



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Nursing Home Limited
Name of provider:	Bishopscourt Nursing Home Ltd
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0044874

## About the designated centre

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

Bishopscourt Nursing Home 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.

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. 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:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 10 October 2024	09:20hrs to 17:40hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by an inspector of social services. The inspector met with many of the 59 residents, who were living in the centre and spoke with ten residents in more detail. The inspectors also met with five visitors during the inspection. The overall feedback from residents was that Bishops court Nursing Home Limited was a nice place to live and that staff were kind and caring to residents.

The person in charge accompanied the inspector on a tour of the premises, where the inspector met with many of the residents and staff. It was evident to the inspector that the person in charge knew the residents well, even though they were only in position for seven weeks at the time of the inspection. The inspector saw that many of the residents were up and dressed and ready for the day's activities, while others were being assisted with personal care. A small number of residents were having breakfast in their rooms. The inspector observed that staff knocked on residents' bedroom doors before entering and were attending to residents' care in an unhurried and respectful manner.

Bishops court Nursing Home 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. A number of residents told the inspector that there had been an issue with the consistency of availability of hot water in the centre over the previous few months, but that this had been recently resolved. The management team assured the inspector that the cause of this issue had been found and addressed.

Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. Many residents' bedrooms were personalised and homely. However, paintwork on some bedroom walls, grouting in some en-suites and flooring in some residents' bedrooms were worn and showing signs of wear and tear. The inspector saw that flooring along the corridors in Fuschia Wing had been replaced. Maintenance personnel were replacing the flooring in one resident's bedroom on the day of inspection. This will be discussed further in the report.

The communal spaces in the centre comprised two interconnecting dining rooms, two large day rooms, a sitting room and a bright cosy visitors' room. The centre also had an indoor walkway through a glass corridor on the Heather Unit that was lined with well-kept potted plants and flowers. There was easy access to a well maintained outdoor courtyard garden with raised flower beds and seating. Grab rails were seen throughout the centre's corridors.

Residents were offered drinks and refreshments frequently during the day. The inspector observed the lunch time experience in the centre and saw that it was a sociable dining experience with many of the residents eating in the centre's

interconnecting dining rooms. Staff sat beside residents who required assistance and offered this in an unhurried fashion. Residents had a choice of main course, for both normal and textured modified meals. Meals were well presented and appeared appetising. Overall the majority of residents gave very positive feedback on the choices and quality of food available to them. A small number of residents complained that they were not happy with their breakfast choices and other feedback was given regarding the consistency of the temperature of tea and that some evenings the suppertime choices were limited.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. It was evident that staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector saw that residents were well dressed and groomed to their own style. The centre had a small hair salon and a hairdresser attended the centre once a week. Those residents who could not communicate their needs appeared comfortable and content. Residents who were resting in their rooms during the day had access to TVs and radios. While many of the residents who spoke with the inspectors confirmed that if they used the call bell, staff answered in a timely manner, a few told the inspector that they had to wait for staff to attend.

Visitors were welcomed in the centre and a receptionist was rostered each day to meet and greet relatives and residents friends. Residents were encouraged to go on outings with their families and feedback from visitors confirmed that visiting was not restrictive.

A programme of activities was available to residents, which was carried out by a team of activity staff every day of the week. The inspector saw the schedule of activities was displayed on a board near reception and residents also had a list of available activities in their rooms. Residents who spoke with the inspector gave high praise for the music available and how visits from "Miller" the therapy dog brought great fun to the centre. During the morning of the inspection many of the residents were in the main day room and were enjoying a lively exercise class, chats, knitting and some were doing artwork. In the afternoon, many of the residents participated in a lively sing song together with the activity co-ordinator. Residents prayed the rosary together after the evening tea. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

Arrangements were in place for residents to meet with the management team to provide feedback on the quality of the service they received through regular residents' meetings. From a review of minutes of these meetings, it was evident that the management team acted on feedback received from residents. For example, issues such as consistency of supply of hot water, requests for more variety of vegetables and for residents to have scones more frequently had been actioned. The inspector observed that the noise levels in the centre from sensor alarms, call bells and the main door of the centre seemed loud and noise levels was also raised as an issue in residents meetings and will be discussed further in the report.

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 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). Overall, findings of this inspection were that this was a well-managed centre, where management and staff were striving to ensure residents were provided with person centred care and support. Action was required to ensure compliance as outlined under the relevant regulations.

Since the previous inspection of the centre, there was a change of registered provider and change of name of the centre. Bishopscourt Nursing Home Limited had applied for and been granted registration to operate the centre by the Chief Inspector of Social Services, in September 2024. The centre remained registered for 60 residents. The new provider company comprised two directors, who were also the directors of the previous registered provider, one of whom represented the provider. The provider had a clearly defined management structure in place, with identified lines of authority and accountability. The provider had two persons participating in management; one who was the general manager for the centre and Grace Healthcare (Holdings) Ireland Limited was a company with designated responsibility for the management of the centre. This management team provided support on-site with facilities, quality, food and nutrition and human resources.

The on-site management team comprised a general manager, the person in charge and an assistant director of nursing. The person in charge was appointed in August 2024, following the retirement of the previous person in charge. The incoming person in charge met the requirements of the regulations and was knowledgeable regarding the assessed needs of residents living in the centre. The assistant director of nursing was full time in position and was also the lead for infection control for the centre. The assistant director of nursing was supernumerary to the nursing staff complement in the centre. The inspector was informed that there were plans underway to appoint two clinical nurse managers to provide supervision and support for staff, over the weekend days.

The person in charge was supported in their role by a team of nursing staff, care staff, housekeeping, activities, catering, administrative and maintenance personnel. On the day of inspection, there was a sufficient number and skill mix of staff on duty to attend to the needs of residents, when considering the size and layout of the building. The person in charge confirmed that staffing levels were kept under review and were informed through monitoring of residents' dependency needs and occupancy levels.

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. Face-to-face training in safeguarding was scheduled for the week of the inspection, to ensure new and regular staff were up-to-date with best practice. The assistant director of nursing was being supported by the provider to undertake a post graduate diploma in nursing for older persons. Staff who spoke with the inspector were knowledgeable regarding their roles.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits such as medication management, compliance with care planning and infection control. The provider also ensured that there was close monitoring and trending of quality of care indicators such as wounds, pressure ulcers, restrictive practices, dependency levels, incidents such as falls, and complaints.

There were scheduled meetings in the centre such as clinical governance meetings and onsite management team meetings. Group clinical governance meetings with the directors of nursing from other homes in the group and the registered provider were held monthly, to enable sharing of learning and practice across the group. The person in charge had recently established a restrictive practice meeting, where external expertise from an occupational therapist was sought, to assess the use of restrictive practices in the centre.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint. However, complaints were not always recorded in line with regulatory requirements, which is actioned under Regulation 34; complaints procedure.

Incidents were recorded electronically and there was good oversight of these by the person in charge. All had been notified to the Chief Inspector, as per regulatory requirements.

Requested records were made available to the inspector during the inspection and were seen to be securely stored in the centre.

A comprehensive annual review of the quality and safety of care provided in 2023 had been completed by the provider.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for the registration of the designated centre and this application was accompanied by full and satisfactory information with regard to the matters set out in Part A of Schedule 2.

Judgment: Compliant



## Regulation 14: Persons in charge

The person in charge was full time in post since August 2024. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibilities and residents' care needs.

Judgment: Compliant

## Regulation 15: Staffing

The staff roster was reviewed and discussed with the management team. Assurances were provided that the roster was constantly reviewed to meet the needs of residents. Where gaps in rosters occurred due to staff vacancies or illness, agency staff were sought to address same. On the day of inspection, the number and skill mix of residents was appropriate to meet the needs of the 59 residents living in the centre. There was a minimum of two nurses rostered 24 hours a day.

Judgment: Compliant

## Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. A training record of staff training completed was maintained and monitored to ensure that staff remained up-to-date with relevant training as required. Staff were appropriately supervised in their roles on the day of inspection.

Judgment: Compliant

## Regulation 21: Records

The inspector found that records were stored securely. Records as set out in Schedules 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management systems in place required further strengthening, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, in particular in relation to the following;

- there was no audit undertaken of call bell response times and assurances could not be provided that call bells were answered in a timely manner.
- further oversight of care planning documentation was required as actioned under Regulation 5. Individual assessment and care plan.

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

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

Action was required to ensure compliance with the regulation as evidenced by the following;

From a sample of complaints reviewed, written responses issued to complainants, did not consistently include details of the review process. From discussions with residents and their relatives, not all complaints were recorded in the centre as required by the regulation. For example, complaints raised with staff about the evening meal, supervision of residents in the evening on one of the units and

response to call bells had not been recorded or actioned. The person in charge agreed to review this at the time of inspection.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the care and support residents received in Bishops court Nursing Home supported them to have a good quality of life. It was evident that staff were committed to help residents maintain their independence where possible. However, action was required to ensure the quality and safety of care provided to residents was consistently provided particularly with regard to premises, care planning, healthcare and residents' rights.

It was evident to the inspector that residents' healthcare needs were well met, with good access to general practitioner services. Residents also had access to health and social care professionals such as speech and language therapists, dietitians, occupational therapists and tissue viability experts as required. Action was required to ensure a high standard of evidence based nursing in relation to wound care management and monitoring of vital signs, as further outlined under Regulation 6 Healthcare.

Nurses completed assessments of residents care needs, using validated tools and these were used to support development of residents' care plans. The inspector saw that care plans were developed within 48 hours of admission for residents and were updated every four months as required. However, action was required in relation to assessment and care planning, as from a sample of care plans reviewed, it was evident that residents' care plans were not consistently updated, following a change in their condition such as after a fall requiring hospitalisation. These findings are outlined under Regulation 5; Individual assessment and care plan.

The inspector saw that residents' rooms and equipment observed was visibly clean. There was good oversight of environmental cleaning by the centre's lead for infection control. The inspector saw that a new bedpan washer had been installed since the previous inspection. The provider ensured there were sufficient resources in place to ensure residents rooms were cleaned daily and deep cleaned regularly. From a review of care plans, residents who were colonised with multi-drug resistant organisms (MDROs) had this information available to guide staff when providing care.

The premises was designed and laid out to meet the needs of the residents living in the centre and there was adequate communal and outdoor space. Bedrooms were personalised and residents had adequate space for their belongings. Arrangements were in place for the preventive maintenance of equipment such as hoists, beds and bedpan washers. A maintenance alert board was in place in each unit so that staff could alert maintenance personnel to issues that required attention in the centre.

Residents were supported to personalise their bedroom areas as per their wishes. As required, effective measures were in place to promote privacy in shared bedrooms.

The inspector saw that flooring had been replaced in the corridors in one of the units and an ensuite in one residents' bedroom was being renovated on the day of inspection. The provider informed the inspector, that there was an ongoing programme of renovations in progress for the centre. The inspector saw that flooring in the dining spaces and corridors in Heather Unit was worn and required replacement and some bedroom walls and furniture required attention as outlined under Regulation 17 Premises.

Residents were provided with a variety of recreational opportunities. The programme of activities was led by designated activity staff. Residents had access to advocacy services if required. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities regularly, through residents meetings and the management team developed an action plan to address issues raised by residents. Newspapers were observed for resident use throughout the centre. However action was required to ensure that all call bells were answered in a timely manner and that noise levels in the centre were reviewed as outlined under Regulation 9; Residents' rights.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was not restrictive and the inspector saw lots of visitors coming and going on the day of inspection.

Judgment: Compliant

### Regulation 17: Premises

There were a number of areas of the premises that required action to meet the requirements of Schedule 6 of the regulations.

- While flooring along corridors in the Fuschia Unit had been replaced, flooring in the dining room and along corridors and in some bedrooms in Heather Unit were worn and required replacement or repair.
- Paintwork on a number of walls in residents' bedrooms was marked and chipped.
- Flooring and grouting in a number of residents' ensuite bathrooms was also worn.
- Some furniture in residents bedrooms such as lockers and bed tables were worn.

- There were a limited number of clinical hand wash sinks available for staff use.

Judgment: Substantially compliant

### Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. An emergency plan was also available for staff in the centre.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that there were effective systems in place for the implementation of infection prevention and control standards. The provider had ensured that staff had access to infection prevention and control advice, through a dedicated staff member. Staff were knowledgeable on effective cleaning practices in the centre and the centre was adequately resourced to ensure high standards of cleaning were maintained. The inspector saw that there was good monitoring of standard and transmission based precautions and good compliance reported in audits were reflected in the findings of the inspection. The person in charge monitored the use of anti-microbials and care plans reflected if residents colonised with MDROS required any special precautions.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of residents records, action was required in relation to individual assessment and care planning as evidenced by the following;

- a resident's mobility care plan did not accurately reflect the resident's current level of mobility
- a validated assessment tool was incorrectly completed for a resident and did not reflect the resident's current well being.
- following a recent hospital admission, a residents' care plan had not been updated.

These may result in errors in care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

Action was required to ensure that a high standard of evidence based nursing was provided at all times, as evidenced by the following;

- A wound care plan for a resident did not have the assessments and change of dressings recorded in line with the recommended frequency. Further reassessment by a tissue viability specialist had not been sought to provide further guidance to staff when the wound wasn't improving.
- Observations were not always recorded at the recommended frequency, in line with the centre's falls policy.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place, which was kept under review, by the clinical team. Staff who spoke with inspectors had up-to-date knowledge, appropriate to their roles, to positively react to responsive behaviours.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required to ensure residents' rights were being promoted or supported in relation to the following;

- A small number of residents raised concerns that call bells were not answered promptly, therefore at these times, residents needs were not been met in a timely manner.

- Some residents also reported that there was a lot of noise in the centre, from alarms and trollies especially at night time, which may impact their rights.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Bishopscourt Nursing Home Limited OSV-0000200

Inspection ID: MON-0044874

Date of inspection: 10/10/2024

## 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 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 Policy and procedure in relation to assessment and care planning will be recommunicated to all staff to review.</p> <p>Training in Individual Assessment &amp; Care Planning and Wound Care Assessment will be delivered to all Nursing staff within the centre.</p> <p>A review of the Quality management system, including the audit tools in use to ensure accurate and meaningful audits are conducted on key areas identified on a more frequent basis. This includes individual assessment and care planning, wound assessment and Call Bell Audits.</p> <p>The findings of all audits will be reviewed and any learning or areas for improvement will be disseminated to all staff to ensure compliance. This will be completed by 31st December 2024.</p> <p>From the commencement of 2025 provision is being made for supernumerary Senior nurses for the weekends whose responsibility will include Individual Assessment &amp; Care Planning and Wound Care Assessment along with ensuring call bells are answered quickly.</p> <p>Performance Management of employees will continue within the centre in line with Group policies.</p> <p>Completion by 31st December 2024</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The complaints policy and procedure will be reviewed.</p> <p>Review of the Complaints process in nursing and care staff initial induction.</p> <p>Train all staff on the importance of recording every complaint irrespective of its severity. Ensure that complaints logged include a clear outline of the review process, findings, and actions taken or planned and are in line with Group Policies.</p> <p>Implement a weekly review of all logged complaints to ensure that each has been fully addressed and documented. The person in charge will review the complaints log and follow up with the respective staff to confirm completion and appropriate action. Conduct monthly audits of the complaints log and response records to identify any recurring issues and areas for improvement and to ensure that the responses issued to complainants include details of the review process.</p> <p>Completion by 31st December 2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Our maintenance plan between 2024 / 2025 includes the following:</p> <p>Flooring in the corridors and some bedrooms to be replaced.  Painting schedule for Residents bedrooms from touch-up to complete repaint of the bedroom.  Schedule of renovation for ensuites to include flooring and tiling.  Schedule of Furniture to be replaced or fixed in relation to bed side lockers and over bed tables.  Additional clinical sinks will be addressed, however, consideration will be given to Health &amp; Safety and disruption to Residents as to where these can be located within the centre.</p> <p>Completion by 31st March 2025</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:  Conduct an immediate review of all residents' mobility care plans to ensure they accurately reflect each resident's current mobility level. This includes reassessing residents where necessary and updating documentation in the care plan to prevent discrepancies.</p> <p>Provide refresher training to nursing and care staff on the proper use and documentation of validated assessment tools.</p> <p>Follow group policy to ensure that all care plans are reviewed and updated promptly following any hospital admission.</p> <p>Performance Management of Nursing staff to ensure compliance in documentation.</p> <p>Completion by 31st December 2024</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Conduct a review of all active wound care plans to confirm that dressing changes and assessments are being performed and documented according to the recommended frequency.</p> <p>Reinforce the protocol that requires automatic reassessment by a tissue viability specialist for any wound that does not show signs of improvement within a defined period. Develop a clear referral pathway for nursing staff to expedite access to the specialist when needed.</p> <p>Provide additional training sessions for nursing staff on evidence-based wound care practices, including assessment, dressing changes, and documentation and when to access a specialist.</p> <p>Reinforce the centre's falls policy with all nursing and caregiving staff, emphasising the importance of recording observations at the recommended frequency for residents with a history of falls or fall risk factors.</p> <p>Regular auditing and measurement of findings with feedback to nursing and care staff.</p> <p>Completion by 31st December 2024</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Review of induction process in relation to the importance of call bell responses.</p> <p>Conduct weekly call bell audits on nursing and care staff. Provide feedback of findings to nursing and care staff.</p> <p>Review of nighttime processes that may cause noise in particular in relation to trollies and call bells. Engineer to reduce call bell &amp; door alarm sound level.</p> <p>Completion by 30th November 2024</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 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	31/03/2025
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	31/12/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant	Substantially Compliant	Yellow	31/12/2024

	whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/12/2024
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	31/12/2024

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.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/11/2024