they were seen to be responded to in a timely manner when they called for assistance. However, inspectors noted that the call bell system was excessively loud and some residents

reported that they found it very disruptive. A review of residents meetings evidenced that residents had requested that this be addressed. This is further detailed under regulation 9; residents rights. The inspectors had the opportunity to attend the shift handover at 8pm, between day and night staff on both units, on the first evening of the inspection. Pertinent information was conveyed between the two registered nurses, in relation to residents clinical care requirements.

Overall, the inspectors saw that the premises was clean and well maintained. It was evident that some upgrades to the premises had been carried out such as new flooring. Painting was also seen to be in progress in some areas and some bedrooms had been painted since the previous inspection. The centre was homely, with a variety of indoor communal spaces available for residents use. These included two interconnecting dining rooms, two large day rooms, a visitor's room and a sitting room. There was also easy access to a well maintained outdoor courtyard garden with raised flower beds, seating and sun umbrellas. Residents reported that were very satisfied with the activities available to them in the centre and they enjoyed their days. Inspectors saw that there was a social programme for residents over seven days a week and residents views were sought, with regards to what type of activities they would like to partake in.

The inspectors spent time on day two observing the dining experience for residents. The inspectors saw that residents were offered a choice of courses for the lunch time meal and many residents gave very positive feedback to inspectors, regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Over 40 residents choose to eat in the dining room for their lunch, which was observed to be a sociable dining experience, with menus and music playing. Residents told inspectors they could choose to eat in their bedrooms or the dining room, in line with their preferences.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This two day unannounced inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Findings of this inspection were that the management systems in place in the centre were not fully effective and did not provide sufficient oversight of the services provided to residents. Significant action was required to comply with the regulations pertaining to governance and management, incident management, the maintenance of records, individual assessment and care planning and healthcare. The inspectors

also followed up on unsolicited information submitted since the previous inspection, with regards to care delivery and staffing levels at the weekends. Evidence was found to support that action was required in the management's oversight of the service, to ensure the quality and safety of care delivery to residents.

Bishopscourt Nursing Home is a designed centre for older people operated by Bishopscourt Nursing Home Ltd, who is the registered provider. The company is part of the Grace Healthcare group, who operate ten nursing homes in Ireland. The company consists of two directors, one of whom is the person representing the provider and is directly involved in the operational management of the service. Within the centre the management team comprises of a general manager, a person in charge and an assistant director of nursing.

Both the person in charge and the assistant director of nursing were new to their posts and had been appointed to their role since the previous inspection. The management team in the centre were supported by group supports such as a financial controller, health and safety, human resources and quality and compliance. The organisational structure and the lines of authority and accountability were clearly outlined. There were clear deputising arrangements in place if the person in charge was to be absent. An annual review of the quality and safety of the service was completed that linked resident and relative feedback to the identified quality improvements to be implemented in 2025, as per the requirements of the regulation. The centre had a statement of purpose that clearly outlined the services available to residents and specific care needs that could be met in the centre.

On the days of this inspection, inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents, given the size and layout of the centre. The provider had rostered an additional senior nurse to work on the weekends since the previous inspection from 8am to 4pm, to enhance the supervision and to strengthen the governance and oversight of the service, over seven days. Staff within the centre comprised of a team of registered nurses, health care assistants, domestic, activities, catering, maintenance and administrative staff.

From a review of training records, and from speaking with staff, it was evident to inspectors that staff working in the centre were up-to-date with mandatory training in areas such as manual handling, safeguarding and fire safety. Additional training had been recently been scheduled for staff with regards to the management of responsive behaviours, to ensure that they were trained to care for residents with more complex care needs. A training matrix was maintained by management to monitor staff attendance at training provided. However, findings of this inspection would support that further training was required pertaining to care planning and wound care practices, as actioned under regulation 16; Training and staff development.

Staff were supervised in their roles daily by the management team and the provider had good procedures in place for the recruitment and retention of suitable staff, which included an induction programme. Nonetheless, the inspectors were not assured that when a staff member's performance was unsatisfactory, this was addressed in an appropriately manner and as per the centre's policy. This is

actioned under regulation 23. All records requested during the inspection were made available to the inspectors and it was evident they were stored securely. However, some records, required to be maintained in respect of Schedule 3 and 4 of the regulations, were not appropriately maintained. This included records pertaining to the transfer of residents to an acute hospital for treatment, incident records and the directory of residents. These findings are detailed under regulation 21; Records.

A summary of the complaints procedure was displayed in the centre and a record of complaints raised by residents and relatives was maintained as required. It was evident that complaints were addressed when they came to the attention of the person in charge. However, the complaints process did not always adhere to the requirements of the regulations, with regards to the provision of a written response, which is actioned under regulation 34. This was also a finding on the previous inspection.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspectors found that the incident reporting system was not sufficiently robust and not always adhered to. Specifically, incidents were not being fully recorded, as per the centre's policy and not always investigated to determine if there were contributing factors and ensure that learning could be identified. Two notifications had not being submitted to the Chief Inspector, as per regulatory requirements.

The provider had management systems in place to monitor the service via an electronic audit system, which was the responsibility of the clinical management team. However, inspectors found that these were always not effective in identifying areas for improvement as identified on this inspection, for example with regards to care planning, incidents and the complaints systems. The inspectors saw that new systems were being developed and implemented at the time of this inspection, by the new clinical management team.

There was evidence of clinical governance meetings monthly and a report provided with regards to key performance indicators, to review and monitor the service. However, these monitoring and communication systems within the centre required strengthening to ensure there was effective oversight of the service and services provided were safe. These findings and others pertaining to governance and management are further detailed under regulation 23. The management team acknowledged this finding on the day of the inspection and informed the inspectors that they were in the process of developing and implementing quality improvement plans and new monitoring systems at the time of this inspection.

Regulation 14: Persons in charge

There had been a change in person in charge since the previous inspection. They met the requirements of the legislation in terms of nursing and management

experience and they also possessed a management qualification. They worked full time in the centre since November 2024.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The person in charge and the assistant director of nursing supervised care delivery were supernumerary when on duty Monday to Friday. There was a minimum of two registered nurses on duty on every 12 hour shift.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that training was not appropriate in relation to wound care management and care planning, as evidenced by the following;

- Residents' care plans were not maintained in line with regulations and did not have enough detail to direct care, as outlined under regulation 5
- Wound care management was not evidenced based, as outlined under regulation 6.

Judgment: Substantially compliant

Regulation 21: Records

Some records, required to be maintained in respect of Schedule 3 of the regulations, were not appropriately completed and maintained, evidenced by the following findings:

- A review of a sample of incident records found that some were not completed in full and they contained minimal information in relation to actions taken by staff, contributing factors, a risk assessment, results of an investigation and identified learning.
- Although the provider had established and was maintaining a directory of residents in the centre, it did not include all information as required by the

regulations. Specifically, it did not record when a resident is transferred out of the centre to an acute hospital and the date in which they returned.

- From a review of a sample of residents records who had been recently transferred to hospital it was evident that documentation detailing the circumstances of their transfer were not maintained, in line with regulatory requirements.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to monitor and improve the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, evidenced by the following findings:

- From review of records and discussions with the management team, it was found that where a staff member was involved in a disciplinary procedure, there was not a consistent approach to addressing employee misconduct or performance issues. The centres policy was not implemented and adopted appropriately to ensure that there was appropriate supervision and monitoring of the staff member in place.
- The inspectors were not assured that there was appropriate oversight and investigation of incidents occurring in the centre, to ensure that contributing factors were identified and learning could be disseminated amongst staff.
- Record management systems required action, as detailed under regulation 21.
- There was an insufficient system in place to monitor residents' dependency levels in the centre and inadequate oversight of this by management. This is required to ensure staffing resources could be effectively planned and monitored.
- The oversight of care planning and healthcare was not robust as actioned under regulation 5 and 6.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider has prepared in writing a statement of purpose, relating to the designated centre concerned and it was found to contain the information as set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents
Two required notifications had not been submitted to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
Judgment: Not compliant
Regulation 34: Complaints procedure
A review of the complaints log in the centre found that complaints were not consistently managed in line with the requirements under regulation 34. Specifically, there was not always evidence that the registered provider had provided a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, improvements recommended and details of the review process. This was also a finding on the previous inspection.
Judgment: Substantially compliant
Quality and safety
<p>Findings of this inspection were that residents were supported with good access to health care services and opportunities for meaningful activities in Bishopscourt Nursing Home. Residents who spoke with inspectors reported that they felt safe living in the centre. However, significant action was required with regard to care planning and healthcare, to ensure the quality and safety of care provided to residents, as outlined under the relevant regulations.</p> <p>The inspectors reviewed a sample of six residents' health and nursing care records and found that residents had good access to general practitioner services from local GP practices. There was evidence that residents were reviewed regularly or as required. There was good access to occupational therapists, speech and language therapists and dietitians. A chiropodist attended the centre on the second day of this inspection. The inspectors saw that residents with wounds, such as pressure ulcers had a wound care plan in place, however, while a validated wound assessment form was in place, these were not consistently recorded as per best practice. These and other findings pertaining to evidence based nursing practice, are outlined under Regulation 6; Healthcare.</p>

A number of validated assessment tools were used to assess clinical risk to residents and to inform care planning. From a review of six residents' care plans, it was evident that while some care plans were person centred, a number of residents did not have their care plans updated when their condition changed and recorded dependency levels were not reflective of residents' current assessed needs. One resident also did not have a care plan in place, which is required by the regulations. These findings are outlined under Regulation 5; Individual assessment and care plan.

The inspectors found that there were effective systems in place for the implementation of infection prevention and control standards. The person in charge was the designated lead for infection control for the centre. Staff were knowledgeable on effective cleaning practices in the centre and the centre was adequately resourced, to ensure high standards of cleaning were maintained. The person in charge monitored the use of antibiotics and if residents were colonised a bacteria that resists treatment (MDRO). From a review of records it was evident that an outbreak report had been developed following any outbreaks of infections in the centre, to ensure learning could be implemented. There was good monitoring of standard and transmission based precautions in the centre, however, some audits reviewed required an action plan to ensure findings from audits were implemented. These and other findings are outlined under regulation 27 Infection control.

The centre was working towards a restraint free environment and had appropriate systems in place to assess and monitor restraint in use. The inspectors observed staff providing person-centred care and support to residents, who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). 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. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Residents were provided with opportunities to express their feedback about the quality of the service, during monthly resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as menu choices and the activities programme. Residents had access to opportunities for meaningful activities, through a schedule that was facilitated by two activity staff. The inspectors saw that there was live music in the centre three times a week. Residents had access to independent advocacy services if required. Residents told inspectors that call bells were responded to in a timely manner and this had been actioned since the previous inspection, however while the noise levels had reduced, alarms and the doorbell still remain a level of concern for residents as outlined under Regulation 9, Residents Rights.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on both days of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were observed meeting visitors in both their bedrooms and in the day rooms in the centre.

Judgment: Compliant

Regulation 17: Premises

The provider had upgraded the flooring on one of the centre's corridors and there was evidence of an ongoing programme of maintenance in the centre. The centre was clean and well maintained. The layout and design of the premises met residents' individual and collective needs. Residents had free access to the internal gardens.

Judgment: Compliant

Regulation 18: Food and nutrition

There was limited choice for the evening meal on a Sunday as sandwiches were served at this time and again at 7pm. Residents who required assistance were seen to receive this in an unhurried and respectful manner, however, inspectors noted that increased supervision of residents who were eating in their bedrooms was required, the management team agreed to ensure this would be implemented on the day of inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant as evidenced by the following findings:

- Oversight of cleaning and storage of equipment was required, as an inspector saw that a hoist was unclean, two urinals were stained, and slings for residents in shared rooms were seen stored together, which may risk cross contamination.

- There were a limited number of clinical hand wash sinks available for staff use, which was also a finding of the previous inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Processes were in place for the prescribing, administration and handling of medicines, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed and these showed mixed findings. While a number reviewed had some personalised information to inform individualised care, others did not have this detail and required action to enable staff provide person centred care. For example:

- A resident admitted for more than a week did not have an individual assessment and care plan developed to guide and direct care delivery, as required in the regulations.
- A number of assessments were not updated with changing needs of the residents and therefore residents dependency levels were not recorded accurately to ensure the management team could provide staffing in line with residents' assessed needs.
- Residents' care plans were not updated to reflect assessment findings; for example a resident with a high risk of malnutrition did not have this reflected in their care plan.
- In one residents' records, assessments indicated that bed rails were not required, but were in use during care delivery.

Judgment: Not compliant

Regulation 6: Health care

This inspection found that care delivery was not always informed by evidence based nursing practice, evidenced by the following findings:

- On review of wound care documentation and from discussion with staff, the inspectors found that some wound care assessments were not in line with evidence based nursing care. For example, wounds were not always measured and surrounding skin was not always monitored. This information is required to inform care delivery, such as the frequency of wound dressing change and to show improvement or deterioration of the wound.
- A resident whose clinical assessment indicated they required review by a dietitian due to weight loss, did not have evidence that this referral had been made, to ensure the best outcome for the resident. This was subsequently done on the day of this inspection.
- Clinical observations were not always recorded at the recommended frequency, for example when a resident deteriorated. This was a repeat finding.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. The inspectors saw that staff engaged with residents in a respectful and dignified way. There was evidence of alternatives to bed rails such as low beds and crash mats to reduce the number of bed rails in use in the centre, in accordance with best practice guidelines. The management team were working to reduce the number of bed rails in use in the centre.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with safeguarding training in both online and face-to-face training formats. Staff who spoke with inspectors were knowledgeable regarding the importance of protection and safeguarding of vulnerable adults. Allegations or incidents of abuse were investigated and managed by the person in charge in line with the centre's policy. Residents who spoke with inspectors reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While overall, residents who spoke with inspectors confirmed their rights were upheld in the centre, from a review of minutes of residents' meeting and from speaking with residents, the level of noise from sensor alarms and call bells, especially at night time was disruptive and uncomfortable for them, thus impacting residents rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bishopscourt Nursing Home Limited OSV-0000200

Inspection ID: MON-0047137

Date of inspection: 19/05/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training in Individual Assessment & Care Planning, Wound Care Assessment and Incident writing & Reporting will be delivered to all Nursing staff within the centre. Completion: 31st July 2025	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Incident Report Training will be delivered to all Nurses. Incidents will be reviewed weekly to insure compliance with best practices with oversight by the General Manager. Completion: 31st July 2025 All RGNs have been given refresher training in the correct documentation of transfers of residents on the electronic system. Additional oversight has been introduced by the ADON and DON with auditing of records when a resident is transferred out of the centre to another location. This will be completed on a weekly basis moving forward and any issues resolved in a timely manner. Completion: 31st May 2025	

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 Centre's Management Team have received training from the Group HR Manager in relation to following the Disciplinary Procedures in how to insure the correct process and monitoring of staff performance & disciplinary issues are completed.</p> <p>The centre has appropriate policies and procedures in relation to performance management of staff. Additional training has been provided to the Senior Management team to ensure understanding and adherence to these processes in the home. Additional support and oversight is in place through Group HR supports. Any HR concerns or issues are discussed at monthly Local Management Team meetings which are attended by Senior Management in the centre as well as representation from Group management to ensure ongoing oversight.</p> <p>Completed: 22nd May 2025</p> <p>Incident Report Training will be delivered to all Nurses. Incidents will be reviewed weekly by the General Manager to ensure compliance with best practices.</p> <p>Completion: 30th June 2025</p> <p>A full review of the dependency needs of each resident was undertaken on the day of the inspection to ensure that all evidence-based assessment tools were correctly completed and in line with the resident needs. These are now reviewed on a weekly basis by the Clinical Management team to ensure that any changes are captured and staffing resources adjusted accordingly. In addition to this weekly review, daily monitoring of resource allocation is completed by the ADON/DON to ensure that the needs of residents are responded to appropriately with correct staffing levels and skill mix on a daily basis.</p> <p>Completion: 31st May 2025</p> <p>A review of the Quality management system, including the audit tools in use to ensure accurate and meaningful audits are conducted on key areas identified. These audits will include individual assessment and care planning, wound assessment and Incident reporting Reviews. All audits completed will be overseen by the management team in the centre, with any identified quality improvements discussed and monitored in weekly team meetings to ensure actions are closed off in a timely manner. The key findings from all audits are also discussed with staff at staff meetings to ensure their understanding and adherence to required improvements on an ongoing basis.</p> <p>Completion: 31st May 2025</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications will be submitted to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Enhanced oversight has been introduced by the Director of Nursing and General Manager with a biweekly review of all incidents to ensure that any incident requiring a notification is submitted within the appropriate timeframe. Additional support is also in place to discuss any incident at LMTs on a monthly basis.</p> <p>Completion: 31st May 2025</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The person in charge will review the complaints log weekly and follow up with the respective staff to confirm completion and appropriate action.</p> <p>A monthly review of all logged complaints will be completed by the General Manager to ensure that each complaint has been fully addressed and documented and completed as per The centres complaints Policy.</p> <p>Complaints Training is being scheduled for staff.</p> <p>Completion: 30th June 2025</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Menus have been revised and implemented giving Residents a wider choice in the evenings in line with their preferences.</p>	

A review of supervision arrangements has been undertaken and there is appropriate and clear supervision arrangements in place now for tea time, which is clearly documented on allocation sheets to communicate responsibility with all staff. Supervision on the floor on a daily basis by the Senior Management team in the centre also assures adherence to these supervision arrangements. All staff have been communicated with, in relation to this.

Completed 31st May 2025

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Slings in shared bedrooms are now stored separately from one another to ensure best IPC practices.

Urinals have been replaced checklist in place to ensure urinals are stain free. Will be audited weekly.

Completion: 30th June 2025

An IPC specialist has been consulted with in relation to clinical sinks and where they may be installed. A plan of works will be developed based on the advice provided once the report has been issued.

Completion: 30th September 2025

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Review all Residents' care plans to ensure they accurately reflect the Resident's current health & Well-being. This includes Residents assessments and where necessary update the care plan to be reflective of the assessment.

Provide training to Nursing staff on Assessment & Care Planning

Follow group policy to ensure that all care plans are reviewed and updated to reflect the

<p>Health and Well-being of Residents.</p> <p>Performance Management of Nursing staff to ensure compliance in documentation and completion of Assessments and Care Planning.</p> <p>Assistant Director of Nursing will review new admission Care Plans within 48 hours. In her absence the PIC will review.</p> <p>Completion by 31st July 2025</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All Nursing staff will receive Wound care management training. Enhanced weekly wound care audits have been implemented to ensure best practices.</p> <p>A process of review has been introduced by the ADON and DON in the centre on a weekly basis to ensure that all MDT referrals are followed up in a timely manner</p> <p>All Nursing staff will receive training in Recognising & responding to a deteriorating Resident. Nursing staff use a daily PIC report for each wing highlighting relevant information including information on residents hospital transfers, Falls, Incidents, Behaviors, Residents commenced on new medication, MDT and GP visits.</p> <p>A handover template will be devised and completed at the end of each shift and displayed for the nurse taking over the next shift.</p> <p>Completed: 31st July 2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review will be undertaken of the call bell system to ensure that the decibel level is within safe and appropriate levels for use by staff and comfort of the residents in the home.</p> <p>Completion: 31st July 2025</p>	

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/05/2025
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.	Not Compliant	Orange	31/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/06/2025

	consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/09/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	31/05/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	30/06/2025
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	31/05/2025

	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.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/05/2025
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 by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/07/2025

Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	31/07/2025
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