



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

Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0039570

About the designated centre

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

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 13 April 2023	09:00hrs to 17:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Maryborough Nursing Home, where their rights were respected and promoted by kind and competent staff. There was a cheerful and homely atmosphere in the centre, and the sense of well being amongst residents was evident. Residents who spoke with the inspector were consistent in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content. Similarly, visitors to whom the inspector spoke with, were very satisfied with the care and attention given to residents and the level of communication with the management team. During the inspection, the inspector met with many of the 36 residents living in the centre and spoke with eight residents in more detail to gain an insight into their experience of living in the centre. One resident told the inspector that staff " couldn't do anything better for me" while another said "everything is going my way here."

The inspector arrived to the centre unannounced, in the morning. Following an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. It was evident to the inspector that the person in charge was knowledgeable regarding each resident's care needs and he was well known to the residents.

Maryborough Nursing Home is a single storey building located near Douglas village in Cork and has 35 single rooms and one twin room. At the time of the inspection the twin room was lived in by one resident. The majority of rooms had ensuites with toilet, shower and wash hand basin, while two rooms had ensuite toilet and hand wash basin. Four bedrooms that were not en-suite had a hand-wash basin. There were sufficient showers, toilets and bathroom facilities in the centre. The inspector saw that many residents' bedrooms were decorated with residents' personal possessions and photographs and memorabilia of importance to the residents. A number of rooms had been renovated with flooring replaced and shower trays replaced. The person in charge told the inspector that this work was ongoing in the centre. There was also a plan to increase the accommodation in the centre with three extra single rooms to be added and extensions to the dining and lounge room and the replacement of the current hairdresser's room. The centre was observed to be clean, tidy and well maintained on the day of the inspection. The inspector saw that a number of cross fire doors in the centre had been replaced since the last inspection.

There was adequate communal spaces and rooms in the centre with one large day room, a sitting room and a library. The library room was stocked with a range of books and DVDs for residents to enjoy. The centre had a large bright dining room where residents could enjoy their meals. The corridors were nicely decorated with art works and framed photographs of cork scenes. Bedrooms appeared clean and residents who spoke with the inspector were happy with the standard of cleaning in

the centre. Residents had easy access to the internal courtyard that had furniture and raised garden beds for residents to enjoy. Murals on the courtyard walls brightened up the area.

The inspector observed the lunch time meal and saw that residents had a choice of main course and desert and these meals were well presented. A menu displaying the choices available and were displayed on a board and on a TV in the dining room so that residents knew what was available. The majority of residents enjoyed their meal in the dining room and day room while a small number of residents choose to eat in their bedrooms. Residents who required assistance were provided with it in a discreet manner. Tables were nicely laid out for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. All residents who spoke with the inspector reported that the variety of food on offer was "excellent" or "lovely".

There were very good opportunities for residents to participate in recreational activities of their choice and ability throughout the day. There was an activities schedule in place seven days a week which included a variety of activities such as bingo, arts and crafts, fit for life exercise class, quizzes relaxation sessions and live music. A number of residents, including those who remained in their bedrooms also had access to activities and were observed being visited by staff during the day. The inspector saw that residents had a leaflet listing the week's activities as well as a Maryborough Nursing Home newsletter to keep them informed of activities in the home. During the morning of the inspection, residents enjoyed reminiscence and storytelling in the day room while other residents participated in some artwork. It was evident to the inspector that the activity co-ordinator was aware of residents interests and capacities. In the afternoon, a large group of residents enjoyed a live music session from a singer and musician with a wide repertoire. A number of residents told the inspector that they loved the live music sessions held in the centre. The inspector saw photographs displayed in the centre of the recent St. Patrick's Day party held and photographs of residents enjoying the Easter celebrations. Residents living in the centre had close links with the community. For example, residents in the centre participated in a "singing for the brain" zoom session that was held on Friday mornings. For this group, residents learned songs during the week that they sang with other groups across Cork. Residents views on the running of the centre were sought through regular residents meetings that were held in the centre.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the regulations and to inform decision making with regard to an application to renew the registration of the centre. Overall, the inspector found that many of the findings of the last inspection had been addressed and there were good overall governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection.

Maryborough Nursing Home Limited is the registered provider for Maryborough Nursing Home and is registered to accommodate 37 residents. The provider has two directors both of whom are involved in the operational management of the centre, with one working as person in charge and the second working as the general manager in the centre. Throughout the inspection, the person in charge demonstrated good insight regarding his roles and responsibilities. He demonstrated good knowledge of residents' individual needs. The second director worked as the general manager of the centre with roles in supervision, auditing and administration in the centre. There was a clearly defined management structure in place that identified the lines of authority and accountability. Staff working in the centre were aware of their roles and responsibilities. The person in charge was supported in his role by a full time clinical nurse manager, a team of nursing staff, care staff, housekeeping and catering staff, an activity co-ordinator, activity assistants and an administrator.

There was evidence of ongoing recruitment in the centre to maintain staffing levels. The inspector found that nursing staff resources in the centre had increased at weekends with a second nurse rostered during weekend days. The provider had also rostered a second nurse until 9pm four evenings a week to support the night nurse. However, there remained only one nurse rostered during this time on the remaining three evenings. Therefore, there was only one nurse available to administer medications, while supporting clinical supervision of residents. This could have a potentially negative impact on outcomes for residents; for example if there was a resident at end of life requiring specific nursing care, should a resident experience a fall or clinically deteriorate during this time. This is further outlined under Regulation 15; staffing.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. The overall provision of training in the centre was good, with staff being up-to-date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of key risks to residents such as wounds, falls, restrictive practices and residents who acquired infections on a monthly basis. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at the management team meetings, nursing

team meetings and at wider staff meetings which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and relevant changes in the centre. The provider had proactively engaged with the national patient advocacy service to ensure the required changes to Regulations 34; complaints procedure were implemented into the centres complaint's procedure.

Based on a review of the electronic accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames. The provider had implemented the actions required following a fire safety risk assessment of the centre in 2022, this was evidenced by the installation of new cross fire doors in the centre.

There was evidence of consultation with residents in the planning and running of the centre. Monthly resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. Regular relatives and friends committee meetings were also held in the centre to communicate with families and seek their views on the running of the centre. There was a comprehensive annual review of the quality of care in the centre prepared for 2022 which included consultation with the residents and incorporated their feedback. For example, in response to feedback from residents the activity schedule had been changed to ensure activities were available until 9pm each evening.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. He had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there were 12 residents with maximum dependency care

needs and nine residents with high dependency care needs living in the centre. The inspector saw that nursing staffing levels had increased in the centre at weekends and there was a second nurse on duty four evenings a week until 21.00hrs to support the nurse on night duty. However, a second nurse was not available on the remaining three evenings of the week. Therefore, the inspector was not satisfied that on these three evenings that there was adequate clinical supervision, as this left one nurse on their own to administer night time medications to 36 residents and observe and supervise the care delivered to all residents. When a nurse is administering medications they should not be disturbed from this role. This could have a potential negative impact on outcomes for residents should they require nursing care during this time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised in their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an annual contract of insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents.

A comprehensive annual review of the quality and safety of care provided to residents in 2022 had been completed by the person in charge. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. Some minor amendments were made on the day of inspection to ensure it contained all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Maryborough Nursing home received a good standard of care and their rights were promoted and respected by kind and competent staff. From a review of residents records and from speaking with residents and staff, it was evident that residents health and social care needs were met to a good standard. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when a resident's condition changed. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. Residents had timely access to general practitioner services who attended the centre once a week and a physiotherapist worked in the centre two days per week, providing assessments and treatment to residents. Residents also had good access to other allied health professionals such as speech and language therapists, dietitian and tissue viability expertise as required.

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 practices were being well monitored and areas for improvement were identified and actioned.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector saw that a number of rooms had been renovated since the last inspection, flooring in a number of rooms and on one corridor required repair or replacement. The inspector saw that plans were in place to replace flooring in a number of bedrooms and communal areas during proposed extension to the centre. This is

outlined under Regulation 17; Premises.

The centre was cleaned to a good standard, with good routines and schedules for cleaning and rooms and equipment. The centre's clinical nurse manager had successfully completed an infection prevention and control link nurse course to support infection prevention and control practices in the centre. The clinical nurse manager undertook infection prevention and control audits in the centre and action plans were developed in response to findings. The centre had managed an outbreak of COVID-19 in December 2022 by implementing their contingency plan and increasing communication with staff, residents and visitors. Residents needs had been met throughout the outbreak with the support of General Practitioner (GP) reviews and with good liaison with the Health Service Executive (HSE) and their local public health department. Following the outbreak, the person in charge had completed a review of the outbreak to identify any areas of learning should a further outbreak occur. This was available for the inspector to review on the day of inspection. Staff were seen to use personal protective equipment (PPE) such as face masks appropriately. There was sufficient access to hand washing facilities throughout the centre. Some issues identified during the inspection that required action were addressed during the inspection by the person in charge.

The inspector saw that there had been significant improvements to the systems in place to manage fire safety in the centre. A number of fire doors had been replaced and regular simulations of evacuation of residents with night time staffing levels had occurred.

Residents' rights were protected and promoted in the centre. Individuals' choices and preferences were seen to be respected. Monthly resident meetings were held which ensured that residents were engaged in the running of the centre and residents had access to independent advocacy if they wished. There was a varied programme of activities provided to residents led by an activity coordinator and staff. Access to the community was encouraged such as days out with families, bus trips and links with community such as Singing for the Brain.

Regulation 11: Visits

The inspector saw a number of visitors coming and going to the centre during the inspection. Visitors and residents told the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The inspector saw that flooring in a number of bedrooms and on one of the

corridors required replacement or repair and that the layout of the hair salon remained as found in the previous inspection. The provider showed the inspector plans for these works to be completed with the proposed work to increase accommodation and communal areas in the centre that was due to commence in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. The inspector saw that menu choices were clearly displayed in the centre. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that overall there were effective structures in place to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018). The clinical nurse manager had completed an infection prevention and control course in December 2022 and was the nominated lead for infection prevention and control in the centre. The inspector saw that the environment in the centre was clean on the day of inspection. Two sharps containers did not have the temporary closing mechanism in use therefore there this could cause a needle stick injury. This was addressed by the person in charge during the inspection. The inspector saw that a lancet device

stored in a cupboard were not clean; this was addressed by the person in charge during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Cross fire doors had been replaced in the centre to improve the effectiveness of containment of fire in compartments. The largest fire compartment contained nine residents and simulated evacuation drills were conducted at regular intervals and simulated various emergency scenarios.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. The provider had an electronic medication management system for recording medication administration. The inspector saw that administration practices were in line with professional guidelines. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents care plans and found that they were sufficiently detailed to direct care, were person-centred, and were informed by an assessment of clinical, personal and social needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails such as low low beds and crash mats in use in accordance with best practice guidelines. There were no bedrails in use in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to independent advocacy. Residents had access to a varied programme of activities that were available seven days a week. These were led by the activities co-ordinator and their team. These included arts and crafts, bingo, quizzes, card games and board games. An exercise class led by a physiotherapist was also held weekly. External musicians also attended the centre and on the day of inspection, a lively sing song and music session with residents and musician singing along was enjoyed by staff and residents. Residents and staff in the centre had participated in The Cork Lifelong Learning Festival that ran from March 27 2023 to April 2 2023 and residents and staff had talks provided by an historian, a line dancing demonstration and a therapeutic drum session. Residents told the inspector that they loved the music sessions in the centre and had a leaflet with a schedule of activities in their room so they could decide which ones they would like to attend. Residents had close links with the community and a number of them participated in a community based

"singing for the brain sessions" that were held via zoom. Residents who liked reading could access resources from the Douglas library link that attended regularly.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0039570

Date of inspection: 13/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Modified Barthel Index (tool used to determine care hours) and the guide developed by Harrington et al (2020) (with numerous citations) using Resource Utilisation Group-IV tool (to determine nursing hours in nursing homes) continue to demonstrate that we are providing a surplus of both care and nursing hours based on residents' assessed needs and there is at all times a registered nurse rostered on the premises (S.I. No. 415 of 2013 15(2)). Nevertheless, we will take the following additional actions:</p> <ul style="list-style-type: none"> • Carry out a full review of staffing, focusing predominantly on nursing care provision during twilight hours to assess actual or potential negative outcomes for residents. To be completed by 20/07/2023. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Worn flooring in bedrooms was replaced. Completed on 25/05/2023.</p> <p>Worn flooring identified on corridor was repaired. Completed on 25/05/2023.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/07/2023
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	25/05/2023