



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

Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	27 June 2024
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0043581

About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill 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 and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 27 June 2024	09:00hrs to 17:35hrs	Siobhan Bourke	Lead
Thursday 27 June 2024	09:00hrs to 17:35hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by two inspectors of social services. Inspectors met with many of the 34 residents who were living in the centre and spoke with eight residents in more detail. The inspectors also met with two visitors during the inspection. The overall feedback from residents was that Blair's Hill Nursing Home was a nice place to live and that staff were kind and caring to residents.

A staff nurse accompanied the inspectors on a tour of the premises, where inspectors met with many of the residents. During the tour of the premises, the inspectors saw that many of the residents were up and dressed, while others were being assisted with their personal care by staff. The inspectors observed that staff knocked on residents' bedroom doors before entering. Some residents were enjoying a leisurely breakfast in bed or in one of the two dining rooms.

Blair's Hill Nursing Home is registered for 37 residents and resident accommodation is over three floors with 33 single bedrooms and two twin bedrooms. Many residents' bedrooms were personalised with family photographs and memorabilia and bedrooms were in general, warm, cosy and visibly clean. Wardrobes seen by inspectors appeared to be tidy, with clothes stored in a neat fashion. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. The inspectors saw that new hand wash sinks had been installed in the two twin rooms in the centre, so that each resident had a sink for their own use. Flooring had been replaced on the upstairs corridors and a number of bedrooms. However, some of the surfaces and finishes including furniture in some resident's rooms were worn and showing signs of minor wear and tear. This will be discussed further in the report.

The communal spaces in the centre comprised a large conservatory, a smaller sitting room/activities room, an oratory and a smoking room. The inspectors saw that many of the residents spent their day in the large conservatory room, where there was a large smart TV available for residents' use. This room had two large fish tanks that were clean and well maintained. A number of residents living in the centre smoked and had access to a large smoking room that was located to the front of the building. The inspectors saw that staff reminded residents throughout the day to keep the smoking room door closed to reduce the smell of smoke throughout the centre. The centre was nearing the end of an outbreak of COVID-19 at the time of inspection, with a small number of residents remaining in isolation. Staff were observed to wear PPE appropriately when entering and leaving these residents' rooms. Two cleaners were rostered and inspectors saw that frequently touched surfaces were cleaned regularly throughout the day. The inspectors saw that the housekeeping room had been deep cleaned since the previous inspection and an equipment sink had been added to the sluice room. Additional hand hygiene signage was required in this area as inspectors saw that there was none available near the

hand hygiene sink.

The inspectors observed meal times throughout the day including breakfast, lunch and tea time. Residents who attended the dining room generally had a very social dining experience where many were seen to chat and spend unhurried meal times. Menu was displayed and there was an open service area where meals and drinks were provided to the residents. However, many residents were seen to have their meals in the day room in the chairs where they spent their day. Their meal was served on a table or bed table put in front of their chair. This did not allow the residents choice or the option for motion or a normal dining experience at a table sat with other residents. The inspectors saw that residents who required assistance were assisted by staff in a professional and person centered manner and there was good interactions seen between residents and staff. Inspectors saw that there was generally a choice for residents at meal times, however the inspectors saw that the choice for residents that required a modified diet at tea time was very limited with one resident being served a meal that did not appear appetising.

The inspectors saw that there were no activities taking place during the day and that no staff member had been allocated to the role of providing social stimulation for residents. Therefore, the majority of the residents were seen to spend the day in the day room with little to occupy them but the TV. A number of residents told the inspectors that the days can be very long when there is nothing to do. The centre had a small well maintained external patio area adjacent to the main conservatory that was equipped with seating, tables, colourful plants and a clear windbreaker so that residents could enjoy the views over the city. Although, the weather on the day of the inspection was generally fine, inspectors did not see any residents sit out on the garden furniture at the front of the building. The front door was key coded and it did not appear that residents had access to the code.

Inspectors 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. 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. The inspectors saw that residents who required assistance with eating and drinking were provided with this in a discreet and respectful manner. Residents who spoke with the inspectors confirmed that if they used the call bell, staff answered in a timely manner.

Residents told inspectors that they could receive visitors in their bedrooms where appropriate, in the centres communal areas or outside areas. However visiting was observed to be overly restrictive during the outbreak, with only compassionate visits facilitated. There was a relaxed atmosphere within Blair's Hill Nursing Home as observed by inspectors. Residents were seen moving freely around the centre throughout the day of inspection. Residents were supported to go on outings from the centre with their relatives and friends. One resident returned to the centre in time for evening tea having spent the day out with friends. Residents were observed reading newspapers, watching TV and chatting with staff or other residents.

The person in charge held regular residents' meetings and surveyed residents to seek their views on the running of the centre. From a review of these minutes, issues such as food choices, activities and staffing levels were discussed at these meetings. The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the finding of the previous inspection in February 2024. The inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. Overall, the inspectors found that the provider had been responsive to the regulatory findings and had ensured that many of the previous non-compliances were addressed and actioned. However, some further action was required in relation to staffing, infection control, care planning, residents rights and fire safety as outlined under the relevant regulations.

Blair's Hill Nursing Home Limited is the registered provider for Blair's Hill Nursing Home. It is registered to accommodate 37 residents. The registered provider company has two directors, one of whom is actively involved in the management of the centre and is the nominated person representing the provider. The centre had a full time person in charge. The provider had strengthened the governance structure with the appointment of two part-time clinical nurse managers to support the person in charge, with oversight of the quality and safety of care for residents. Ongoing recruitment was evident and the person in charge had ensured that a second nurse was rostered to the twilight shift to support the night nurse with medication administration. However this was only in place six days a week. The provider agreed to review this to ensure seven day cover. This and other findings are outlined under regulation 15 staffing.

Nursing staff had completed training on wound care management and were scheduled to attend care planning training in the coming weeks. There was a schedule of online and face-to-face training available for staff including manual handling, infection control, safeguarding and restrictive practices. Some staff were overdue annual refresher training in fire safety, that was delayed due to an outbreak in the centre. This training was scheduled for the week after the inspection.

An inspector reviewed a sample of staff files and found that further action was needed to ensure they met the requirements of schedule 2 of the regulations as outlined under Regulation 21; Records.

The inspectors saw that there were a number of assurance mechanisms in place to monitor the quality and safety of residents. Key performance indicators were collated by the nursing management team and were monitored monthly. A quarterly multidisciplinary review of residents' medication between the pharmacist, nursing management and the GP was evident. Clinical governance meetings were held with the provider and the person in charge where issues such as communication, complaints, care planning, food and nutrition, premises and safe care of residents were discussed and actioned. A schedule of audits was available and action plans were developed where improvements were identified. The inspectors saw that while some aspects of infection control and hand hygiene were audited, further auditing of standard precautions was required as outlined under Regulation 23 governance and management.

The provider had an up-to-date complaints procedure that was displayed in the centre. A record of complaints and action taken in response were maintained in the centre.

Regulation 15: Staffing

The inspectors found that while the staffing levels in the centre had improved since the previous inspection, residents' access to meaningful activities was not available due to the absence of staff allocated to this role.

While the provider had ensured that a second nurse was rostered until 9pm, to ensure the night nurse could complete their medication rounds uninterrupted, this was in place for six evenings a week rather than seven. The provider agreed to review this on the day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From speaking with staff and from a review of the training matrix maintained by the person in charge, it was evident to the inspectors that staff were supported to attend training appropriate to their role. Staff attended both face-to-face and online training in the centre. Staff were seen to be appropriately supervised in their roles. Nursing staff had completed wound care management training since the previous inspection. Nursing staff were also scheduled to undertake face-to-face care planning training in the coming weeks. A number of staff were overdue refresher fire training, that was delayed due to an outbreak in the centre. This training was scheduled for the week following the inspection.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed during the inspection required action to meet the requirements of Schedule 2 of the regulations.

- one staff member did not have a second reference on file
- a member of staff that had returned to the centre after an absence of two years did not have up to date vetting in place
- a record of a staff nurse's current registration with the Nursing Midwifery Board of Ireland was not on the staff file.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was evident that the provider had been responsive to the finding of the previous inspection. However, the inspectors found that while there was an audit schedule in place, more comprehensive monitoring and auditing of infection control practices was required to include all standard precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room.

Judgment: Compliant

Regulation 3: Statement of purpose

From a review of the statement of purpose and floor plans for the centre, it was evident that a number of areas such as office spaces on the first floor and storage areas were operational as part of the designated centre but were not included in the

above documents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors reviewed records of all incidents and accidents occurring in the centre and found that all but one notification had been submitted for incidents specified in the regulations within the required time frames. The person in charge submitted this notification on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Complaints records were examined and complaints were seen to be dealt with in a timely manner and issues were reviewed and actioned. Records were maintained in line with regulatory requirements. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the centre.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be satisfactory, and some examples of good practice and person-centred care were observed. The healthcare needs of residents were generally well met and good improvements were seen in wound care management, infection control and premises. Some further action was required as outlined under the relevant regulations.

The inspectors saw that residents living in the centre had good access to health care services and a GP was on site the day of the inspection and attended the centre each week. The provider engaged a physiotherapist to attend the centre every two weeks who provided post fall assessment and one-to-one reviews. Residents had access to tissue viability specialists, dietitian and speech and language therapists if required.

The inspectors saw that the person in charge had ensured that the standard of care

planning had improved. Residents assessments and care plans were maintained on an electronic system in the centre. From a sample of care plans reviewed, it was evident that care plans were prepared within 48 hours of a resident's admission and validated assessment tools were used to support care planning. Overall care plans were found to be person centred with adequate detail to direct care. However, some action was required as residents' care plans were not consistently updated following admission to hospital or change in their condition. This is outlined under Regulation 5; Individual assessment and care plan.

Records reviewed by the inspectors showed that bed rails were individually risk assessed prior to use. Restraints were regularly checked when in use.

There had been significant renovations to the centre since the previous inspection, with flooring in a number of corridors and bedrooms replaced. The oratory had been decluttered and the housekeeping room had been deep cleaned and lined with white rock to ensure it could be effectively cleaned going forward. New sinks had been added to the two twin rooms and an equipment sink installed in the sluice room. Overall the premises was clean and homely for residents.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Staff were provided with training on safeguarding vulnerable adults. The person in charge had a system in place to report and investigated any allegations of abuse in line with the centre's policy. The provider was not a pension agent for any resident and there were robust systems in place for invoicing residents for extra charges such as hairdressing and chiropody.

The centre was experiencing an outbreak of COVID-19 infection at the time of the inspection and appropriate notification and line listing had been submitted to the local public health department. Transmission based precautions were in place for residents in isolation and increased cleaning of frequently touched surfaces was in place. A number of improvements were seen to infection control practices. However, some further action was required as outlined under regulation 27; infection control.

Minutes of residents meetings showed good attendances; these were also attended by the person in charge and staff on duty. A number of residents told the inspectors that they enjoyed going out from the centre for trips to meet friends or for a coffee. However other residents reported that there was very little to do due to the absence of the activity co-ordinator. These and other findings are outlined under Regulation 9; Residents rights.

Regulation 10: Communication difficulties

The inspectors saw 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

The inspectors saw that visiting was overly restrictive during the outbreak in the centre and did not reflect current public health guidelines. While compassionate visits were facilitated, restrictions to visitors were in place for other residents.

Judgment: Substantially compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care during their end-of-life. Care plans reviewed demonstrated that staff consulted residents and, where appropriate, their relatives to gather information with regard to residents' needs and wishes to support the provision of end of life care.

Judgment: Compliant

Regulation 17: Premises

Action had been taken by the provider in response to the previous inspection findings. Inspectors saw that staff and residents were striving to keep the smoking room door closed.

The inspectors saw that the provider had replaced flooring in the bedrooms and corridors of the centre and this work was near completion. Extra hand wash sinks had been added to both twin rooms so that residents sharing these rooms could access their own hand wash sink. The provider had fitted the sluice room with a separate sink for washing equipment since the previous inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A copy of a transfer record for a resident who was transferred for acute care assessment was not available as required in the regulations. Information obtained from acute services did not contain all reasonable information about the resident to

enable staff to direct care in relation to wound management and resident's infection and colonization status.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider had actioned most of the finding of the previous inspection, however the following needed action:

- A number of bed bumpers that were covering bed rails were worn and cracked and therefore could not be effectively cleaned
- Personal protective equipment continued to be stored in cupboards in the bathrooms on the first and second floor which was a risk of contamination
- A small number of coverings on chairs in the communal room were cracked and worn and therefore could not be effectively cleaned
- A specialist chair was inappropriately stored in a communal bathroom.
- The location of hand signage and the location of hand soap in the sluice required action, as it was located in proximity to the equipment sink rather than the hand hygiene sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire as evidenced by the following findings;

- Although fire drills were being undertaken on a regular basis the inspectors was not assured from these drill records that the centres largest compartment, could be evacuated in a timely manner, when staffing levels were at there lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.
- quarterly servicing of the fire alarm had not taken place within the required time frame, the provider actioned this immediately and submitted certification of completion following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While the inspectors found there was great improvement to care plans since the previous inspection, the following required action to ensure compliance with the regulation;

- A care plan was not updated to reflect resident's needs following admission to hospital
- Two safeguarding care plans for residents did not have sufficient detail to direct care for staff.

These could lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that wound care management had improved since the previous inspection and from a sample of care plans reviewed, it was evident that evidenced based practices for the management of wounds was in place. Residents had timely access to a general practitioner from a local practice and a physiotherapist was onsite to provide assessments and treatment to residents once every two weeks. Residents had access to community palliative care and mental health services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff promoted the principles of a restraint free environment and the person in charge said that they try not to use any restraint measures except when alternatives and other interventions had failed. There were low levels of restraint seen and four residents had bedrails at night to prevent falls or because residents expressed that they feel safer with them. The person in charge said she is keeping this under review and aims to reduce this number further where possible.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with safeguarding training in both online and face-to-face

training formats. Staff who spoke with inspectors were knowledgeable regarding the importance of protection and safeguarding of vulnerable adults. Allegations or incidents of abuse were investigated by the person in charge in line with the centre's policy. Inspectors found that there were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed a number of areas where residents rights were not supported or promoted as outlined by the following.

- Activity staff member for the centre was on extended planned leave and had not been replaced. As a result of this residents were not provided with adequate opportunities to engage in activities in line with their interests.
- Residents were observed sitting in one of the centre's communal room watching TV for long periods of time with little else to do. Residents who spoke with inspectors confirmed that there were limited activities in the centre with the absence of the activity co-ordinator.
- The dining experience required review to ensure all residents were facilitated to have a sociable dining experience as while a number of resident enjoyed their meals in the dining rooms, a large group of residents remained in the day room with their meals served from tables beside their chairs. This did not support a sociable dining experience for these residents.
- Residents who required textured modified diets did not have the same choice for the tea time meal as residents on normal diet.
- there was limited access to the outdoors as doors were key coded and residents did not have access to the codes
- residents in one of the twin bedrooms shared a chest of drawers which did not promote residents' dignity and autonomy.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0043581

Date of inspection: 27/06/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. A full time activity co-ordinator has been allocated to ensure residents' access to meaningful activities. 2. The second nurse has already been rostered daily from 9am to 9pm so they will help and support the night nurse in administering the night medication. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To ensure compliance with Regulation 21 one person has now been allocated to organize staff files and to ensure all required documents are in place as per Schedule 2 of the regulation.</p> <ul style="list-style-type: none"> • Second reference has now been submitted and is in place • Garda vetting for the staff member has since been obtained and is in the staff member files. • A record of current registration with NMB of a staff nurse has been supplied and is in place. 	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To bring infection control into compliance with the Regulation 23 PPE audit has been updated and Infection Control Policy reviewed to ensure it reflects it.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Measurements of the office spaces on the first floor and storage areas have been carried out by the engineer and these areas will now be included in the floor plans. This will then be included in the Statement of Purpose.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: Visiting during outbreak has been brought in line with regulation. A family member will be allocated from each family to visit daily. The visiting Policy has been reviewed to ensure it complies with the current public health guidelines.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: When a resident is transferred from the Nursing Home to an acute setting a copy of the transfer record will be kept in the resident's files and this information will be available to enable staff to provide best updated care and when a resident is received back into the Nursing Home a letter will be requested from specialist with clear details of any changes to care plan and these will be stored in residents files.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance with Regulation 28 the following actions have been taken:</p> <ol style="list-style-type: none"> 1. New bed bumpers have since been ordered and are now in place. 2. A more suitable storage area has been decided for the emergency stocks of PPE and this will be in place by October 30th This allocated area will serve floors first and second. 3. The coverage on a few of the armchairs in the day room will be refurbished within next few weeks. Arrangements are already in place. 4. Storing of specialist chair – a meeting was held with regards appropriate storing of the chair not in use. 5. The hand wash poster and soap have now been located in proximity to the hand hygiene sink. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. One night staff member will now attend an evacuation session once a month, to ensure they are competent to carry out safe evacuation when lowest level of staff on duty. 2. Quarterly servicing of the fire alarm has been carried out and certification submitted to the Inspector. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1 Care plan that was not updated to reflect resident's needs has now been updated and 	

staff are made aware of the need to ensure this is done.

2. The two safeguarding care plans have since been brought into effect ensuring there is now sufficient details to direct staff.

3 We have Epic care training organized with external trainer on 3rd October 2024

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance with Regulation 9 the following actions have been taken:

1. An activity co-ordinator has been allocated for full time duty. A weekly activity plan will now be created to ensure that each resident has enjoyable activities during the week.

2. Residents are now brought to the dining room for their meals. This will help break up their day. Staff is helping to ensure this. As from 28/07/24 a new meal time plan has been commenced to accommodate residents in dining room for meals.

3. Dietician will come and give the cooks and some staff solutions and advice in how to serve more varied diet for those on modified diet to ensure they have better choice. Date has not yet been decided but it will take place in September.

4 An intercom system with speaker is installed at the main door and on the terrace and is linked to the nurses station to ensure communication and easy access to the outdoors for residents. Assistance of staff member is provided.

5 The furnishings in the twin room have been reviewed and a second chest of drawers will be provided to ensure dignity and autonomy of the residents. This will be in place by October 30th 24

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	06/08/2024
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.	Substantially Compliant	Yellow	06/08/2024
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	06/08/2024

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	06/08/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	06/08/2024
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the	Substantially Compliant	Yellow	06/08/2024

	resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	06/08/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	06/08/2024

	procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/08/2024
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	06/08/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	06/08/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	06/08/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is	Not Compliant	Orange	30/10/2024

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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