



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

Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	04 March 2022
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0036178

About the designated centre

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

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. For operational purposes the centre is divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

There are numerous communal areas for residents to use including four day rooms, a dining room and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs in-house as required. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff. Activities are provided seven days per week and throughout the day and evening.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
--	----

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
Friday 4 March 2022	09:10hrs to 16:20hrs	Siobhan Bourke	Lead
Monday 7 March 2022	09:00hrs to 16:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with the majority of the 57 residents living in the centre and spoke with eight residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection carried out over two days to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by a staff member on each day who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. On the first day of inspection, the person in charge was on planned leave and a clinical nurse manager accompanied the inspector on a walk around the centre. During the walk around the inspector saw that staff were attending to residents' personal care and a number of residents were up and ready for the day's activities. The inspector saw that a number of staff were agency staff and the clinical nurse manager advised the inspector that agency staff were paired with a member of the regular staff to ensure they knew the residents' care needs.

The centre was laid out over two wings, namely Fuschia and Heather Wing with 30 single bedrooms in Fuschia Wing and 12 twin rooms and six single bedrooms in Heather Wing. All residents' bedrooms had ensuite showers, hand wash basin and toilets. The centre was generally clean and warm throughout. The corridors were nicely decorated with art works and pictures. The inspector saw that the majority of rooms were spacious and decorated with residents' personal possessions and photographs. Bedrooms appeared clean and residents who spoke with the inspector were happy with the standard of cleaning in the centre. In general, flooring and furnishings in the centre were in good repair with the exception of one bedroom and utility rooms. The inspector saw that while painting of skirting boards was underway on the first day of inspection, a number of walls and doors required repainting, this is discussed under regulation 17.

There was plenty communal spaces and rooms in the centre with one large day room and a sitting room in Fuschia Wing and a "garden" sitting room in Heather Wing. The inspector saw that these rooms were nicely decorated with homely furniture and brightly coloured comfortable chairs. Fuschia sitting room had a drinks station where residents could help themselves to hot and cold drinks during the day and was fitted with a movie projector and TV for residents use. The inspector saw a number of residents using this room during the inspection. The Garden room had an old fashioned shop that has a small stock of treats that residents could avail of. This room had a door where residents could access a well maintained outdoor courtyard garden with raised flower beds and seating. The main day room was a large bright

room with plenty armchairs, reading lamps and memorabilia such as a singer sewing machine giving the room a homely feel. On the morning of the first day, the inspector saw a number of residents in this room enjoying a zoom "Singing for the Brain" session where the residents sang songs with residents from other centres in Cork, in a group led by a musical director. One of the residents had written a song for the group and another resident told the inspector, how much they looked forward to the fun and energy it brought to the day. The centre also had a "flower walk" where a glass corridor, lined with potted flowering plants, linked through the centre, where residents could walk up and down regardless of the weather outside. Residents were observed mobilizing independently around the centre or resting and relaxing in many of the centre's communal spaces.

The centre also had two interconnecting large dining rooms for residents' to enjoy their meals. Both dining rooms were brightly decorated and had murals of Cork scenes on the walls. Tables were stocked with condiments for residents use. The inspector saw that lunch in the dining rooms was a sociable and enjoyable experience for residents. One resident could be heard singing cheerfully between courses. Staff were aware of residents likes and dislikes and were seen providing assistance in a discreet manner. Residents and staff were seen to have lively chats during mealtimes. The lunch time meal had four courses with a starter, followed by soup, main meal and desert. There was two choices available for the main lunch time meal on both days. Residents told the inspectors they always got a choice of meals and were complimentary about the food. The lunch time meal including texture modified meals offered to residents appeared and smelled appetising. There were plenty drinks and snacks offered to residents through out the day. There was also a drinks and chocolate round in the evening on Fridays.

Visitors were seen coming and going throughout the day of the inspection. The centre has a designated member of staff in the reception area to ensure that visitors were signed in and completed safety checks in line with national guidance. Residents could meet their visitors in the privacy of their rooms or in a designated visitors' room near the main reception. Visitors who spoke with the inspector were very happy with the visiting arrangements in place in the centre. However, there was a mixed feedback from visitors, in relation to care provided to their family members with some relatives very complimentary with the standard of care, while others raised concerns regarding communication and delay in response when family members raised issues.

The inspector saw that there was plenty danicentres with storage of gloves and aprons through out the centre to ensure that staff had easy access to PPE. Alcohol hand rub dispensers were available in residents' rooms throughout the centre. A new clinical hand wash sink had been fitted in the treatment room since the last inspection. Staff were seen to be wearing FFP2 masks in line with national guidance.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them. A number of residents told the inspector that the regular staff knew their needs well and this was not always the

case with replacement agency staff.

The centre employed three activity staff who ensured that there was a varied and flexible activity schedule available at the centre, seven days a week. During both days of the inspection, the inspector saw activities such as group exercises led by the physiotherapist, a quiz and poetry session and a sing song in both the Garden sitting room and the main day room. The inspector saw artwork that residents made had been created into Christmas cards that were used in the centre during the season. Residents told the inspector that they also loved bingo sessions and the sessions with musicians who regularly attended the centre. Residents could choose where and how to spend their day. Religious activities such as mass and the rosary were held in the centre and the inspector saw that they were important to the residents. From a review of minutes of the residents' meetings, it was evident that there were great plans underway to celebrate St. Patrick's day with residents suggesting ideas for the upcoming parade.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

It was evident to the inspector that registered provider, management and staff ensured that residents had a good quality of life in the centre, However, improvements to management systems were required to ensure that a high standard of care and residents' safety was promoted at all times.

Bishopscourt Residential Care Limited is the registered provider for Bishopscourt Residential Care and is registered to accommodate 60 residents. There are two company directors one of whom is actively involved in the management of the centre and was working in the centre on both days of the inspection. There were clear lines of accountability with each member of the team having their role and responsibilities defined. The centre employed a general manager who was responsible for the operational management in the centre. The director of nursing was the person in charge and was supported in her role by a clinical nurse manager, a team of nurses, health care assistants, activity staff and housekeeping staff. The centre also had a full time maintenance person and an administrative assistant.

The inspector was informed that the management team in the centre were challenged with recruitment and retention of nursing and care staff in the months prior to the inspection. One of the two clinical nurse managers had resigned in December 2021 and this position was being filled by a senior staff nurse in an acting capacity. Recent recruitment to fill nursing vacancies had been completed in the centre. Due to a number of resignations prior to the inspection, the staff

complement of health care assistants had reduced at the centre, resulting in vacancies despite local and overseas recruitment campaigns. The management team had recruited four health care assistants from overseas but they had yet to commence employment in the centre. The inspector saw that gaps in rosters were filled with agency staff, some of whom were regular agency staff in the centre. The person in charge gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of the residents. The centre had two registered nurses on duty 24 hours a day. A review of the rosters found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre.

The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time during the COVID-19 pandemic. The centre had experienced two outbreaks of COVID-19 since the start of the pandemic. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following these outbreaks the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. Management in the centre ensured that an up to date contingency plan for the management of COVID-19 outbreaks and access to national guidance was in place for staff. Overall accountability, responsibility and authority for infection prevention and control within the service rested with the person in charge. A clinical nurse manager was designated as the lead for infection control in the centre and was responsible for ensuring staff complied with good infection control practices. However improvements required in relation to infection control are discussed under regulation 27.

Staff were seen to be knowledgeable about residents' needs. New staff were provided with induction and the inspector saw that a new staff nurse was supernumerary to the roster during the inspection. There was a programme of both online and face to face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control. The inspector saw that fire safety training was scheduled for the weeks following the inspection. However, the monitoring of staff training required to be reviewed, which is discussed further under regulation 16.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held to help inform ongoing improvements and required changes in the centre. Minutes of these meetings reviewed by the inspector indicated that action was taken where residents raised issues. The centre had been chosen to take part in the National Nursing Home Experience Survey and

information about this was available in the centre.

Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspector found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre. Staffing levels were kept under review, in line with residents' changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training records provided to the inspector indicated that a number of staff were not up-to-date with mandatory training in line with the centre's own policy. Three staff required fire training which was scheduled in the weeks following the inspection in the centre. While two staff required safeguarding and infection prevention and control training.

Judgment: Substantially compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of three staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

Management oversight of care planning, infection control practices and fire safety was not sufficiently robust to ensure the service provided is safe, appropriate,

consistent and effectively monitored. These issues are further outlined under the relevant regulations in this report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an updated statement of purpose in place that contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

An electronic record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in reception and included the nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and documented the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date. The most recent HPSC guidance, Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities was also available to staff

working in the centre.

Judgment: Compliant

Quality and safety

In general, residents in this centre had a good quality of life and residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspector found that improvements were required to ensure that the quality and safety of care delivered to residents was consistently managed. In particular, care planning, health care, infection control and fire safety all required action to ensure best possible outcomes for residents.

The centre was generally bright, warm and clean and laid out to meet the needs of residents. There was plenty communal space for residents to enjoy and residents had access to a safe secure outdoor space. The inspector saw that some areas required redecorating including flooring, this is discussed under regulation 17.

The inspector saw that there was good access to alcohol hand gel through out the centre with dispensers in each room. Staff were observed to be wearing FFP2 masks in line with national guidance. There were adequate cleaning resources in the centre and there were systems in place to ensure that deep cleaning of residents' rooms took place on a regular basis. The findings from the previous inspection had been addressed and a new clinical hand wash sink that was compliant with guidelines had been installed in the clinical room as well as a new medication fridge. However actions required in relation to infection control are discussed under regulation 27.

Residents living in the centre had good access to general practitioner services with three local practitioners attending the centre. Residents also had good access to health care services including occupational therapy, dietitian, speech and language therapy and psychiatry of old age. The inspector found that nursing assessments and care plans required improvement. While validated assessment tools were in use at the centre, they were not consistently updated when residents care needs changed. Furthermore wound care management required improvement. This is discussed under regulation 5 and 6.

Visiting was facilitated in the centre in line with national guidance during the COVID-19 pandemic and residents and visitors told the inspector that they were happy with the arrangements in place.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. A varied schedule of activities were provided in the centre every day and

residents could choose to participate in these activities if they so wished. Staff were found to be knowledgeable and were seen to be kind and respectful with residents.

While the centre had procedures in place for fire safety including the servicing and maintenance of fire safety equipment, the inspector found that fire precautions in the centre required action as discussed under Regulation 28.

Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with the inspector confirmed that there was sufficient time and access in place for visits. Visiting took place in residents' bedrooms and visitors were seen coming and going during both days of the inspection.

Judgment: Compliant

Regulation 17: Premises

While the inspector saw that the centre was designed and laid out to meet the needs of residents, the following issues required action;

- Flooring in the sluice room and in one residents' room was worn and required replacement.
- Paint on walls and woodwork in some bedrooms and the dining room in the centre was chipped and required repainting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were all very complimentary about the food and choices available, including modified diets. The inspector saw that there was a choice available to residents on both days of the inspection for the lunch time meal and meals served looked wholesome and nutritious. There was an adequate number of staff available to assist residents who required it. The inspector saw that regular snacks and drinks were provided during the day. Management at the centre had changed the times of

medication rounds so that meal times could be protected for residents.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a resident's guide available for residents. It contained information as required in the regulation such as the complaints procedure, visiting arrangements and a summary of the service and facilities available for residents.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example;

- There was no clinical waste bin for face masks outside the room of a resident in isolation and the trolley for PPE had been removed by staff. This meant that staff may inadvertently enter the room without donning the correct PPE. This was immediately addressed by the clinical nurse manager on the day of inspection.
- Oversight of cleaning and cleaning schedules required review as hoists and wheelchairs were unclean on the first day of inspection but were cleaned by the second day of inspection. Furthermore cleaning trolleys were unclean on the first day of inspection.
- While there were individual slings available for residents in the centre, from observations of practice and from speaking with staff, it was evident slings were shared between residents which is a risk of cross contamination.
- A number of bed tables were chipped and therefore could not be effectively

cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

The following actions were required to bring the designated centre into compliance with Regulation 28 and to ensure that all fire safety risks were identified and managed so that residents were adequately protected in the event of a fire emergency;

- while daily checks of fire exits and escape routes were consistently completed from Monday to Friday, they were not completed at weekends
- signage to indicate storage and usage of oxygen was required in the centre and this was addressed by staff during the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

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. Controlled drugs and medication administration records were maintained in line with regulations and professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that care plans were not consistently updated in response to the changing needs of residents. For example;

- a resident's assessments and care plan was not updated following an injury arising from a fall
- a residents assessments and daily notes records was not comprehensive enough to inform staff of the resident's needs following return from acute services

Overall, a number of care plans were not sufficiently detailed and did not contain the required information to guide and direct residents' care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was not assured that a high standard of evidenced base care was provided to residents in relation to wound care. Nursing care plans in relation to wound management were not always adhered to to meet the residents care needs; for example a care plan outlined that a resident required alternate day dressing changes yet review of records indicated gaps of up to three days between dressing changes. While photographs were used in the centre to support wound care assessment they were not consistently recorded in care plans. The centre had implemented an evidenced based checklist to help prevent pressure ulcers, but review of records indicated that this was not consistently completed by staff.

In one care plan reviewed a resident was not referred to a dietitian in line with the centre's guideline on nutritional assessment.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Restraint was being effectively monitored by the management team and there were low levels of restraint in use at the centre on the days of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. The centre employed three staff who facilitated activities such as bingo, quizzes, arts and crafts and singing and poetry sessions for residents living in the centre. Residents told the inspector that they loved the music sessions that were held in the centre where external musicians attended the centre each week. On the first morning of the inspection, the inspector saw residents participating and enjoying a "Singing for the Brain" session where residents from a number of residential centres enjoyed a

group singing session on zoom led by a musical director. Group exercises led by the physiotherapist were also held during the inspection as well as a lively quiz. Residents had access to media such as radio, television and newspapers. Residents had access to religious services such as mass and clergy of their own faith. A number of residents said the rosary together in the centre during the week.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bishopscourt Residential Care OSV-0000200

Inspection ID: MON-0036178

Date of inspection: 07/03/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire Training has been organized bringing all staff up to date by 30/04/2022</p> <p>All other mandatory Training will be completed by 31/05/2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Management have reviewed systems and auditing tools and made changes to ensure compliance</p> <p>Completed by 08/04/2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A program of maintenance for painting and flooring has been put in place. Flooring</p>	

<p>maybe subject to delay from suppliers.</p> <p>To be completed by 30/06/2022</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Continuous training of all staff on Donning and Doffing and IPC policies.</p> <p>Auditing of IPC standards monthly.</p> <p>Auditing of cleaning schedules to ensure compliance.</p> <p>Bed tables have been replaced.</p> <p>All Completed by 30/04/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>System for recording fire checks at weekends has been reviewed and altered to ensure compliance</p> <p>Completed by 08/04/2022</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:</p> <p>Devised a new schedule to ensure updates on all Residents care plans are completed in a timely manner.</p> <p>Introduction of nurses auditing other care plans</p> <p>Monthly Management Auditing of care plans.</p> <p>All Completed by 30/04/2022</p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Devised a new schedule to ensure updates on all Residents care plans are completed in a timely manner. Introduction of nurses auditing other care plans Monthly Management Auditing of care plans. Continuous auditing of wound management care plans to ensure compliance to best practice. Residents weighed monthly, Residents recording 4% weight loss over 3 months are referred to dietician following monthly analysis of weights by CNM. All Completed by 30/04/2022</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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
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.	Substantially Compliant	Yellow	08/04/2022
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	30/04/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	08/04/2022
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	Substantially Compliant	Yellow	30/04/2022

	that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/04/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	30/04/2022