



# 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:	10 October 2023
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0041202

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

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. 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:	60
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 10 October 2023	15:15hrs to 21:00hrs	Siobhan Bourke	Lead
Wednesday 11 October 2023	09:00hrs to 16:30hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From speaking with residents and the observations of the inspector, it was evident that residents were cared for by kind and caring staff. The inspector met with many of the 60 residents living in the centre and spoke with several residents in more detail. The inspector also observed staff and resident engagement over the two days of the inspection. In general, residents spoke positively regarding the staff, the management team and the care they received in the centre. A number of resident described staff as "excellent," "kind and caring" and "helpful".

The inspector arrived unannounced to the centre, late afternoon of the first day of inspection. The receptionist for the centre carried out the centre's sign in procedures and advised the inspector that many of the residents were celebrating mass in the day room. The inspector met with the Chief Executive Officer of Grace Healthcare Group and the Director of Nursing for an introductory meeting. Following this meeting, the inspector went on a walk around of the premises accompanied by the person in charge.

Bishopscourt Residential Centre is 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 inspector saw that a number of walls and woodwork along the corridors had been recently painted and the centre was warm, homely and clean throughout. Grab rails along the corridors had also been extended. Many residents' bedrooms were personalised, homely and well maintained. Residents who spoke with the inspector were satisfied with the cleaning standards in the centre. Danicentres were wall-mounted throughout the centre which enabled staff to easily access personal protective equipment (PPE) such as disposable hand gloves and aprons. Wall-mounted hand gel dispensers were available in each bedroom and throughout the centre.

The inspector saw that the premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents which included two interconnecting dining rooms, two large day rooms and a sitting room. There was easy access to a well maintained outdoor courtyard garden with raised flower beds and seating but due to the wet weather, residents were not using this space during the inspection. The centre also had an indoor walkway through a glass corridor on the Fuschia unit. This corridor was lined with potted flowering plants, where residents could walk up and down regardless of the weather outside. A number of residents were using this area during the inspection and were walking independently or assisted by staff.

The inspector observed the evening meal on the first day of inspection and the lunchtime meal on the second day. For the evening meal and the lunch time meal, the majority of residents ate in the dining room and residents had hot and cold

choices for their evening meal. However there was limited choice for residents who required textured modified diets for their evening meal. The inspector saw that mealtimes in the dining rooms was a sociable and enjoyable experience for residents. The inspector saw that improvements had been made to the system in place for residents who required assistance while eating in their bedrooms since the previous inspection. New hot trolleys had been recently purchased, to ensure meals were served hot to residents in their bedrooms. Residents who required assistance were provided with it in a timely and unhurried manner. For the lunch time meal, the inspector saw that residents who required textured modified diets were offered a choice for this meal and the meals appeared appetising and wholesome. Residents who spoke with the inspector were complimentary about the food and many described the soup served in the centre as "delicious". The inspector saw that there were plenty drinks and snacks offered to residents throughout the day and evening.

The inspector saw that residents were well dressed and groomed to their own style. Many of the residents told the inspector that they got a good service from the hairdresser who attended the centre regularly. Residents told the inspector that they were listened to and that staff were kind to them. Residents reported feeling safe in the centre and they could choose when to get up and go to bed. The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. The inspector saw that residents who could not articulate for themselves appeared comfortable and content.

There were very good opportunities for residents to participate in recreational activities of their choice and ability throughout the day. There was an activities schedule in place, seven days a week, which included a variety of activities such as bingo, arts and crafts, flower arranging, comedy hour, board games and puzzles, ball games, movie evenings, and an exercise class with a physiotherapist. One-to-one Sonas sessions were also provided for residents by a member of the activity team. The activity schedule was displayed in a bright large presentation board, near the main reception, that had pictures as well as text to inform residents of the schedule available. Residents who spoke with the inspector were aware of the activities available and spoke very positively regarding the staff who provided them. These residents also spoke highly of the regular music sessions held in the centre. When the inspector arrived to the centre on the first afternoon, many of the residents were celebrating mass in the day room. In the evening after an exercise session, residents prayed the rosary together after evening tea and this was followed on by "movie night". The inspector saw that after the movie was finished around eight o'clock, residents enjoyed a cup of tea and biscuits together in the day room. On the second day, the physiotherapist led an exercise class and a lively game of bingo followed in the afternoon.

Residents views on the running of the centre were sought through monthly residents' meetings and from a review of minutes of these meetings, they were well attended by residents and action taken by the management team in response to their feedback.

The centre had receptionists rostered seven days a week to ensure that visitors were signed in. Many visitors were seen coming and going during the two days.

Residents were also encouraged to go on social outings with their families. In general, visitors who spoke with the inspector gave positive feedback regarding the kindness of staff and care provided to their relatives.

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

This was an unannounced inspection that took place over two days to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013(as amended). The inspector found that overall, the provider ensured the centre was adequately resourced and had clearly defined management structures in place. The findings from the previous inspection were actioned, however, some improvements were required in relation to infection control and individual assessment and care plans as outlined further in this report.

There was a clearly defined management structure in place that identified the lines of responsibility and accountability in the centre. The registered provider for Bishops court Residential Care is Bishops court Residential Care Limited and the centre is registered for 60 residents. The registered provider had two directors, one of whom represented the provider. The group's chief operations officer was one of the nominated persons participating in management (PPIM) for the centre. The onsite management team comprised a general manager, who was also PPIM, the person in charge and an assistant director of nursing. The management team in the centre were supported by the group's management team with support from quality and compliance, finance, a group head chef, maintenance and human resources (HR). One of the directors from the group, the group's Chief Executive Officer was onsite to meet with the management team on the first day of inspection. The person in charge and general manager attended monthly senior management meetings with the group's managers. From a review of minutes provided to the inspector, it was evident that issues such as recruitment, training, fire safety, renovations and incidents and complaints were discussed and actioned at these meetings.

Staffing and skill mix on the day of inspection were appropriate to meet the assessed needs of the 60 residents living in the centre. Since the previous inspection, the number of staff available on the evening shift had increased to ensure residents who required assistance at meal times were provided with this in a timely manner. Recruitment was ongoing to replace a member of the activities team who had recently resigned and the inspector was informed that Garda vetting was awaited before the person could commence employment. The activity roster was supported by care staff in the interim and regular agency staff were available as

required in the centre.

The provider maintained a comprehensive training matrix to maintain oversight of staff training in the centre. The inspector examined staff training records, which confirmed that staff had up-to-date training in areas to support them in their respective roles. Regular face-to-face training was provided for staff in the centre in fire safety, responsive behaviour training and manual handling. The person in charge was the nominated trainer and designated officer for safeguarding for the centre. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. However, from a review of care plans, it was evident that some of the nursing team required refresher training in care planning documentation as outlined under Regulation 16 Training and staff development.

Records in the centre were well maintained and stored securely. Staff records viewed contained the information required under the regulations. Assurances were provided that Garda vetting was obtained before staff commenced employment in the centre.

There was evidence of effective communication between management and staff in the centre, through regular staff meetings and daily handovers. There were management systems in place to ensure the quality and safety of residents care. The management systems to monitor the quality and safety of the service provided included a schedule of monthly audits. This schedule included hand hygiene audits, environmental audits, medication management audits and falls audits. Action plans were developed where required if non compliance was found. Key risks to residents such as pressure ulcers, weight loss and wounds were monitored on a weekly and monthly basis to monitor the quality and safety of care provided to residents. The annual review for 2022 was available on inspection. However, improved oversight of care planning documentation was required as outlined under Regulation 23 Governance and management.

The provider had a nominated complaints' officer and review officer in line with regulations. Records of complaints were maintained electronically in the centre and it was evident that complaints were responded to and where relevant, any learning put in place by the provider. The complaints procedure was updated to meet recent changes in regulatory requirements.

## Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspector found that there was an appropriate number and skill mix of staff available having regard to the assessed needs of residents, and the size and layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector found that nursing staff required refresher training in relation to assessment and care planning, as evidenced by the findings detailed under Regulation 5: Individual assessment and care planning.

Judgment: Substantially compliant

## Regulation 21: Records

A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations. Requested records were made available to the inspector and were seen to be well maintained.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored required action in the following areas.

- oversight of residents' assessment and care planning was not sufficiently robust to ensure residents received the required care as outlined under Regulation 5.
- there was lack of oversight of some aspects of infection control as outlined under Regulation: 27

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Overall, the inspector found that incidents were generally notified to the Chief Inspector of Social Services in accordance with the requirements of legislation in a timely manner. One incident that required notification was submitted on the day of inspection by the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure provided details of the nominated complaints and review officers.

Judgment: Compliant

### Quality and safety

In general, the inspector found that residents living in Bishopscourt Residential Care received a good standard of care and support to enjoy a good quality of life. The inspector found that residents' rights and choices were respected and promoted in the centre. The inspector saw that the provider had implemented improvements to food and nutrition for residents and other findings had been addressed in relation to fire precautions. Some further action was required in relation to care assessment and planning as outlined in this report.

From a review of residents' health care records, it was evident that residents had regular medical reviews. A General practitioner was on site in the centre twice a week to review residents as required. Residents also had access to allied and specialist services, such as speech and language therapy, dietetics, psychiatry of old age, community mental health and physiotherapy.

Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection. However, from a review of a sample of care plans by the inspector, it was evident that care plans were not consistently updated with residents' changing needs. This is outlined under Regulation 5; Individual assessment and care plan.

Residents were all very complimentary about the food and choices available. The inspector saw that there was a choice available to residents on both days of the inspection 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. There were appropriate referral pathways in place for the assessment of residents identified as

being at risk of malnutrition.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector saw that there was an ongoing programme of renovations in the centre with new grab rails and some of the centre's corridors painted since the last inspection.

The centre's assistant director of nursing was the nominated lead for infection prevention and control for the centre. The assistant director of nursing attended group infection prevention and control meetings that were led by the Group's quality and compliance manager. The centre was cleaned to a good standard, with good routines and schedules for cleaning rooms and equipment. There was regular audit of environmental and equipment hygiene to ensure standards were maintained. There was good oversight of environmental hygiene and monitoring of residents' multi-drug resistant organisms (MDRO) status. The inspector saw that a small number of residents who had been diagnosed with COVID-19 infection, had appropriate transmission based precautions in place during the inspection. Some areas for improvement in relation to infection control are outlined under Regulation 27; Infection control.

The inspector saw that there were good systems in place to ensure oversight of fire safety procedures. Staff were provided with annual fire safety training and residents' personal emergency evacuation plans (PEEPs) were readily available and up-to-date.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

### Regulation 10: Communication difficulties

The inspector found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

### Regulation 11: Visits

Visits to residents were not restricted. The registered provider had arrangements in

place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas.

Judgment: Compliant

### Regulation 13: End of life

From a review of a sample of residents' records, end of life care assessments and care plans included consultation with residents and where required their relatives. Residents who were at end of life had access to palliative care specialist nursing team as needed.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean, well-maintained and well laid out to support residents' needs. The inspector was informed that plans were in place to replace flooring in the centre. There was an ongoing programme of maintenance at the centre and a full time maintenance person employed. This person was also supported with group maintenance resources, for example with painting and other renovations in the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents spoken with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspector saw that the centre's chef was supported by the group head chef to develop new menus for residents and these were being rolled out at the time of inspection. These plans included an improved option for the evening meal for residents requiring texture modified diets. Home baked goods such as desserts, breads and cakes were available for residents. The introduction of a recently purchased hot trolley was available to ensure residents' meals were kept hot for residents dining in their bedrooms. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition

intake.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found the following required action to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018)

Staff practices required oversight in relation to reducing the risk of cross contamination. For example, the inspector observe a staff member wearing nail polish and another staff member was observed handling unclean laundry in a manner that risked contaminating their uniform.

While there was evidence that the bedpan washer was recently serviced, two urinals and bedpans that were stored after being through a cleaning cycle were visibly stained and unclean. Ineffective decontamination increased the risk of cross infection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector found that staff were provided with required training in fire safety and precautions. The provider ensured that there were systems in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulation of evacuations of compartments were undertaken by the management team in the centre, cognizant of night time staffing levels, to ensure staff were confident and competent in the event of a fire.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' records and found that care plans recorded did not consistently reflect the current care needs of residents. This was a repeated finding from the previous inspection. For example,

- A resident who had a recently diagnosed COVID-19 infection did not have this reflected in their care plan.
- A resident's mobility care plan recorded that the resident was independent, however they required assistance of two staff.
- A resident's care plan did not reflect concerns regarding their skin integrity.
- A resident's care plan did not reflect known weight loss and the most recent nutritional assessment.

This could result in errors in care provided, as care plans should be sufficiently detailed and regularly updated to direct residents care.

Judgment: Not compliant

## Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care. Residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs visited the centre twice a week and as required. The inspector saw that a GP from a local practice was in the centre on the second morning of inspection reviewing residents. A physiotherapist attended the centre one day a week and provided one-to-one and group sessions to residents. Residents also had access to a range of allied health care professionals such as dietitian, speech and language

therapy, tissue viability nurse, optician, psychiatry of later life and palliative care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

It was evident to the inspector that management and staff were working to promote a restraint-free environment and there was evidence of alternatives to restraints such as bed rails in use in the centre. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were supported and promoted by management and staff working in the centre. The centre had two activity staff and care staff were also assigned each day to assist with provision of the schedule of activities for residents. The inspector was informed that a new staff member was recently recruited to join the activity team but was waiting for required garda vetting prior to commencement. Residents who spoke with the inspector were aware of activities available with some stating that they loved the bingo, music sessions and the board games. A group of residents prayed the rosary together each evening after tea. Residents had access to media and aids such as newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Residents had access to independent advocacy. Regular residents meetings were held to seek residents' feedback on the services provided and an annual residents' survey was scheduled for the end of the year.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	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-0041202

Date of inspection: 11/10/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>Training in the areas identified in the inspection, Individual Assessment &amp; Care Planning and Infection Control hand hygiene will be provided to staff as follows:</p> <p>Hand Hygiene – Weekly in-house training will be delivered by the Assistant Director of Nursing to all staff on an ongoing basis to ensure ongoing understanding and reminding staff the importance of effective hand hygiene. This will be completed by December 31st 2023 with ongoing review.</p> <p>Individual Assessment &amp; Care Planning training will be provided to all staff nurses. This will be delivered in person by the Group Lead for Quality, Compliance and Patient Safety, with ongoing support from the management team in the home. This will be completed by December 31st 2023.</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>As outlined above training in the areas identified in the inspection, Individual Assessment &amp; Care Planning and Infection Control &amp; hand hygiene will be delivered to all staff within the centre. This will be delivered by December 31st 2023.</p> <p>A review will be undertaken of the Quality management system, including the audit tools</p>	

in use in the centre, to ensure accurate and meaningful audits are conducted on key areas on a more frequent basis. This will include assessment and care planning and infection control. The findings of all audits will be reviewed and any learning or areas for improvement will be communicated to all staff to ensure compliance. This will be completed by December 31st 2023.

Performance Management of employees will continue within the centre in line with Group policies.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
To support effective Infection Control practices within the centre, training will be provided for all staff in key areas of Infection Control. This will be delivered by the management team in the centre, with ongoing review and audit to ensure the suitability and effectiveness of all training. This will be completed by December 31st 2023.

A review will be undertaken of the Quality management system, including the audit tools in use in the centre, to ensure accurate and meaningful audits are conducted on key areas on a more frequent basis. This will include assessment and care planning and infection control. The findings of all audits will be reviewed and any learning or areas for improvement will be communicated to all staff to ensure compliance. This will be completed by December 31st 2023.

A review will be undertaken of cleaning documentation with an additional roster implemented for sluice room cleaning. A clear process for the cleaning of all sluice rooms is to be developed and communicated to all relevant staff to ensure understanding and adherence. This will be completed by December 31st 2023.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
A review will be undertaken of the Quality management system, including the audit tools in use in the centre, to ensure accurate and meaningful audits are conducted on assessment and care planning on a more frequent basis. The findings of all audits will be reviewed and any learning or areas for improvement will be communicated to all staff to

ensure compliance. This will be completed by December 31st 2023.

Individual Assessment & Care Planning training will be provided to all staff nurses. This will be delivered in person by the Group Lead for Quality, Compliance and Patient Safety, with ongoing support from the management team in the home. This will be completed by December 31st 2023.

## 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	31/12/2023
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	31/12/2023
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	Substantially Compliant	Yellow	31/12/2023

	staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/12/2023