



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	04 December 2018
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0022234

About the designated centre

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

Bushmount Nursing Home is located on the outskirts of the town of Clonakilty. It is registered to accommodate a maximum of 79 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation and chapel. The centre is laid out in four wings: Primrose, Bluebell, Daffodil and Fuschia. Residents accommodation comprises single bedrooms, some with en suite shower and toilet facilities. Other shower, bath and toilet facilities are located throughout the centre within easy access of residents bedrooms, dining and lounge facilities. Each unit has a dining room and sitting room for residents to enjoy. Additional seating areas are located along corridors for residents to rest and look out at the enclosed garden and courtyards. The original building belonged to the Sister of Charity of St. Paul and the chapel has the original stained-glass windows which adds to the ambiance of peaceful reflection. The enclosed gardens and courtyards provide secure walkways, seating and raised flower and herb beds and boules area for residents leisure and enjoyment. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Current registration end date:	31/08/2020
Number of residents on the date of inspection:	79

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
04 December 2018	09:00hrs to 17:15hrs	Breeda Desmond	Lead
05 December 2018	09:00hrs to 16:00hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector met with several residents throughout the 2-day inspection. Feedback was positive from the residents spoken with regarding all aspects of care and attention. They outlined the humanity, compassion and kindness shown to them as well as the fun, laughter and chat. They enjoyed the exercises, entertainment, music and bingo; having mass said in the chapel was wonderful.

Capacity and capability

This was a good service good with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the ethos espoused in the statement of purpose of Dementia Care Matters. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure was recently enhanced with the appointment of the operations manager who provided support to management in this centre and their sister centre in Drimoleague, west Cork. The person in charge took up post in October 2018; an assistant director of nursing and clinical nurse managers formed part of the management team as well.

Minutes of the senior management monthly meetings were reviewed and these showed good oversight and discussions about all aspects of care including clinical and non clinical matters. Fortnightly meetings were held with heads of departments and clinical nurse managers to enable and facilitate dissemination of information across the organisation. The annual review for 2018 evidenced. Quality improvements were identified, but responsibility to bring them to fruition and time lines were not included. Nonetheless, the annual review from 2017 did have time lines and interim reviews. The annual review was discussed with the management team and they demonstrated that the review was a dynamic process. Where areas of improvement were identified, ongoing reviews of remedial actions showed that some actions were not effective and alternative processes were put in place.

There was a genuine commitment to provide quality care that was resident led, to ensure the care delivered met the needs of residents. The operations manager outlined the changes to date to enhance care. Quality improvement programme had significantly improved since the previous inspection in April 2017 whereby clinical audits were undertaken on a monthly basis; these were trended and analysed and work practices were changed accordingly and this has resulted in improved outcomes for residents. Nonetheless, improvement was needed to include audit of practice to enable further learning to ensure practice was in line with best practice

guidelines.

Information for residents was displayed at main reception including the statement of purpose and the residents' guide. These were updated on inspection to reflect the recent changes to management structures.

Written policies and procedures in place as per requirements of Schedule 5. They were being overhauled at the time of inspection to ensure they were centre-specific and referenced current legislation, national standards and up-to-date researched best practice.

The person in charge had taken up the post in October 2018. Deputising arrangements were in place whereby the Assistant Director of Nursing assumed responsibility for the service when necessary. The staff roster was reviewed and it demonstrated adequate staff for the size and layout of the centre. Nonetheless, staff supervision would enhance the positive inspection finding and further improve outcomes for residents.

The atmosphere was friendly and relaxed and staff engaged with residents and visitors. The inspector observed that the care and support given to residents was relaxed and unhurried; staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner.

Regulation 14: Persons in charge

The person in charge took up the post in October 2018. He was full time and had the necessary experience and qualifications as required in the regulations. Cognisant that he was in post just seven weeks, the person in charge was familiarising himself with the residents and their care needs, staff, families, and premises. He demonstrated adequate knowledge regarding his role and responsibility and was articulate regarding governance and management of the service and quality improvement initiatives to further enhance the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the care needs of residents and the size and layout of the centre. The staff roster was reviewed and discussed and the person in charge outlined that the roster was constantly under review in line with the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision required review to ensure care was consistently delivered in line with the statement of purpose. The inspector observed that staff supervision at mealtimes would improve outcomes for residents.

Judgment: Not compliant

Regulation 21: Records

Statement of purpose and resident's guide were available as part of the admission pack to residents and these were updated on inspection to reflect the current management structure and current legislation and national standards.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective supportive governance structure demonstrated that intrinsically motivated the team to drive quality improvement and promote a resident-led service. The audit programme of incidents and falls showed trending and analysis of work practices which resulted in changes to work practices at specific times and subsequent audits demonstrated a reduction in such incidents. Nonetheless, while there was an improvement in the audit programme, practice was not audited to be assured that staff were adhering to best practice.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

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

This was updated on inspection to reflect the new management structure. It contained the requirements as listed in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted. The accident and incident log were reviewed and these correlated with notifications submitted to the office of the chief inspector.

Judgment: Compliant

Regulation 32: Notification of absence

The operations manager was aware of the regulatory responsibility regarding notifying the office of the chief inspection of the absence of the person in charge. Deputising arrangements were in place whereby the assistant director of nursing (ADON) assumed responsibility for the service when necessary.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff without reservation. They were aware of their rights to be treated with respect and dignity and said they could raise concerns. Observation on inspection demonstrated that residents could raise concerns. The complaints log was reviewed and showed that there was one issue documented in 2018. This was discussed at the feedback meeting and it was agreed that better records should be maintained to ensure issues were dealt with in a timely matter and mitigate recurrences where possible.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All the policies as required in Schedule 5 were in place. The management team were in the process of upgrading them to ensure they described best practice as well as centre-specific practice; and reflected current legislation and national standards.

Judgment: Not compliant

Quality and safety

Effective leadership enabled the change of culture from a task-orientated model of care to one that promoted and championed delivery of care that was broadly based on the philosophy of 'Dementia Care Matters', where the heart of care was about emotional care, acknowledging where people were at and valuing people and their life.

Residents were facilitated to choose their daily routine. The inspector observed breakfast times and this was relaxed, un-rushed and supportive. There was no set time for breakfast, residents were brought to the dining room if they choose and had breakfast at their leisure. There was a health-care assistant assigned to each dining room and remained their with residents throughout the day; they were responsible for all aspects of care including activities, meals, snack, and social interaction with residents, their families and visitors. Staff did not wear uniforms and this further normalised the atmosphere. Having a designated member of staff assigned meant that care was consistent and normalised.

The centre was warm, cosy and comfortable. In general, the premises met the needs of residents. Additional toilet, shower and bathroom facilities were available throughout. The centre was decorated with 3D murals, residents' art and craft work, paraphernalia of by-gone times, all of which created a lovely atmosphere. Nonetheless, review of the premises was necessary to ensure that the centre was suitably decorated and well maintained internally and externally. For example, some flooring had mending tape several places along a corridor and outside the lift which was quite unsightly; the smokers' shelter could not be used in inclement weather; hairdressers' salon was cluttered and un-inviting; there was inadequate storage in the kitchenette areas.

Care plans and assessments had pre-admission assessments completed to ensure the service could provide suitable care and support. On-going assessments and care plans in place for residents showed a person-centred approach with life-stories and photographs as part of the 'Dementia Care Matters' approach.

While there was signage at the main entrance requesting visitors to be mindful of

mealtimes, the inspector observed open visiting times and people were made feel welcome to the centre. Residents gave positive feedback regarding their health needs being met and access to community health services in accordance with their needs. GPs attended the centre and documentation showed that medications were regularly reviewed. The person in charge had commenced a review of the medication administration sheet at the time of inspection and the new draft chart was demonstrated. Nurses were involved in the drafting of the new template and it was proposed that it would be piloted in one wing prior to being rolled out, to ensure it was fit for purpose.

Safeguarding areas were examined, for example, staff training, and this was up-to-date. In addition, residents gave positive feedback regarding their ability to raise issues and reported that staff were kind and respectful. While quarterly residents meeting were proposed, just two meetings were convened in 2018. Minutes from these meetings were comprehensive and thorough with very good attendances and issues were followed up in subsequent meetings.

Current fire safety certificates were in place. Fire wardens were appointed on each shift to take responsibility for fire safety and daily and weekly checks were available. Evacuation notices were updated on inspection to indicate point of orientation. While all staff had up-to-date fire safety training, fire evacuation drills were not conducted at suitable intervals to provide assurances regarding fire safety management .

Health and Safety and Risk committee was discussed and the inspector was advised that this would be set up in January 2019. Representatives from each department would form part of the committee to facilitate better oversight of clinical and non clinical matters. Cognisant of the size and layout of the centre, this would provide additional assurance regarding identifying and responding to risk.

Staff had up to date training regarding infection prevention and control and hand hygiene and best practice hand hygiene practices were observed. Nonetheless, some infection prevention and control issues were identified, for example, protective covering on some beds and bedside lockers was quite worn so effective cleaning could not be assured; there was no bedpan washer upstairs so commode inserts and urinals were washed by staff. As practice was not audited, it could not be assured that infection prevention best practice guidelines were adhered with to protect staff and residents.

Regulation 11: Visits

While there were notices displayed requesting protected meal times, people were seen visiting throughout the day and were welcomed by staff. Family and friends

visited residents in their bedrooms and in dining and sitting rooms, and the inspector observed they were offered refreshments.

Judgment: Compliant

Regulation 12: Personal possessions

All resident accommodation was single occupancy and bedrooms had a range of furniture to store their personal property, possessions, and could retain control over their clothing. Adequate storage was provided in the way of double wardrobe, bedside locker and some had chest of drawers.

Laundry facilities were available on site with labelling facilities to ensure residents clothing was returned appropriately. Laundry practices described were in compliance with best practice guidelines regarding use of alginate bags, segregation of laundry, appropriate temperatures and solutions used.

Judgment: Compliant

Regulation 13: End of life

Staff had completed training in palliative care and end of life care. Care plans in place contained person-centred information of residents wishes and preferences for end of life. A review of care was undertaken following a resident passing away to enable learning and records demonstrated quality improvement initiatives following these reviews.

Judgment: Compliant

Regulation 17: Premises

The premises was homely, comfortable and warm. Residents art, craft work, knitting and crochet were displayed throughout the centre. Paintings and murals were displayed everywhere and this added to the atmosphere of warmth and was uplifting. Sitting rooms and dining rooms had been decorated in line with 'Dementia Care Matters' and these were cosy and inviting.

Nonetheless, the layout of some bedrooms and hairdressers room required attention. Inadequate protection in the smokers' shelter, insufficient storage in some kitchenettes, flooring and paintwork all required consideration to ensure the

premises was in compliance with Schedule 6 of the regulations.
Judgment: Not compliant
Regulation 18: Food and nutrition
The inspector observed mealtimes in all the units. Mealtimes were a relaxed affair with appropriate assistance offered and given. Dining rooms were decorated with dressers and cosy furniture which made for a relaxed and calm atmosphere. Each dining room had a kitchenette with tea, coffee and toast making facilities, and laid out in a way to maximise social interaction for residents.
Judgment: Compliant
Regulation 20: Information for residents
The resident's guide was available as part of the admissions pack. It was also displayed at the main entrance. It contained the requirements listed in the regulations.
Judgment: Compliant
Regulation 26: Risk management
While there was a risk management policy in place it was not comprehensively implemented in practice. Consequently, many issues had not been identified or reported to the relevant person. This deficit had been identified by management and the inspector was advised that a Health and Safety and Risk (including infection control risks) committee will be set up in January 2019. Representatives from each department would form part of the committee to facilitate better oversight of clinical and non clinical matters. Cognisant of the size and layout of the centre, this would provide additional assurance regarding identifying and responding to risk.
Judgment: Not compliant
Regulation 27: Infection control
Lack of bedpan washers and appropriate storage racks in sluice rooms and the

absence of audit of practice could not provide assurances that infection prevention and control practices were in compliance with best practice and national standards.

Protective coating on some bed frames, lockers, chest of drawers was quite worn so effective cleaning could not be assured.

Judgment: Not compliant

Regulation 28: Fire precautions

Records of fire drills showed that comprehensive narrative regarding actions and times of fire drills completed. However, fire drills were not completed at suitable intervals to provide assurances regarding fire safety management.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

All medications were securely maintained in the centre. Regular audits were completed by the pharmacist with records maintained in residents notes of recommendations and advice to facilitate better outcomes for residents.

As there were several gaps in the drug administration records, it could not be assured that all medicines were administered in accordance with professional guidelines. Nonetheless, the new person in charge had identified that the drug administration chart was cumbersome and had started to develop a more streamlined drug chart. Nursing staff were involved in the development of this and a pilot was proposed to determine if the new chart was fit for purpose.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Person centred care plans and assessments were demonstrated. While care plans were up to date and proposed review dates were input to the computer records, it was not evident that assessments had been reviewed. This was discussed at the feedback meeting and management outlined that assessments were reviewed but realised that there was no place to record that assessments had been reviewed when no changes were needed; they acknowledged that this was a fault in the system that had not been identified.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services, specialist services, allied health professionals and community healthcare services. On-call GP services were available.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place to support residents with complex behaviours. The inspector observed appropriate interventions and distraction techniques to diffuse situations which promoted better outcome for all residents.

Judgment: Compliant

Regulation 9: Residents' rights

The 'person-centred care co-ordinator was responsible for oversight of the activities programme. There was a health care assistance rostered to the dining rooms and day rooms and they were responsible for all aspects of care and support for example, offering tea, coffee, snacks, meals and meal times, cleaning and stowing after meals. This facilitated continuity of care and activities. There was a semi-formal routine for activities in the mornings and this allowed for discussions with residents regarding their preferred activities in the afternoons. Activities included news paper reading, arts and crafts, music and exercises. One-to-one sessions were facilitated in accordance with people's preferences. The physiotherapist undertook assessments and falls risks to promote residents' independence.

Comprehensive smoking assessments were completed where necessary and these along with all other assessments were kept under constant review with control measures in place in accordance with resident's needs.

Minutes of residents meeting showed that there were two residents' meetings and an advocacy information meeting held in 2018; minutes of the residents' meetings demonstrated extensive discussion regarding items both in house and external to the centre with action plans to follow up on items requested. Nonetheless, it was reported to the inspector that resident meetings should be held

quarterly to provide a forum for residents to be consulted with and participate in the organisation of the centre.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	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 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Inspection ID: MON-0022234

Date of inspection: 05/12/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Current practice is that a trained member of staff supervises a designated dining area at all meal times.</p> <p>Management will ensure that this practice continues and is routinely monitored to maximize the mealtime experience of our residents</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Audit programme has been reviewed and revised by management to ensure that current practice adheres to best practice . Mandatory audits will include : Person centered Care , Health and Well-Being, Medication Management, Administration and Transparency, Facilities and Health and Safety, Catering and HCAPP, Hygiene and Infection Control, Effective and Safe Services .</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Since the beginning of December management have introduced a more robust system of dealing with complaints and concerns . All complaints or issues raised, whether informal / formal , written or verbal will be entered into Epicare and will follow the complaints procedure. Staff have been advised to follow the complaints procedure in all instances</p>	
<p>Regulation 4: Written policies and procedures</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: As stated by the inspector ,all Scheduled 5 Policies were in place at the time of the inspection and are currently being reviewed and updated to reflect the most recent legislation and standards. A policy committee has been formed between Bushmount and out sister nursing home .</p>	
<p>Regulation 17: Premises</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regarding the stark Residents room . The reasoning for this Residents room layout was explained in detail from a feedback form . This particular resident has minimal personal affects ,however staff can decorate the room in a pleasant manner with colour and vibrancy at the Residents choosing .</p> <p>The flooring and painting has been completed and a new carpet was laid on the hall stairs early December 2018.</p> <p>We are currently in discussion with the residents who smoke, as to there preferences of which kind of sheltered area would be most suitable .</p> <p>The hair dressing salon will be re-furbished into a more pleasant visual and sensory experience for residents attending the hairdresser.</p> <p>Storage units for the main sitting room have been fabricated and are in situ .</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>A Health and Safety committee has been formed and will meet monthly Each department will be represented . Every month each wing will be risk assessed and discussed at the meeting , and a time frame for all issues to be resolved will be set .</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Lockers and bedroom furniture will be replaced as part of our quality improvement plan for 2109 . Urinal/ Bedpan cleaning/ disposing will be incorporated into the Hygiene Infection Control audit that is part of the Mandatory Monthly Audit programme. The results of this audit will determine whether a change of practice is required</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>4 fire drills a month will take place from January 2019 . All mandatory training is up to date as mentioned in the report .</p> <p>The emphasis will be on horizontal evacuation of compartments as suggested by the Fire Officer with night staff staffing levels . Three fire drills have been completed since January the 4th 2019</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: New medication charts that are less cumbersome and user friendly will be introduced January 2019 . A monthly audit of drug kardex's will be implemented January 31st 2019 .</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: In correlation with Epicare, staff have been advised how to record updates in the care plans that reflect real time status and the next date for review of care plans .</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: There were three meetings held in 2018 , the last being in December to wrap up the year . Going forward the plan is to hold Residents meetings quarterly.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant		19/12/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under	Substantially Compliant	Yellow	28/02/2019

	section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	17/01/2019
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	28/02/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Not Compliant	Orange	01/01/2019

	case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/01/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	19/12/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may	Not Compliant	Orange	28/02/2019

	require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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.	Substantially Compliant	Yellow	19/12/2018
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.	Substantially Compliant	Yellow	19/12/2018