



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

Issued by the Chief Inspector

Name of designated centre:	Blackrocks Nursing Home Limited
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0039488

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Wednesday 7 February 2024	09:00hrs to 17:00hrs	Celine Neary	Lead
Wednesday 7 February 2024	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall inspectors observed that residents were supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy living in the centre and with the care they received. Residents were observed walking freely around the home and had access to many homely and newly refurbished communal rooms and enclosed patio areas.

Blackrocks Nursing Home is located close to the small town of Foxford in County Mayo. The town has local amenities including shops, cafes, churches and community health services. Local transport links serve the town, however the centre is located a short distance outside of the town alongside the River Moy. There is a large car park with disabled parking to the front of the centre and extensive landscaped garden areas which can be viewed from some bedrooms and communal rooms.

The inspectors arrived to the centre and were greeted by the general manager and clinical nurse manager. The person in charge was not in the centre when the inspectors arrived but arrived a short time later and was present for the introductory meeting and walk about of the centre. Inspectors observed that the centre was clean, warm and odour free. There were wall mounted hand sanitizers located in the corridors and some newly installed hand wash basins. However, these hand wash basins were not of a suitable size and design to comply with the recommended specifications required to support effective hand washing practices. This was a repeat finding from the previous inspection.

Inspectors observed that residents did not have to wait when they needed staff assistance and support. Call bells were responded to in a timely manner and many residents were up and dressed and had had breakfast when the inspectors arrived. There were sufficient staff resources on duty to provide care and support and to ensure that those residents who required additional support were appropriately supervised as they went about their day. The staff observed on duty correlated with the daily roster made available to inspectors on the day.

Staff and resident interactions were observed to be empathetic and respectful. Residents told the inspector that they felt safe living in the centre and if they had a concern they could talk to any member of staff or to the person in charge.

A daily activities schedule was on display in each unit in the centre and some of the residents' colorful arts and craft work hung in the day rooms. The activities therapists were observed in group and one to one activities with the residents. The atmosphere in the main lounge was lively and welcoming with residents chatting with staff and with each other. Some residents were reading the newspaper and discussing the days events with staff. One resident was enjoying a chat and a reminiscence session with the activities co-ordinator. It was evident that staff knew the residents well and were able to support them with activities in line with their abilities and preferences. Residents told the inspector that they loved the new decor

in the lounge and that they enjoyed spending time each day in this room. Residents were also complimentary about the new decking area leading off the lounge and although no residents were using the patio on the day they told the inspectors about some of the garden time they had enjoyed during the previous summer. The area was enclosed and provided a secure outside space with seating and items of interest for the residents.

Inspectors spent some time on St Anne's unit observing residents and staff as they went about their day. There was a quiet, calm atmosphere on the unit. Residents spent most of their day in the main communal area or walking with purpose along the corridors. The activities provided on the unit included arts and crafts in the afternoon and a live streamed mass from the local church in the morning. Residents were facilitated to join in with the activities and were obviously enjoying the local mass in the morning. Following mass residents were listening to music and engaging in small group and one to one activities with staff. Some residents found it difficult to engage due to their cognitive ability and were walking with purpose around the unit. Staff knew the residents well and were observed to walk with the residents and encourage them to rejoin the activities. Where the resident declined to join in with activities this was respected by staff. There is a small enclosed outdoor garden area for residents to use which was located off the main activities area. No residents were observed to use this area on the day of the inspection.

Inspectors observed a lunchtime and breakfast sitting in the main dining room. Only eight residents attended the dining room. Inspectors were told that the remaining residents preferred to take their meals either in their bedrooms or in one of the day rooms. Residents accommodated on St Anne's unit took all of their meals in the communal area on that unit. There were enough staff available to ensure that the main dining room was appropriately supervised however it was not clear why more residents were not facilitated to come to the dining room to socialise and meet with one another.

Inspectors observed residents enjoying their lunch time meal in the main dining room. Residents told the inspectors that the "food was lovely" and that they had a choice at mealtimes. Portion sizes were appropriate to their nutritional needs and meals were nicely presented. Five residents were receiving their lunchtime meal in the nearby small lounge. These residents required assistance with their meals and two staff were available to help them. However the inspectors observed that all five meals were brought into the room on a serving trolley which was not heated. Although all the meals were covered with plate covers there was no method to keep the meals hot. This meant that three meals were left on the trolley whilst the two staff in the room were busy helping two residents with their meal. This was discussed with catering and managers on the day and inspectors were told that all meals for residents who required assistance should be served from the kitchen and taken directly to the resident. There was no explanation as to why staff were not following this process on the day.

The inspectors visited the laundry and sluicing facilities in the centre and found that the refurbished laundry was fit for purpose. The sluice room had been recently refurbished to a good standard but the bedpan washer was disconnected from the

electrical supply and not in use on the day of inspection. This is a repeated finding from the previous inspection. The general manager provided evidence and assurances that a new bedpan washer was ordered and they were waiting its delivery.

Residents bedrooms were clean and provided sufficient storage in wardrobes and drawers for residents to store their personal possessions. Most of the bedrooms were personalised with cherished belongings from home or family photographs and pictures. Residents said that they were comfortable in their bedroom and that they had enough storage space. Resident accommodation was mainly provided in single and twin rooms with en suite facilities. However, two twin rooms which were recently refurbished did not contain privacy screens to ensure the privacy and dignity of residents when sharing these rooms. This was highlighted by inspectors to management during the walk around of the centre.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the services provided.

Capacity and capability

The centre was managed by an experienced management team and the care provided to residents was of good quality. The provider had completed significant work to improve fire safety and enhance residents comfort in the centre since the last inspection. However further improvement is required in the management systems that were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This included staff training and development, fire safety precautions, infection prevention and control processes and premises.

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.

The registered provider of the centre is Blackrocks Nursing Home Limited. The management structure consists of the provider, a person in charge, a general manager and a clinical lead. Management was present in the centre daily and were well known to the residents, staff and visitors. The inspector reviewed the records of the regular management meetings in the centre. Clinical governance audits were completed by the clinical lead and recommendations and learning for improvement was recorded. However inspectors were not assured that improvement actions were followed up effectively as there were a number of repeated non compliant findings on this inspection.

The provider had sufficient staff resources in place in all areas. The team consisted of two clinical nurse managers, registered nurses, health care assistants,

recreational therapists, a physiotherapist, catering staff, housekeeping, laundry and maintenance staff. Many of these staff had worked in the centre for a number of years and knew the residents well. The well established staff team helped to provide continuity of care for the residents.

The provider had robust systems in place to recruit new staff when they were needed. This helped to ensure that suitable staff were recruited to the staff team. A sample of staff files were reviewed by the inspector and contained the necessary documents required for each member employed by the provider. There was sufficient levels of nursing and care staff available to support and care for residents on the day of inspection and a review of the planned and worked rosters showed that staffing levels were maintained in line with the centres statement of purpose and daily work roster.

There was a clearly defined management structure in place which identified the lines of authority and accountability in the centre. The person in charge had worked in the centre since the centre opened. They were an experienced nurse in the care of older persons and had the required qualifications to meet all the regulatory requirements. The person in charge is supported in their role by the provider, a general manager, a clinical lead and two clinical nurse managers

Comprehensive training and development was available to staff. However, some improvement was required to ensure all staff completed their mandatory training within the recommended time frames. Staff demonstrated knowledge regarding complaints, safeguarding and fire emergency procedures when talking with the inspectors. Although there were supervisory clinical staff on most shifts the inspectors found that some areas of practice such as infection prevention and control practices and assisting residents with their meals required improvement.

Although the provider had a number of quality assurance processes in place such as audits and risk management processes, the inspector found that these were not being used to promote effective oversight of the quality and safety of care and services. Further actions were now required to ensure that the management systems in place were robust and that the service provided was safe, appropriate, consistent and effectively monitored, and that the provider was compliant with the regulations.

There was some evidence of improved infection control oversight and practice in the centre. The clinical lead had implemented a surveillance register to monitor and record any residents that may have a history of multi drug resistant organisms (MDRO's) and the use of antibiotic treatments in the centre. Newly admitted residents were screened for any history of MDRO's and these details were captured and documented as part of their assessment on admission or re admission from hospital. However, the registered provider had not connected or installed appropriate sluicing facilities in the centre since the last inspection. Furthermore, staff did not give a clear account about how they were cleaning and disinfecting urinals and bed pans in the centre. This did not assure the inspectors that the infection prevention and control measures in place were adequate to reduce the risk

of cross contamination in the event of an outbreak of infection.

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services.

The complaints procedure was displayed in a prominent position at reception. A sample of complaints submitted and investigated were reviewed and the inspector was assured that these were documented, investigated and resolved in a timely manner. Residents and staff told the inspector who they would go to and what they would do if they had a concern or complaint.

Regulation 14: Persons in charge

The person in charge is an experienced registered nurse and meets the regulatory requirements for the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had sufficient staff resources in place to meet the needs of the residents taking into account the layout of the designated centre.

The number and skill mix of nursing, health care and auxiliary staff was appropriate to the needs of the residents and the size and layout of the centre. The provider had designated recreational therapists, house keeping and laundry staff employed in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Although the majority of staff had access to and received training some improvements were required to ensure timely access to refresher training and training on induction. Four staff required fire training, six staff required infection control training and four staff required safe guarding training.

The supervision of staff practices in relation to infection prevention and control and

in the serving of meals and supporting residents at meal times did not ensure that the centre's own policies and procedures were consistently implemented.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further improvement was required to ensure the management and oversight of key areas such as infection prevention and control, fire safety and premises was robust in order to achieve compliance with the regulations and ensure a safe and quality service was provided for the residents. This is evidenced in the non compliant findings set out under Regulations, 28, 27 and 17.

The provider had not ensured that the resources were available to complete their compliance action plan submitted following the previous inspection. For example the provider had failed to install a working bed pan washer in the sluice and the lack of appropriate storage remained a concern.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of three contracts for the provision of services confirmed that residents had a written and signed contract of care which clearly outlined the services to be provided and the fees to be charged, including fees for any additional charges.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose which was made available to the inspector and contained the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy and procedure in place which facilitated residents and family members to raise a complaint should they feel they have reason to do so. The complaints policy identified how a complainant could raise a complaint, the arrangements for receiving feedback and on the remedy to follow should they be unhappy with the outcome of the investigation. The inspector reviewed four complaints submitted and was assured that they were investigated in a timely and thorough manner.

Judgment: Compliant

Quality and safety

The provider had made significant improvements in a number of areas including improvements to the main communal areas, infection prevention and control facilities and fire safety precautions. However further work was needed to bring the designated centre into full compliance with these regulations.

Overall the premises met the needs of the residents. The provider had put in significant resources to improve the premises in a number of areas. The main lounge was completely refurbished and beautifully redecorated. Residents were using the lounge throughout the day of the inspection to sit together, participate in activities or to take some of their meals. Residents were very proud to show the inspectors around their lounge and the newly refurbished decked patio leading off the room. The room was nicely laid out with small seating groups and quiet areas set away from the television for those residents who preferred a quiet environment. However other areas including the small lounge opposite the dining room, the chapel and the communal bathroom on Unit B required refurbishment and redecoration to bring them up to the same standard as the newly refurbished areas. The furniture in a number of bedrooms had been replaced and gave these rooms a fresh modern appearance. The new furniture provided sufficient room for residents to store their personal possessions, however, the furniture in some bedrooms was in a poor state of repair and required replacement.

St Anne's unit is a dementia specific unit and has its own allocated staff team. The unit is set out with a large communal and television viewing area and a smaller activity area with a kitchenette which was used for activities on the day of the inspection. Some residents were observed walking with purpose along the corridors which were wide and hand rails for residents to use. The unit would benefit from additional points of interest to engage residents as they mobilised along the corridor. The visitors room on this unit was not in use on the day and could provide additional space for residents if utilised.

The main dining room had also been refurbished and redecorated and provided a pleasant dining environment for residents. The inspectors observed the lunch time meal. Residents had a choice of two main courses and desserts. Meals in the dining

room were nicely presented and served hot. However the inspector observed that staff supporting those residents who took their meals in the small lounge close to the dining room did not follow the correct meal time procedure and as a result three residents' meals were not kept hot. There were enough staff on duty to support those residents who needed assistance at meal times. Residents were served with a variety of drinks and snacks throughout the day.

The centre was generally clean and tidy however the lack of storage facilities meant that a communal bathroom and the visitor's room on St Anne's unit were cluttered and could not be cleaned effectively. Furthermore the oversight of cleaning schedules did not ensure that adequate standards of cleaning were maintained in areas such as residents' equipment and privacy curtains in bedrooms.

Residents were observed spending their days either in their bedrooms or in one of the communal lounges. During the walk about inspectors observed that some residents were up and about whilst others were resting in bed and were assisted to get up later in the morning. Staff were familiar with residents' preferred daily routines and this was reflected in the staff allocation sheets and how staff organised their work. The morning started quietly with morning prayers and newspaper discussions in the lounge. Later in the day music and local radio could be heard playing in residents' bedrooms or in the lounge. Residents were encouraged to participate in arts and crafts, cross words and jigsaw puzzles throughout the day by the two activities staff that were on duty. These activities were provided on a one to one or in small groups. Other residents preferred to read their book or to sit quietly and this was respected by staff.

Fire evacuation floor plans were on display in all areas of the centre and were detailed and clear to follow in the event of a fire emergency. Extensive work had been completed to install fire doors and emergency lighting and smoke detectors in all areas of the centre. Inspectors observed two fire exit doors to be obstructed with a trolley and also a bedside table. This was brought to the attention of the general manager on the day and the items were removed immediately.

Resident meetings were held regularly and feedback from these meetings was used to inform menu options and activities schedules. Resident questionnaires were completed annually as part of the annual review and this feedback was used to inform the provider's quality improvement plan. Residents were encouraged to stay in touch with their families, friends and local communities. Residents told the inspectors that they could meet with their visitors in their bedrooms or in the quiet area in the lounge. There were no restrictions on visiting in the centre.

Regulation 17: Premises

The premises did not conform to all of the requirements of Schedule 6 of the regulations. There was a lack of appropriate storage in the centre. For example;

- Wheelchairs and a comfort chair that was not in use were being stored in the

small lounge on Block A.

- Two wheelchairs and a walking frame were being stored in the chapel.
- Two hoists, a hair wash basin and an intravenous drip stand were being stored in the communal bathroom on Block B.
- The visitor's room on St Anne's unit was cluttered with chairs and bed tables that were not in use. This meant that the room could not be used by residents to meet with their visitors.

Areas of the centre were not adequately maintained. For example;

- A comfort chair stored in the small lounge on Block A was torn and needed repair or to be disposed of.
- The door to the store room near bedroom 20 did not fully close.
- Handrails were scuffed and needed repair and repainting in this area.
- The refurbishment to the laundry was not completed and the exit door which had been replaced by a plywood cover.
- A small vestibule off the chapel was unfinished with exposed block work and piping visible and the floor was littered with leaves that had blown in to the room.
- The spreader bar on one hoist was torn with exposed foam.

Some bedrooms did not have call bell leads in place for residents to easily call staff when they needed support.

Judgment: Not compliant

Regulation 27: Infection control

Some further improvements were required to ensure that infection prevention and control procedures were consistently implemented by staff in line with the standards for the prevention and control of health care associated infections published by the Authority. For example;

- Staff could not give a clear account of the correct procedure to use when disposing of disposable urinals.
- Two residents on one of the units were using the same wash basin for their personal care. Staff who spoke with the inspectors did not identify the risk associated with this practice.
- The bed pan washer was not connected to the electricity system due to a fault.
- The privacy curtains in one bedroom on St Anne's unit were visibly dirty. There was no clear procedure in place for the laundering of the privacy curtains.
- A number of wheelchairs , a raised toilet seat and one hoist were visibly unclean. There was no clear process in place to ensure that this equipment was cleaned effectively and marked ready for re-use between residents.

- Communal products including, hand lotion, baby oil deodorant and shaving cream were stored on a trolley in St Anne's unit and in a store room on Block C.

Judgment: Not compliant

Regulation 28: Fire precautions

Some further improvements were required to ensure that residents were adequately protected in the event of a fire emergency. For example;

- The personal evacuation plans for two residents were not up to date and did not give clear information about the mobility assistance that the residents required in the event of fire evacuation.
- Staff induction training records did not clearly set out the fire safety training requirements for new starters in the centre. As a result inspectors were not assured that new staff received adequate fire safety and fire evacuation training. This was verified by staff who spoke with the inspectors on the day.
- The morning fire safety checks on the day of the inspection had not identified that a fire exit door from the dining room was blocked by food trolleys. In addition a second fire exit door from the small lounge on the same corridor was blocked by tray tables. These were removed by staff on the day and the exits were cleared.
- The weekly fire door checks had not identified that the fire door at the entrance to the chapel was not closing completely.
- The door to a store cupboard near bedroom 20 was not closing. This room contained combustible items such as cushions and linen.
- The door leading from the corridor to the main kitchen was not closing fully when the extractor fans over the gas cooker were being used. This was being managed by staff leaving the kitchen window open to break the vacuum caused by the fans however the window was kitchen window closed and the fire door was no closed when inspectors reviewed the fire safety doors in this area.
- There was no fire blanket in the kitchenette on St Anne's unit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although each resident had an assessment of their needs and a care plan in place for any needs identified some care plans reviewed by the inspectors were not up to date and two care plans did not provide sufficient detailed information that staff

needed to provide safe care and support. For example;

- One care plan recorded that the resident was using a floor sensor mat. The resident's needs had changed and the sensor mat was not in place as it was no longer required.
- One resident's care plan had not been updated when the air mattress they were using was changed to a static air mattress.
- One care plan did not provide sufficient detail in relation to the potential antecedents that may trigger the resident's responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse.

All staff received mandatory training in how to recognise and respond to any incidents or concerns in relation to abuse and safeguarding concerns. Staff who spoke with the inspectors were aware of their role in keeping residents safe and demonstrated appropriate knowledge in recognising and reporting abuse.

Residents told the inspectors that they felt safe and that they could talk with staff if they had any concerns.

Judgment: Compliant

Regulation 18: Food and nutrition

The lunch time meals for three residents were served and left to go cold whilst the residents waited for staff to be available to help them eat their lunch.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Two twin bedrooms did not have privacy curtains in place to ensure that residents accommodated in these rooms could carry out personal activities in private.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Blackrocks Nursing Home Limited OSV-0000321

Inspection ID: MON-0039488

Date of inspection: 07/02/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC has spoken to the CNM’s to ensure that they are aware of their responsibility when supervising staff at intervals throughout the day, in particular at mealtimes, to guarantee the center is implementing all our policies and procedures correctly.</p> <p>The two current IPC link practitioners will complete more regular HUDDLES and active on the floor training and upskilling with all staff, especially new staff to make sure they are completing duties correctly in line with policies and procedures.</p> <p>Training has been brought to date for the refresher courses as required for Fire, Safeguarding and IPC. Kitchen staff have been updated on the procedure for sending out meals from the kitchen so that all food arrives in a timely fashion. Cleaning staff schedules updated for curtain cleaning and maintenance checks updated with privacy curtains and rail audits.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Improvement in the management and oversight of IPC as planned. Addition of a third IPC link practitioner planned for 2024 this will continue to support the ongoing work and mentorship of staff to ensure that there is always an IPC Link nurse on duty.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The continued review of all soft furnishings, furniture, and surfaces will be completed on a scheduled routine basis to facilitate the ongoing refurbishment of the necessary areas in the nursing home. Furniture requiring reupholstery or replacement to be put in place. Door to store at room 20 has been assessed and is functioning correctly again. The church door has an electronic hold switch which had been recently fitted which was why the door was not closed. Vestibule off church to be refurbished. Former Laundry exit to be plastered and sealed appropriately. Small day room has been repainted recently. Additional storage space to be investigated for wheel chairs etc.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The two current IPC link practitioners plan to complete more regular HUDDLES and active on the floor training and upskilling with all staff, especially new staff to make sure they are completing duties correctly in line with policies and procedure.</p> <p>Improvement in the management and oversight of IPC will also be improved with the addition of a third IPC link practitioner planned for 2024, to support and mentor staff and ensure that there is always an IPC Link nurse on duty.</p> <p>IPC Link nurse has ensured that all residents have individual wash basins in place, particularly in all the double rooms where the possibility of missing basins occurred.</p> <p>Privacy curtains have been replaced with new curtains. Additional curtains are now in stock to replace any curtain which may become dirty. Staff are aware they must report unclean curtains to maintenance staff to replace them. Maintenance staff will also assist by monitoring the curtains more closely to ensure they are always clean and replaced when needed.</p> <p>Residents have been provided with individual toiletries which are stored in their ensuite toilet facilities to prevent cross contamination.</p> <p>Staff have been reminded of the essential need to clean items such as the hoist and wheelchairs following use. Green 'I am clean' labels are located around the building which must be completed and placed on the equipment once they have been cleaned with anti-bacterial wipes. Any items which has visible and or significant soiling is</p>	

<p>removed from the floor and given to the maintenance staff for deep cleaning.</p> <p>Clinical Hand wash sinks to be reviewed for the implementation of waterproofing of surfaces both behind and to either side of the sinks for more cleanliness in use day to day. The sinks in place were supplied by a medical supplier and are elbow operated currently.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal evacuation plans now updated in rooms as well as in PEEPS folder the outdated PEEPS on the door the day of inspection were due to be replaced by updated versions on file in the evacuation folder. Induction reviewed to ensure fire safety outlined prior to full Fire Safety training. Fire blanket in place in St. Anne's food preparation area.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A schedule is in place to ensure residents care plans are reviewed 4 monthly as per the requirements. Nurses have been allocated specific residents who they are responsible for monitoring and updating care plans if their needs change at any time prior to the 4 monthly review.</p> <p>New staff nurses have received training on the Epiccare system used in Blackrocks for electronically recording residents' information including care plans. All nurses now understand the level of detail that is required on all resident's care plans.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>PIC has spoken with all kitchen staff and all meals will now leave the kitchen in a consistently timely fashion for all residents.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Railings and curtains have been ordered for the two twin rooms which require them. One of the twin rooms has been occupied by a single resident since his admission last year, ensuring he has full ability to carry out personal activities in private. And a temporary screen has been placed in the second room until the permanent rail is put up on delivery to provide residents with privacy as required.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2024
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	31/05/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	11/04/2024
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	31/05/2024

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	30/09/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/06/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for	Not Compliant	Orange	11/04/2024

	<p>staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>			
Regulation 5(3)	<p>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.</p>	Substantially Compliant	Yellow	30/04/2024
Regulation 5(4)	<p>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</p>	Substantially Compliant	Yellow	30/04/2024

	concerned and where appropriate that resident's family.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/05/2024