Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bridhaven Nursing Home
Name of provider:	Bridhaven Nursing Home Unlimited Company
Address of centre:	Spa Glen, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2019
Centre ID:	OSV-0004455
Fieldwork ID:	MON-0026820

About the designated centre

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

Bridhaven Nursing Home is a designated centre and is located within the suburban setting of Mallow, Co. Cork, close by to shops and other amenities. It is registered to accommodate a maximum of 184 residents. It is a three-storey facility with three lift and two stairs to enable access throughout the centre. It is set out in five suites named after local rivers:

1) Clyda is a dementia-specific unit with 18 bedrooms (all single rooms with full en suite facilities of shower, toilet and wash-hand basin) and is located on the lower ground floor
2) Lee (41 beds – two twin and 33 single with en suite facilities) located on the ground floor
3) Blackwater (44 beds – six twin and 32 single full en suite facilities) located on the ground floor
4) Bandon (45 beds – four twin and 37 single with en suite facilities) located on the first floor upstairs
5) Awbeg (36 beds – seven twin and 22 single with en suite facilities) located on the first floor upstairs.

Additional assisted toilet facilities are located throughout the centre adjacent to communal areas. Each suite had a day room and dining room and there are additional seating areas located at reception and throughout the centre. There is a large seating area upstairs for resident to relax with views of the enclosed bonsai garden and also the entrance plaza. Residents in Clyda have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery; there is a second smaller enclosed garden accessible from the Blackwater day room. Bridhaven Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	170

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 July 2019	09:30hrs to 17:30hrs	Breeda Desmond	Lead
09 July 2019	08:45hrs to 17:00hrs	Breeda Desmond	Lead
08 July 2019	09:30hrs to 17:30hrs	Caroline Connelly	Support
09 July 2019	09:15hrs to 17:00hrs	Caroline Connelly	Support
08 July 2019	09:30hrs to 17:30hrs	John Greaney	Support
09 July 2019	08:45hrs to 17:00hrs	John Greaney	Support

What residents told us and what inspectors observed

The inspectors spoke with many residents and relatives during the two-day inspection. Feedback was positive and people were happy with the care and attention they received; that staff were helpful, kind and respectful. They complimented the chef and the quality of food and choice at meal times. Relatives reported that when they raised issues with staff, issues were resolved.

Capacity and capability

The findings from this inspection showed that while there was some evidence of good practice with effective initiatives, there was evidence of institutional practices leading to lack of choice for residents, resulting in poorer outcomes for residents. In addition, some issues identified on the last inspection 25 July 2018 had not been addressed, including:

1. decor to the Clyda wing
2. infection prevention and control oversight
3. inability to gain access to the centre from the enclosed gardens
4. personal information displayed on wardrobes.

At the time of this inspection the governance structure had just changed with the appointment of a Chief Executive Officer (CEO), reporting to the registered provider representative. The CEO was also appointed as CEO to another designated centre owned by the registered provider representative. As the appointment had just occurred, staff were becoming aware of the new management structure and reporting, responsibility and accountability arrangements for the service and this was yet to be embedded.

The person in charge was full time in post and supported in her role by the registered provider representative, with assistant directors of nursing, clinical nurse manager (CNM3), senior nurses, senior carers and head chef; the facilities manager was responsible for non-clinical areas; human resources manager supported staff recruitment, training needs and industrial relations issues. The person in charge demonstrated thorough knowledge of her role and responsibilities including good knowledge of residents and their care needs.

Clinical and non-clinical audits were undertaken with corrective actions and review dates. Quality of Interaction Schedule (QUIS) observations had commenced to enhance the quality improvement strategy and this had identified areas for

improvement, for example, the dining experience in the Blackwater suite.

The statement of purpose was updated to ensure compliance with the regulations. A current insurance certificate was evidenced. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these. A synopsis of the complaints procedure was displayed in the centre and records demonstrated thorough investigations of formal complaints. Residents had contracts of care in accordance with the regulation.

A sample of staff documents reviewed demonstrated comprehensive records as specified in Schedule 2. Staff training required further consideration regarding dementia specific education to ensure care was delivered in accordance with current evidence-based best practice.

Overall, the number, skill mix and management structure required review cognisant of the size and lay out of the centre, and the individual sizes of each unit (ranging from 37 - 45 bedded units). In addition, most staff started duty 7:00hrs-7:30hrs and finished at 19-19:45hrs giving little choice to residents on the time they got up, had breakfast or went to bed.

While there was some evidence to demonstrate that staff actively engaged with residents and provided effective strategies with residents including residents with complex communication needs, some practices were institutional in nature and care was not delivered in accordance with the ethos espoused in the statement of purpose.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

The duty rosters did not reflect the staff on the unit delivering care and this required updating.

Overall, the number and skill mix of care staff was not appropriate having regard for the needs of residents, assessed in accordance with Regulation 5, and the size and

layout of the designated centre.

1. most staff started duty 7:00hrs -7:30hrs and finished 19:00 -19:45hrs which did not facilitate a resident-led service as some residents did not have choice when to get up, have breakfast or when to go to bed, as staff routines dictated practice
2. residents in Clyda suite had significant needs and there was one nurse and one healthcare assistant for 18 residents from 19:30hrs throughout the night.

Judgment: Not compliant

Regulation 16: Training and staff development

The induction process was discussed and a robust system was described to ensure that staff had appropriate knowledge regarding care delivery. The training matrix demonstrated mandatory training as well as other relevant training completed. The system in place enabled oversight of training needs with alerts when training was due. Assistant directors of nursing were qualified to undertake in-house training for example, protection, manual handling and lifting and fire safety, and external facilitators further enhanced training such as palliative care. While training had commenced for dementia care, specialist dementia training to develop the service and enhance people's quality of life was necessary.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files reviewed demonstrated that documents related to Schedule 2 were comprehensive. References were routinely verified in line with best practice.

Current certification for maintenance of equipment such as hoists, lifts and gas appliances were evidenced.

Judgment: Compliant

Regulation 23: Governance and management

While there was evidence of good practice during the inspection, there were examples of repeated non-compliance noted; in addition institutional practices were

not identified as such, consequently, delivery of care was not in total accordance with the aims and objectives declared in their statement of purpose.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

All residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately. These were discussed on inspection and reviewed to ensure that additional fees to be charged were in line with their ethos.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated to reflect the bed numbers per individual suite, and the new management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed. Notifications were discussed and additional information was requested to be included in the notifications to give a comprehensive account of the incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. These were discussed on inspection and the person in charge outlined that the complaints form was being updated to facilitate easier recording of smaller

issues.

Judgment: Substantially compliant

Quality and safety

Pre-admission assessments were completed to ensure the service could provide appropriate care to each resident. There were assessments and care plans for individual residents; assessments were timely updated and included reviews of care with residents' response to treatments and interventions. Discussions with staff reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care such as GP services and psychiatry of old age as well as access to allied health professionals such as physiotherapy, occupational therapy, dietician and speech and language therapy, and community services. End of life care plans showed appropriate discussions with family members and involvement of palliative care in conjunction with the GP.

Both days of inspection were lovely warm July days. The first day of inspection there were very few residents outside enjoying the sunshine. The second morning residents from Clyda were outside as part of the breakfast club; residents were observed walking around and enjoying the beautiful garden, however, there was no one outside that afternoon. The inspector observed two residents in the garden by the Blackwater suite smoking; doors were locked and residents had to request to go outside and once outside, the doors were locked and residents had to ring a door bell to re-enter the building. In addition, outdoor space was inadequate to meet the needs of 184 residents (170 at the time of inspection).

Closed circuit television (CCTV) was in place in limited areas and there was advisory signage regarding use of CCTV. While the centre was warm and comfortable, some areas lacked decoration and personalisation to inspire and uplift residents. The snoozelan room was sparse and lacked the sensory paraphernalia associated with positive behavioural support. While orientation signage was in place, most of the signage was located on walls, so when residents looked down long corridors, the signage to orientate them and allay confusion could not be seen.

Sluicing facilities were inadequate to the size and lay out of the centre. While there were two sluice rooms in the Bandon suite, one did not have a bedpan washer and the bedpan washer in the second was broken; there was no sluice room in Awbeg suite. In some areas there was little storage facilities for items such laundry trolleys and these were seen stored in sluice rooms, making sluicing facilities inaccessible. Storage racks for urinals and bedpans required review to ensure compliance with infection prevention and controls best practice guidelines.

In general, appropriate assistance was given when needed, however, some observations demonstrated that techniques for assisting residents when going from

sitting to standing were not always in line with best practice. Staff demonstrated good communication strategies for people with complex communication needs. Staff in Clyda (dementia specific unit) were responsible for all aspects of care and socialisation; there was a designated activities co-ordinator for a portion of each week day in the unit. The activities programme for the remainder of the centre was provided by the activities co-ordinators and external facilitators for fit-for-life, music sessions and other activities; healthcare assistants were delegated to the activities programme throughout the week as part of the duty roster scheduling. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example, poetry reading, hand massage and reminiscence.

Residents had good access to allied health professionals to support their nutrition and hydration needs. While residents had good menu choice and gave positive feedback regarding their food, the first sitting for dinner was 12:00hrs however, residents from the Lee suite came to the dining room 20 minutes early at 11:40hrs. Pictorial menus to aid decision-making at mealtimes were not available; while menu choices were written on white boards in each dining room, their location made them almost inaccessible for residents to read.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. Fire safety training was up to date for all staff. Training records showed that drills were completed cognisant of night time staff levels and residents were involved in fire safety.

Regulation 11: Visits

Visitors were observed calling from mid-morning onwards and throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them.

Judgment: Compliant

Regulation 12: Personal possessions

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

Residents had access to on-site laundry facilities. There was a staff member appointed for night duty with responsibility for laundry. At the time of inspection the laundry was being upgraded with line with infection control best practice. Clothing

was labelled for ease of identification.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences including their resuscitation wishes. Documentary evidence showed that consultation with residents' families formed part of the care approach.

Judgment: Compliant

Regulation 17: Premises

Servicing records were maintained and these were current for all equipment, for example, lifts, beds and hoists.

Cognisant of the size and layout of the centre orientation signage was inadequate especially for people with symptoms of dementia.

While the décor in some parts of the centre were recently upgraded and was warm, homely and inspiring, other parts were stark; this was especially evident in the Clyda suite and this was a repeat finding. Some bedrooms were personalised with residents' own furniture and memorabilia, however, other bedrooms were bland and totally lacked a homely touch. Some day rooms and dining rooms had a good standard of décor and others were poorly decorated.

There was a large well maintained secure garden for residents' in the Clyda dementia suite with walkways and shrubberies; the second smaller secure garden was located off the dining room in the Blackwater suite; cognisant of the size of the centre with accommodation for 184 residents, access to outdoor space was inadequate.

Judgment: Not compliant

Regulation 18: Food and nutrition

Meal time was protected whereby medications were administered after residents' dined. Residents were very complimentary regarding their food, menu choices and

presentation of their meals. Textured diets were colourful and pleasing to the eye. Residents had good access to speech and language and dietician services. Comprehensive care plans were in place to support people with their nutrition needs and weights were completed in line with best practice. Intake and output records were maintained when necessary to support nutritional and fluid intake.

The head chef attended the individual suites to gain resident's feedback and suggestions, for example, other menu choices, and identified that the dining room in Blackwater was very noisy at mealtimes and this and other issues were brought to the attention of management and were being actions at the time of inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, the senior nurse ensured that all relevant information was uploaded to the resident's documents and care plans updated.

Judgment: Compliant

Regulation 26: Risk management

A current clinical and non-clinical risk register was maintained, nonetheless, some items were not identified as a risk such as the inability of residents to independently access the indoors when outside. This was a repeat finding.

Judgment: Substantially compliant

Regulation 27: Infection control

There was no sluice room in Awbeg suite. While the Bandon suite had two sluice rooms, the bedpan washer was out of order in one sluice room and there was no bedpan washer in the second. One bathroom was totally cluttered with linen trolleys and bins and there was a clinical waste bin here and this room was unsecured. Drainage racking was not fit for it's intended purpose in one bathroom and one sluice room had no drainage racking for urinals and bedpans.

Practice observed on one kitchenette while plating-up desserts was not in keeping with HACCP best practice guidelines.

Judgment: Not compliant

Regulation 28: Fire precautions

Emergency floor plans were displayed throughout the centre with points of reference to orientate people. Appropriate records were maintained for daily, weekly and monthly fire safety checks. Fire drills and evacuations were completed in each unit, on day and night duty and all undertaken cognisant of night duty staffing levels. Evacuations were timed and learnings from drills informed better practice. Personal emergency evacuation plans (PEEPS) were in place for all residents and residents were involved in the fire evacuations.

Judgment: 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. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Residents had evidence-based risk assessments to guide care and relatives and residents reported that they were consulted with regarding care. The sample of care plans and assessments reviewed demonstrated that they were timely updated and had person centred information to direct and inform
care.

Judgment: Compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that fit-for-life classes, physiotherapy, general practitioners (GPs), psychiatry of old age and community based psychiatric services, the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. Residents and family members concurred with this. Fit-for-life was provided once a week which included physiotherapy and occupational therapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In-house training was provided for staff and this was facilitated by the CNMs trainers. The decision-making tool used for bed-rail restraint was supported by a risk-balance tool to ensure appropriate interventions were in place; there was a separate form for reclining chair usage with OT assessment input for reclining chairs. Timely checks for restrain were in place,and records showed that alternatives were trialled such as low-low bed and crash mattresses, as observed on inspection.

Judgment: Compliant

Regulation 8: Protection

Staff had up-to-date training and those spoken with had good knowledge and expressed no hesitation in reporting anything untoward. The service was pension agent for many residents and records examined demonstrated appropriate safeguards to protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an internal advocate, and externally, to SAGE advocacy. Residents' meetings were held on a quarterly basis and chaired by the person in charge. The activities co-ordinator organised a focus group meeting in each suite to gain residents' feedback, then representatives from each suite attended the quarterly meetings. Minutes of these meetings were detailed and lots of issues were discussed. There was a variety of activities available to residents to part-take.

The Crystal Project was a community based initiative for people with a diagnosis of mild dementia and some residents attended there on a weekly basis and said they enjoyed it. Internet access and broadband were available in the centre and residents were observed using their kindle and accessing netflix. Daily newspapers as well as local magazines and news letters were available to residents. The Bridhaven Echo was a new publication by a resident, with residents' input.

While inspectors observed kind and respectful care and interaction between residents and staff, there were institutional practices identified. For example, breakfasts commenced at 6:45am for those residents who did not have the ability to make this decision for themselves; for many residents breakfast commenced at 07:00hrs; most of the residents in the Clyda suite wore track-suit ends which was not in keeping with their preferred dress code prior to their admission to the centre; there was a lack of dementia recreational aids and stimuli to provide a quality dementia-care service as described in the statement of purpose. Lunch-time was due to commence at 12 mid-day but observation showed meal time commenced upstairs at 11:45hrs and residents gathered from 11:40hrs in the Blackwater dining room downstairs.

Trending reports showed restraint and enablers were detailed. When residents requested bed rails, these were deemed enablers. Without exception, these residents were unable to independently remove the bed rails. Therefore, in accordance with the definition in national policy, these were a restraint and needed to be acknowledged as such.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bridhaven Nursing Home OSV-0004455

Inspection ID: MON-0026820

Date of inspection: 09/07/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The APICs were rostered in both unit rosters and management rosters. Going forward they will only be rostered on the management roster and removed from the unit roster. A full staffing review of the entire centre, management and non-management, will be undertaken and this will be cognisant of the size and layout of the centre and will take into account staff start times for both days and nights, and roles and responsibilities. It will also take into account meal times and staff rosters/off-duties.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the centre have up to date dementia training and all nursing and care staff have MAPA training. We will enhance dementia care further by providing specialist dementia training for identified RGNs and Managers.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The centre has recently undergone a management structure change which included the appointment of a CEO. The CEO and PIC meet formally weekly and informally daily. These meetings will ensure that a more robust management structure is in place to oversee the service provided in the centre and to ensure that the regulatory action plan is completed in full in a timely fashion.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Inspectors note that residents/relatives felt they could raise issues, issues were dealt with in a timely fashion, the complaints log was reviewed and recorded appropriately in line with the regulations. The PIC's comment in relation to the complaints form was merely to identify a more streamlined process for smaller complaints. We are of the opinion that we are fully compliant under this regulation and self identifying a process for further improvement should not make us "substantially compliant", particularly when no issues were raised with the complaints procedure itself.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: While there is centre orientation signage i.e. lounge, dining room, bathrooms, nurses' stations etc. we will further enhance orientation signage with the purchase of directional signage. We are currently in discussion with the centre's engineer and interior designer in relation to a total centre refurbishment. As this would be a significant capital project it would consist of a five-year rolling masterplan to upgrade the entire centre's décor. However, the areas identified in the draft report i.e. the Clyda suite and the "atrium" will be prioritized and included in Phase 1 of this masterplan. Upgrading of Clyda will bring it in line with other specialist care units for people with dementia in Ireland. The current layout of the garden in the Blackwater suite does not maximise its potential use. Included in the masterplan mentioned above will be a re-design of this garden to further enable residents to make use of the facility. In addition to this, we are also looking to develop a small outdoor area outside the "atrium". Access to outdoor space	

will be a central consideration in our staffing review.

Additional seating and raised beds will also be added to the entrance plaza.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
This risk assessment has been completed.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The bedpan washers had been serviced the week before inspection and a number of faults had been discovered. Given the faults discovered a decision was made to replace the four existing bedpan washers and we were in the process of obtaining quotations. A fifth sluice room will be created, located in Awbeg suite.

Drainage racking, which is fit for purpose had been ordered prior to inspection and this is currently in transit.

All healthcare assistants and RGNs have received food safety training but will be provided with further training

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A full staffing review of the entire centre, management and non-management, will be undertaken and this will be cognisant of the size and layout of the centre and will take into account staff start times for both days and nights, and roles and responsibilities. It will also take into account meal times and staff rosters/off-duties.

We will speak with residents' families of the Clyda suite and they will be encouraged to

buy clothes that are in-keeping with residents' life-long dress codes and styles.

As part of the centre's refurbishment plan, the Clyda suite will be upgraded to include dementia recreational aids and stimuli which are dementia specific.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	28/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2020

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2019
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	31/07/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/07/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/07/2019
Regulation 27	The registered provider shall	Not Compliant	Orange	28/02/2020

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/07/2019
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	28/02/2020

Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	28/02/2020