



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Unlimited Company
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Announced
Date of inspection:	07 May 2019
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0022749

About the designated centre

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

Beaumont Residential Care is a family run designated centre and is located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lift and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed from many aspects of the centre. Beaumont Residential Care 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:	73
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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
07 May 2019	09:00hrs to 17:20hrs	Breeda Desmond	Lead
08 May 2019	08:30hrs to 16:30hrs	Breeda Desmond	Lead
07 May 2019	09:00hrs to 16:30hrs	Anna Delany	Support

Views of people who use the service

The inspectors spoke with six residents, two relatives and reviewed 18 questionnaires during the inspection. Feedback was positive and people were happy with the care and attention they received. They said they were very happy with the support they received; there was a lovely friendly calm atmosphere and they felt part of a real community. They reported that staff were helpful, kind, generous, respectful and chatty and hoped that the inspectors would 'see what we experience every day' and how 'personal care' was delivered in a 'professional manner'.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident led. Care was delivered in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service.

This inspection was undertaken as part of an application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The prescribed documentation was submitted and application fees paid in compliance with the registration regulations.

The registered provider representative was on site on a daily basis as part of effective governance. The person in charge was supported in her role with clinical nurse managers (CNMs) on day and night duty. The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to deliver care that was resident-led. The administrator supported the services regarding non clinical matters.

The annual review was examined; it demonstrated a thorough review of quality of life and quality of care benchmarked against the national standards. Clinical and non-clinical audits were undertaken, however, an overarching audit programme which included audit of practice to enable the service to be consistently and effectively monitored, was not in place. This would enable timely audits to ensure the care delivered, was safe, consistent, and in line with best practice professional guidelines.

Minutes of the quality, environmental, health and safety committee demonstrated that these were held on an annual basis. All incidents, accidents, medication issues,

clinical and non clinical events were discussed and analysed and action plans developed to improve the service. For example, the number of falls had decreased following the introduction of the dementia v delirium tool, whereby residents were assessed for evidence of infection as a possible cause for acute onset of signs of dementia and appropriate treatment was timely initiated. Quarterly health and safety meetings to discuss clinical and non clinical matters were reported, however, minutes from these meeting showed two meeting in 2018.

Written policies and procedure were updated on inspection to ensure compliance with the requirements of Schedule 5. The directory of residents, statement of purpose and residents' guide were updated on inspection to ensure compliance with the regulations. A current insurance certificate was evidenced. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these. A synopsis of the complaints procedure was displayed in the centre and records were maintained in line with the regulations. Residents had contracts of care in accordance with the regulation.

Staffing levels were adequate to the size and layout of the centre. Minutes from management meetings demonstrated that staff levels were kept under regular review in accordance with the changing needs of residents. While most staff documents specified in Schedule 2 of the regulations were in place, documentary evidence of any relevant qualifications were not available for all staff. Staff training required further consideration to enhance the positive findings relating to the variety of training facilitated.

The atmosphere was friendly and relaxed and staff actively engaged with residents and visitors. The inspector observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly when needed; staff demonstrated good communication strategies with all residents, including residents with complex communication needs. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly, good humoured and respectful manner.

Registration Regulation 4: Application for registration or renewal of registration

The prescribed documentation was submitted and application fees paid in compliance with the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge

regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. The staff roster was constantly under review in line with the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The induction process was discussed and a robust system was described to ensure that staff had appropriate knowledge regarding care delivery in line with the ethos of the centre. The training matrix demonstrated mandatory training as well as other relevant training completed. The system in place enabled oversight of training needs with alerts when training was due. Nonetheless, training in protection of vulnerable adults, responsive behaviours, infection prevention and control was overdue for some staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was updated on inspection to reflected the requirements of Regulation 19.

Judgment: Compliant

Regulation 21: Records

Staff files showed that while most of the requirements listed in the regulations were in place for staff, some staff files were not comprehensive, for example, documentary evidence of relevant qualifications in accordance with regulatory

requirements were not available for all nurses.

While most records maintained in respect of each resident in accordance with Schedule 5 were in place, records relating to medication management were not always in compliance with professional guidelines.

A review of storage of the medication management documentation upstairs required review to ensure the information was respectful of people's privacy and confidentiality.

Judgment: Not compliant

Regulation 22: Insurance

A current insurance certificate with the requirements as detailed in the regulations, was evidenced.

Judgment: Compliant

Regulation 23: Governance and management

An overarching audit programme which included audit of practice to enable the service to be consistently and effectively monitored, was not in place. This would enable timely audits to ensure the care delivered, was safe, consistent, and in line with best practice professional guidelines.

Quarterly health and safety meetings to discuss clinical and non clinical matters were reported, however, minutes from these meeting showed two meeting in 2018. More frequent meetings would support the governance of the service to ensure effective monitoring.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose
The statement of purpose was updated on inspection to include room dimensions and the primary function.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications were timely submitted and these correlated with the incident and accident log reviewed.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents and relatives spoken with relayed that they could raise issues with staff without reservation. The complaints log was reviewed and showed that complaints were recorded in line with the regulations.
Judgment: Compliant
Regulation 4: Written policies and procedures
Current written policies and procedures on matters set out in Schedule 5 were available to staff; they were updated on inspection in accordance with the regulations.
Judgment: Compliant
Quality and safety
Information regarding respecting people as individuals and delivering person-centred care was displayed throughout the centre and staff spoken with understood

this 'resident-led care model in a social environment'; and inspectors observed that people were valued for who they were. Healthcare staff reported on the life story booklets and their involvement in the development of these booklets, and how these informed care, socialisation and activities.

Both days of inspection were lovely May days and residents and visitors were observed outside in the enclosed courtyards enjoying the sunshine. Care and support given to residents was calm and unhurried. Appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs. The inspector observed that residents' independence was promoted and encouraged. Staff in the East Wing (dementia specific unit) were responsible for all aspects of care, socialisation and activities in the unit. The activities programme for the remainder of the centre was provided by the activities co-ordinator and external facilitators for fit-for-life, music sessions and other activities. The programme of activities was resident-led and people chose whether to attend a particular activity. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example, poetry reading, hand massage and reminiscence. The activities programme was observed during both days of inspection in the East Wing and the main day rooms, and the holistic approach was inspirational.

The registered provider representative had identified that the framework for the residents meetings could be somewhat improved and the inspector concurred with this assessment following review of the minutes of these meetings. A less formal approach was suggested to enable better participation in the consultation process.

The premises was homely, warm, comfortable, and communal rooms were beautifully decorated. All areas were easily accessible with two lifts (one on either side of the building) and five stairways. There was piped music in communal rooms for residents enjoyment and this could be controlled in each room in accordance with people's preferences. The large retractable movie screen in the main day room provided a great asset for movie nights. All bedrooms were single rooms with full en suite facilities. Bedrooms had adequate space to accommodate furniture and seating and were decorated in accordance with people's preferences. Most bedrooms also had window seating for residents to relax and enjoy the views. However, signage regarding care was prominently displayed in bedrooms and on a kitchenette door which encroached on their rights to privacy and dignity. Toiletries of residents were not always returned to peoples' bedrooms and several items were seen on bathrooms windows and shelving.

Residents had menu choice with all meals and the menu changed in accordance with residents' feedback and seasons. Lunch-time was due to commence at 12 mid-day but observation showed meal time commenced upstairs at 11:45hrs, which is not a reasonable time for the main meal of the day to be served. Residents had access to speech and language and dietician services. While food and drinks were routinely delivered and assistance provided to residents by care staff, morning snacks were delivered by kitchen staff. Assurances could not be provided that this snack time was delivered in accordance with residents' care needs.

There were assessments and care plans for individual residents. Assessments were timely and reviews of care and the resident's response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy. Discussions with staff reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care as well as access to allied health professionals such as physiotherapy and occupational therapy. Residents records demonstrated appropriate observation and interventions that facilitated best outcomes for residents including behavioural support, and family members concurred with this.

Closed circuit television (CCTV) was in place in limited areas and there was advisory signage regarding use of CCTV. There were very strict controls regarding usage and access, whereby the registered provider representative (RPR) had sole access, with access granted to one other person when he was on leave.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed alongside the fire panels downstairs and upstairs. Fire safety training was up to date for all staff. Training records showed that drills were completed cognisant of night time staff levels. While evacuation training formed part of fire safety, an evacuation of a compartment with associated times was not evidenced to provide assurances that a successful evacuation could be completed in a timely manner.

Regulation 10: Communication difficulties

Staff demonstrated good communication strategies for people, including those with complex communication needs, which reflected the ethos espoused in the statement of purpose.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. While there was signage requesting protected mealtimes, the inspector observed visitors were welcomed and residents and family members stated that they were always made feel welcome and offered refreshments.

Judgment: Compliant

Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage.

Residents had access to on-site laundry facilities. Clothing was labelled for ease of identification. Questionnaires reviewed fed back that where issues were identified with laundry services, they were followed up immediately.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed and relatives spoken with showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences. Relatives gave positive feedback regarding care and support when their relative became unwell, including their ability to stay in the centre overnight to be with their loved one.

Judgment: Compliant

Regulation 17: Premises

The premises was homely, warm, comfortable, and communal rooms were beautifully decorated and contained many attributes to enhance the living experience for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Lunch-time was due to commence at 12 mid-day but observation showed meal time upstairs commenced at 11:45hrs.

While food and drinks were routinely delivered and assistance provided to residents by care staff, morning snacks were delivered by kitchen staff. Assurances could not

be provided that these snacks were in accordance with their assessed care needs.

Judgment: Not compliant

Regulation 20: Information for residents

The statement of purpose and residents' guide was given to residents as part of their admission welcome pack. This was updated on inspection to ensure the requirements of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, the person in charge or CNM ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

Regulation 26: Risk management

A current risk management policy with safety statement was in place that included the specified risks listed in the regulations. The risk register was up to date and included risk rating and controls for the risks identified.

Judgment: Compliant

Regulation 27: Infection control

There were policies and procedures in place for infection prevention and control. While there were two sluice rooms, one sluice room did not have a hand wash sink to enable staff undertake hand washing in accordance with guidance from the World Health Organisation; hand hygiene gel was available but this was stored on the sluicing sink.

Judgment: Not compliant

Regulation 28: Fire precautions

Training records showed that drills were completed cognisant of night time staff levels. While evacuation training formed part of fire safety, an evacuation of a compartment with associated times was not evidenced to provide assurances that a successful evacuation could be completed in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Residents had evidence-based risk assessments to guide care and relatives and residents reported that they were consulted regarding their care. Personal history information, life stories and residents' interests were insightful and comprehensive and had valuable information to enable a truly person-centred delivery of care.

Judgment: Compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that fit-for-life classes, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. Residents and family members concurred with this.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs, including people with a diagnosis of dementia. Care plans with behavioural support plans were in place when needed, and the sample of these care plans showed a robust

person-centred approach to care.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider representative had identified that the framework for the residents meetings could be somewhat improved to enable residents participate in the organisation of the service.

Toiletries of residents were not returned to bedrooms and several items were seen on bathrooms windows and shelving.

Bedrooms were decorated in accordance with the residents wishes, however, signage regarding care was prominently displayed in bedrooms and on a kitchenette door which encroached on people's rights to privacy and dignity.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0022749

Date of inspection: 07/05/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Beaumont Residential Care maintains a very comprehensive programme of training in compliance with our legal duties, and as summarised in our comprehensive training matrix.</p> <p>BRC is simply not aware of any legal/regulatory requirement governing the frequency of training for nursing home staff. NHI recommends every three years for safeguarding the vulnerable adult, every two years for responsive behaviours and infection control, and BRC is aiming to achieve at least these frequencies.</p> <p>On the day of inspection only two newly appointed staff (out of a workforce of 90) had not received training on safe guarding of the vulnerable adult. Both had received formal training on infection control. These are both non-clinical staff, and training is scheduled for June 2019. All other staff have received formal training on protection of the vulnerable adult and infection control, and the vast majority of staff have received formal training on responsive behaviour.</p> <p>Importantly, in addition to formal training, BRC provides regular informal training which bridges the gap between training periods. BRC prides itself on providing a very high standard of training to our staff which is comprehensive and evidence based. Training sessions include DVD Training, NHS video clips, Dr Sabina Brennan animated series on dementia, which includes responsive behaviour, and a self-directed 3 workbook program from the NHS which includes one workbook on challenging behaviour. In addition to these we also have access to copies of the NHI presentations and recordings. These forms of training cover infection control, delirium, falls prevention, skin integrity, person centered care, restraint and dementia.</p>	

BRC is constantly reviewing its training programme and improvements are made as issues arise or as shortcomings are identified. This is an ongoing high priority for management.

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records: Medication management records identified as not being in compliance with professional guidelines had previously been identified by nursing staff, and reported to our pharmacy. We had been assured that they would address the discrepancies with the GP responsible for the prescribing of the medication. However, this was not performed in a timely manner and has been highlighted to the pharmacy. The medications have now been adjusted in compliance with professional guidelines.

Medication documentation have traditionally been held on the two medication trolleys upstairs, in closed folders. The inspector identified this means of storage as a potential breach of residents' privacy and dignity. These folders are now being stored at the nurses' station where they cannot be accessed by other personnel.

In relation to keeping on file documentary evidence of Staff Nurse qualifications, for many years BRC routinely asked candidates for Staff Nurse Position to provide us with a valid NMBI PIN retention certificate as part of the recruitment process, believing the NMBI would thoroughly vet nurse credentials in advance of issuing PINs. We will now additionally ask all prospective and (where required) current Staff Nurses to submit documentary evidence of relevant qualifications.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

BRC's annual review "demonstrated a thorough review of quality of life and quality of care bench marked against the national standards" according to the HIQA inspector. Clinical and non-clinical audits are undertaken, as are reviews of care metrics, health & safety audits, detailed analysis of falls, incidents and accidents etc.

The audit program, currently in use, has informed practice to a significant and measurable level resulting in better health outcomes for our residents. Six Clinical domains are audited quarterly. These are; Infections, Wounds (including pressure

ulcers), Falls, Nutritional status, Hospital transfers, and Functional ability. Medication is audited separately. BRC carries out other miscellaneous audits; hand hygiene, manual handling, the dining experience, record keeping, bell monitoring, What do you hear?, What do you see?, What do you feel? observations. These audits, will now be timetabled more consistently.

Specifically, BRC in January of each year will put in place a schedule of audits spread throughout the remainder of the calendar year. At the same time an annual review meeting will review audits from the previous 12 months, summarising any findings/learnings and informing future audits. The information will, as with the quarterly audits be collated, and analyzed and used to inform care plans. All audit information is fed into the annual review for analysis and for continuing monitoring of the quality and safety of our service.

The quarterly health and safety meetings to discuss clinical and non-clinical matters had been temporarily halted due to unexpected staff shortage in our administration department, these are now back on a quarterly trajectory (three meetings took place in the 12 months to March 2019).

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 BRC residents enjoy a varied and wholesome menu choice, with meals delivered in a manner compatible with care needs. Resident feedback on menu choice and quality of food is overwhelmingly positive.

The practice of kitchen staff delivering snacks to BRC residents in the morning has now been stopped. Lunch time serving is being more closely monitored and staff are advised not to serve lunches before 12 midday. Any resident who, for any reason, may need to have lunch earlier, is provided with a nutritional snack at the afternoon tea round.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Infection prevention and control are high priorities for BRC staff as evidenced by our comprehensive policies and procedures in place. Our proactive approach in such matters in recent years has proved very successful in preventing outbreaks of flu and other

seasonal outbreaks.

Despite misgivings about HIQA's stated requirement to install a hand wash sink in our upstairs sluice room in addition to our wall mounted alcohol-based hand gels, this is scheduled to be done by end June 2019.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: BRC management take fire prevention extremely seriously and feel it is important that each staff member fully understands our fire policy and knows exactly what steps he/she should take in the event of a fire. Every employee receives detailed training in fire safety practices and takes part in a fire drill approximately once a year. Training sessions and drills are scheduled according to usual shift patterns of individual staff members.

We are firmly of the view that fire training and fire drills should be more than just a box-ticking exercise and in the past have tended to run them in smaller groups, allowing for better group interaction and better learning overall. However, while we are confident BRC staff would react appropriately in the event of a fire, including successfully evacuating a compartment in a timely manner, we take on board the inspector's recommendation that drills mirror reality as far as possible e.g., more realistic staffing levels at various times during the day, simulating evacuation of residents with varying dependency levels etc.

A comprehensive review and redesign of our fire drills will shortly commence, possibly with inputs from specialist third-parties, with rollout of the new drills commencing late Summer 2019.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: BRC had identified that the framework for residents meetings was in need of improvement. We had been employing an independent body to conduct the meetings as per previous recommendations from HIQA, to avoid any potential for influencing of residents. The format used by this group involved multiple questions to the residents, and was cumbersome.

We have now recruited our own activities coordinator to conduct the meetings. A template similar to HIQA's own residents' satisfaction questionnaire, felt to be more user

friendly, is being designed and we will timetable a residents committee meeting for early July.

On the day of inspection, the inspector observed that some toiletries of residents had been overlooked in the communal bath rooms. A notice will be placed in each communal bathroom to remind staff to return all toiletries. In addition to this memory prompt, our admin staff who carry out daily checks of the whole home, have been instructed to report to nurses on duty if toiletries are found in the communal bathrooms. Care staff will also be reminded at morning handovers.

Signage informing staff of manual handling requirements, and dietary requirements were displayed on the front of wardrobes. These now have all been removed and are displayed internally in the wardrobes. Similarly, the inspector reported it was possible to see signage if looking into open bedrooms from the corridor. These have now also been removed and positioned in a better place.

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.	Not Compliant	Orange	30/09/2019
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	30/07/2019
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Yellow	30/07/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Orange	30/09/2019

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2019
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.	Not Compliant	Orange	30/07/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire	Substantially Compliant	Yellow	30/09/2019

	alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Yellow	31/07/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/09/2019