



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

Issued by the Chief Inspector

Name of designated centre:	Bushfield Care Centre
Name of provider:	Bushfield Nursing Home Limited
Address of centre:	Bushfield, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	04 June 2024
Centre ID:	OSV-0005242
Fieldwork ID:	MON-0043826

About the designated centre

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

Bushfield care centre is located approximately 2km from Oranmore, Galway. The centre accommodates up to 45 male and female residents with varying levels of dependency. Bushfield Care centre offers general care, dementia care, and palliative care, and care for people with physical disabilities. Residents who are, at all times, treated with dignity and respect and who are supported to live their lives as independently and fully as is possible, with safety our key concern. The centre is a purpose built single storey bungalow style building. Facilities available include a dining room, two sitting rooms, two conservatory areas. An activities' room, oratory, 31 single bedrooms all with en-suite toilet & shower facilities, and seven twin bedrooms, four of which have en-suite toilet facilities. One communal bathroom & shower which includes a toilet and a further two communal toilets are available for residents use. An enclosed garden is also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 June 2024	07:30hrs to 18:30hrs	Catherine Sweeney	Lead
Thursday 6 June 2024	12:00hrs to 18:00hrs	Brid McGoldrick	Lead
Tuesday 11 June 2024	12:30hrs to 18:00hrs	Brid McGoldrick	Lead
Tuesday 4 June 2024	07:30hrs to 18:30hrs	Brid McGoldrick	Support
Thursday 6 June 2024	12:00hrs to 16:00hrs	Fiona Cawley	Support
Tuesday 11 June 2024	12:30hrs to 18:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

This was a three day inspection to provide assurance to the Chief Inspector that the centre had sufficient resources, particularly in relation to food and nutrition, to ensure the effective delivery of care, in accordance with the centre's statement of purpose.

On the first day of the inspection, inspectors arrived at the centre at 7:30am. The inspectors were met by a staff nurse on duty who informed that inspectors that the person in charge would be in the centre at midday. There was nobody deputising for the person in charge in their absence.

Inspectors reviewed the catering areas of the centre to establish the resources in place to meet the food and nutrition needs of residents in the centre. There was a chef on duty and present in the kitchen. Inspectors observed that the kitchen and kitchen store environment were not visibly clean. Inspectors observed that fresh food was stored in plastic containers, and that there was no system in place to ensure that food storage was in line with best practice guidelines. Inspectors found that some undated fresh food items were malodourous.

Food stocks were found to be low. The fresh, frozen and dry food supplies available on the first day of the inspection were inadequate. A review of the system in place to order food for the centre found that the delivery of food supplies had recently changed. Food was no longer delivered to the centre by the supplier. Inspectors established that food orders were made every two days and collected from the supplier by staff. Food orders were not based on a prepared, nutritionally balanced menu, but rather on what food was available on the day. This impacted both the quality of meals provided, and the preferences and choices of residents in the centre.

A notice board in the dining room detailed the breakfast menu available in the centre. The menu included pastries, sausages, rashers, pudding and fresh fruit. However, a review of the food stores and ordering documents found that these items were not available to residents.

Inspectors found that meals were not provided at reasonable times, with breakfast served between 7am and 10am, lunch at 12:30pm and tea at 4pm. This meant that all resident meals were served between 7am and 4pm. In the absence of adequate supplies of fresh fruit and snacks, inspectors were not assured that residents who might be hungry outside of these times would have access to food.

Mealtimes were observed to be chaotic and unpleasant experiences for residents. There was minimal communication between staff and residents during meal times. The service of meals was slow and very poorly organised. Residents sitting waiting for their meal did not know what they would be served. Dining tables were not set appropriately for the midday meal. There were no condiments available to residents.

One resident told inspectors that they would like to have salt to put on their dinner. During the tea time service there was no dining tables set. Residents who attended the dining room for their tea were served their tea on prepared trays that contained pre-poured drinks, and both their savoury and sweet tea option. Inspectors observed residents, who could eat independently, having difficulty managing their meal. Poor supervision of the dining room resulted in issues such as these being overlooked by the staff allocated to the dining room.

Communication between the kitchen and residents was poor. Residents were not informed of the meal choices. The staff allocated to supporting residents with their meal did not know what was on the menu. In addition, staff supporting residents with modified textured diets did not know what vegetables the resident was eating, and therefore could not inform the residents.

Residents, who chose to have their meals in their bedrooms, told the inspectors that their food and drinks consistently arrive cold. Inspectors observed the preparation of meal trays for meals to be transferred to resident's bedrooms. Trays were set with a paper doily and cutlery. Resident names were written in large blue ink across the paper doily. There were no condiments, milk or sugar on trays. Hot food and drinks were prepared and poured in the kitchen and left on trays for extended periods of time before staff were available to transfer meals to the residents. Meals served to residents were not served in an attractive and appetising manner.

Inspectors observed a resident requesting an alternative to the dessert that was on offer, however, this request was ignored by staff and the dessert of the day was served to the resident without explanation.

A resident with mobility issues was served breakfast in bed. The breakfast tray was observed to have a bowl of porridge and a small pot of yogurt. The resident was having difficulty eating breakfast independently. There was inadequate cutlery available for the resident to eat their yogurt. There were no staff available to support the resident.

One resident told the inspectors that they were unaware that there was a choice of meals offered daily. They stated that a meal was brought to their room without consultation.

Inspectors observed that some fire safety works had commenced in the centre, however, the extent of the works could not be assessed, as the area was inaccessible to staff. This posed additional fire risks, discussed further in this report.

Capacity and capability

This was an unannounced risk inspection scheduled to follow up on the findings of two poor inspections of the centre in March and May 2024. The Chief Inspector had received unsolicited information of concern relating to the resources available to provide a safe service. Inspectors also followed up on the actions taken by the provider to address issues of non-compliance dating back to November 2022. This inspection was scheduled for one day, however, due to high levels of non-compliance found on day one, a further two days of inspection were scheduled.

The findings of this inspection were that the registered provider failed to ensure that there were sufficient resources available to ensure the safe operation of the centre, as evidenced by the lack of available financial resources in the operating bank account of the centre. The impact of this included, but were not limited to, interruptions to the fuel supplies to the centre, and inadequate amounts of food supplies to ensure residents received balanced and nutritious meals. Furthermore, inspectors found that the overall governance and management of the centre had deteriorated since the last inspections. There was an unclear and ineffective governance structure in place. These non-compliance's impacted on all regulations reviewed on this inspection. As a result, the Chief Inspector has serious concerns about the stability of the designated centre, giving rise to significant risks for the health, welfare and safety of residents. Following this inspection, an urgent compliance plan request was issued to the registered provider in relation to Regulation 23: Governance and management, Regulation 18: Food and nutrition, and Regulation 28: Fire precautions. In addition, a referral was made to the food safety authority.

The registered provider of Bushfield Care Centre is Bushfield Nursing Home Ltd, is a company with one director. The registered provider did not have an effective management structure in place to support the centre. As per the statement of purpose of the centre, the person in charge was supported by a regional manager and the sole director of the company, that is the registered provider. Within the centre, a house manager, and two clinical nurse managers supported the person in charge. However, on the first day of the inspection, the person in charge did not attend the centre until 1pm. There was nobody allocated to deputise for the person in charge in their absence. There was a house manager on duty, however, the roles and responsibilities of the house manager were not clear.

The regional manager was not available to support the person in charge throughout the three days of the inspection. The sole director also did not attend the centre during the inspection. In addition, and reflecting the findings of the inspection in May 2024, the person in charge continued to be supported in the management of the centre by third parties. Information in respect of residents held by these third parties was difficult to access. Some documents requested on the days of the inspection were not made available to view. The management of residents' records and finances, including payment to suppliers, continued to be managed by personnel outside of the designated centre, and not employed by the registered provider, Bushfield Nursing Home Limited.

Bushfield Care Centre had two restrictive conditions attached to the registration of the centre. A condition requiring the provider to put in place a person in charge who

met regulatory criteria for person in charge had been met in February 2024, however, the provider refused an invitation to apply to remove this condition from the centres' registration. A second restrictive condition detailing the requirement for the provider to take timely action to come into compliance with Regulation 28: Fire precautions was attached to the registration of the centre. This condition was added to the registration of the centre following concerns found on inspection in November 2022, relating to fire safety concerns. This inspection found that the provider has not completed the required fire safety works, in line with the providers own time-lines. Further fire safety risks were identified on this inspection.

Inspectors found that the staffing in the centre was not adequate to meet the assessed needs of residents, or for the size and layout of the designated centre. This was evidenced by residents waiting extended periods of time for care. There were also inadequate staffing levels to support residents with their food and nutrition requirements.

Staff were poorly supervised while attending the care needs of residents. There was little evidence of any supervision of the food and nutrition aspect of resident care.

This inspection found repeated non-compliance in the management of records, including, inaccurate rosters, incomplete staff files, and incomplete documentation relating to resident finances.

This inspection also found that, once again, the registered provider had failed to adequately address areas of non-compliance found on previous inspections in April and August 2023 relating to the premises and fire safety. The works required to protect residents from the risk of fire were not progressing in line with commitments previously made to Chief Inspector by Bushfield Nursing Home Ltd.

Regulation 15: Staffing

The provider failed to ensure that the number and skill-mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with regulation 5, and the size and layout of the centre. This was evidenced by inadequate levels of health care staff rostered on the morning shift to assist and supervise residents meals. Inspectors observed residents waiting extended periods of time for help, and residents who were not facilitated to eat independently.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was inadequate supervision and allocation of staff. Residents reported waiting long periods of time for their care needs to be attended to. Inspectors observed that

poor supervision of staff at meal-times had a negative impact on resident care and support.

Judgment: Not compliant

Regulation 19: Directory of residents

A review of the directory of residents found that it did not contain all the information required under Schedule 3 of the regulations. This was a repeated non-compliance from a previous inspection.

Judgment: Not compliant

Regulation 21: Records

The registered provider did not ensure that the records set out in Schedule 2, 3 and 4 were kept in the designated centre and made available for review by inspectors. For example;

- a review of the rosters found that they did not accurately reflect the staff working in the centre. A member of staff identified as working from 9am to 5pm in the centre was not in attendance at these times.
- a review of staff files found that information, required under Schedule 2 of the regulations, such as two references and Garda vetting was not in place for a staff member.
- records underpinning pension agent arrangements were not available in the designated centre.
- records of monies deposited by residents for safekeeping were poorly maintained. For example, records of transactions, and the date on which money and valuables were withdrawn was not consistently recorded, as required by Schedule 3 of the regulations
- there was no records of the food provided to residents to enable any person inspecting the record to determine whether the diet is satisfactory, as required by Schedule 4 of the regulations.

This was a repeated non-compliance.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider did not have adequate resources in place to ensure effective delivery of care, in accordance with the statement of purpose. For example, inspectors identified significant risk relating to the food supplies in the centre, and the arrangements in place to ensure that supplies could be sustained. Furthermore, inspectors found that fuel supplies, such as gas for the heating, cooking and laundry had been interrupted as a result of the registered provider's failure to pay suppliers.

As found on previous inspections of the centre, the registered provider continued to devolved responsibility for many aspects of the operation of the designated centre to third parties. This meant that the person in charge of the designated centre did not have sight of some of the recurrent issues of non-compliance, as detailed in this report.

The organisational structure remained poorly defined. There were inadequate arrangements in place for escalating concerns and risk from the centre to the registered provider. Once again, there were inadequate deputising arrangements in place in the event of the absence of the person in charge. Within the centre, the role of the house supervisor was poorly defined. Communication between the registered provider and the management team in the centre was poor. For example, contractors had commenced work on the fire safety upgrades in the centre, but were absent on the days of the inspection. The person in charge was not up-to-date with the scope of the works, the time frame for completion, or when the contractors would return. This information could not be sourced throughout the three days, between 04 June and 11 June 2024, of this inspection.

The management systems in place to ensure that the service was safe, consistent and appropriately monitored was not effective. For example;

- Poor monitoring and oversight of residents nutritional care needs
- Inadequate systems in place to manage resident finances
- Inadequate oversight of on-going fire safety construction works
- Inadequate record management
- Failure to put in place a system of clinical waste management. The last clinical waste collection in the centre was April 2023
- Ineffective risk management systems. Fire safety risks associated with the ongoing building work had not been appropriately risk assessed and therefore no action has been taken to ensure that residents could be evacuated to a place of safety in the event of a fire. Furthermore, staff in the centre could not access an area of the centre undergoing construction works and therefore it could be monitored for the risk of fire.

An urgent compliance plan was issued to the provider following day one of this inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of incidents in the centre found that several incidents relating to the loss of power, heating and water had not been notified to the Chief Inspector, as required by the regulations. These were subsequently submitted after day three of this inspection, however, some of the details were not complete, for example, the notifications did not include the length of time that services were suspended for.

Judgment: Not compliant

Quality and safety

As described above, this inspection was scheduled due to serious concerns in relation to the health and safety of residents in this centre. The repeated areas of non-compliance regarding the governance and management of the centre continued to have a significant impact on the quality of care delivered, and the safety to the residents in this centre.

Inspectors reviewed a sample of residents' care files. Inspectors found that assessments and care plans were inconsistent and did not always contain up-to-date information to guide staff in their care needs. Where information was available to guide staff, the actions required were not always implemented. Inspectors found that residents who had experienced weight loss did not have this reflected in their assessment of need and therefore, no care plan was developed to address this risk.

The overall management and oversight of food and nutrition was poor. Inspectors found that residents were not provided with food and drink in adequate quantities that were safely prepared, cooked and served. There were no planned menus available for review, and meals were not assessed to ensure that they were wholesome and nutritious. There was no record of the meals that had been served to residents. Residents meal-times were not scheduled at times that met the needs of the residents. Meals were not presented in a way that was appetising and many residents told the inspectors that their food and drinks were regularly served cold. In addition, meal-times were poorly supervised by staff. Inspectors observed that residents were not appropriately facilitated to eat their meals in a respectful and dignified manner.

The provider had not taken the required action, since the last inspection, to ensure that the management of residents' finances was in line with best practice guidelines, and ensures the safety of residents' monies. The system in place to manage residents' finances had not changed since the last inspection and did not provide assurance that the provider had taken all reasonable measures to protect residents from the risk of financial abuse. The provider continued to support a number of residents to manage their pension, however, once again, in the absence of financial

records and account statements, it could not be established if residents' finances were protected and managed in line with best practice and the rights of residents.

The registered provider had repeatedly failed to fully address the fire safety risks in the centre. A compliance plan submitted by the provider following inspections of the centre in April and August 2023 detailed the action that would be taken, and identified specific time-lines for the work to be completed. The registered provider had completed a fire risk assessment of the building by a competent person, with report of this assessment dated September 2022. Some of the works required had been completed such as

- upgrade to the fire detection and alarm system to L1 category system,
- inclusion of new fire alarm panel and additional repeated panels throughout the building, and additional break glass units.
- the kitchen roller shutter was introduced into the fire safety system.
- external concrete pathways had been installed to enable evacuation of residents

Inspectors found that, while some work had been completed, the extent of the work and further planned works could not be established. The additional risks, created by the on-going works has not been identified or managed by the registered provider.

Regulation 18: Food and nutrition

Inspectors observed that residents were not always offered a choice at mealtimes. A breakfast menu was on display in the dining room offering a range of choices for breakfast including bacon, sausages, black pudding and a selection of pastries. None of these items were available for the residents. One resident told the inspectors that they did not like toast and that they were served toast every morning for their breakfast. The resident explained that they had asked for porridge and yogurt, however they rarely received yogurt. The inspectors noted that there was no supply of yogurt available in the centre.

Some residents, who chose to have their meals in their bedrooms informed inspectors that a choice of meals was not offered and that they were not aware that they could choose between meals.

There were no planned menus available for review in the centre. Residents meals were decided on a daily basis, by the chef on duty. The record of the food provided for residents was not available, therefore, the inspectors could not determine whether a satisfactory diet in relation to nutrition or special diets had been provided.

Inspectors observed that the portion size of some of the breakfasts served was inadequate. One resident told the inspector that they were hungry following their breakfast.

Inspectors observed the midday lunch being served at 1pm. Some of the dining room tables were set with paper doilies and cutlery. Menu cards with two options for the main meal were on the tables, however, inspectors observed that residents were not asked their preference. There was no condiments or drinking glasses on the dining room tables. Staff spoken with stated that dining room tables were rarely set at mealtimes. Staff confirmed that it was common practice to deliver all meals from the kitchen on trays. Residents sitting in the dining room for tea-time were observed to have their meals served on a tray.

Inspectors reviewed the food stocks in the centre and found them to be inadequate to meet the dietary needs of the residents. There was limited amounts of meat and vegetables. The person in charge confirmed that food stocks are bought every two to three days. Food was ordered by the catering staff, who were not kept up-to-date with the day-to-day nutritional needs of residents.

Inspectors observed that the food, including raw and cooked meats, was not labelled dated and stored in a safe manner, in line with best practice guidelines. The catering areas in the centre were not clean, and inappropriate storage of faulty and broken kitchen equipment was observed in the main kitchen and store room.

Food was held and served from kitchen equipment that was visibly unclean. Food was stored in multiple used margarine and ice cream containers, many of which appeared to be cracked and broken.

Inspectors observed residents waiting extended periods of time to be assisted with their meals and snacks. Mealtimes were observed to be hurried and disorganised. Residents were served meals when there was no staff available to support them. Other hot meals were observed to be plated and left in the serving hatch for staff to deliver to residents. However, when staff were available to assist the residents, the food was no longer at a satisfactory temperature.

An urgent compliance plan was issued to the provider following day one of this inspection and a referral was made to the food safety authority.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety arrangements in place did not provide adequate precautions against the risk of fire. For example:

- Resident was observed to be smoking unsupervised and did not have appropriate clothing protection to reduce risk of clothes catching fire. In addition, a call bell was not within easy reach should they require assistance.
- The daily and weekly fire checks were incomplete as a section of the building was closed off and could not be accessed.

- Exit signs in the area with on-going fire safety works did not direct residents to a place of safety.
- The evacuation strategy and drills had not been revised in light of the changes to the centre layout, and escape routes, during construction
- There was no access into the construction area for fire safety checks or to investigate the fire alarm if activated in the area

The management of fire safety did not provide assurance that staff were knowledgeable on actions to take in the event of a fire. Some staff spoken with had not completed fire safety training completed. On reviewing fire drills, which were completed as part of an urgent compliance action issued following day one of this inspection, inspectors were not assured that residents would be evacuated in a timely manner in the event of an emergency.

In addition, there was no risk assessment in place for risks associated with the construction activity and removal of the escape route through the area containing bedrooms 39-43.

The risks in this area were unknown and may impact the following:

- fire detection, where it was unknown if detectors were covered or removed,
- if there were any unfinished works to the electrical installation
- fire containment where fire doors removed
- the use of equipment required for the works underway

Due to the risks identified, this centre was re-referred to the local fire authority and an urgent compliance plan was issued to the provider following day one of this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While all residents had an assessment of care needs and an individualised care plan completed, this inspection found that a number of care plans were not up-to-date, while other care plans were not fully implemented. For example,

- a care plan reviewed did not contain any information relating to the resident's recent significant weight loss and the clinical management plan in place
- a care plan for a resident with a pressure ulcer did not contain any information regarding wound management
- a care plan reviewed stated that a resident could eat independently if facilitated to do so by being positioned correctly and having access to appropriate support equipment. Inspectors observed that this resident was not facilitated to eat their breakfast, in line with their care plan.

In addition, a review of the care records found that some residents had experienced significant weight loss. This weight loss had not been identified in the assessment of these residents and therefore, appropriate and effective care plans were not developed.

Judgment: Not compliant

Regulation 8: Protection

The provider failed to put a system in place to ensure that residents were adequately protected from the risk of financial abuse. For example, residents, for whom the provider acted as a pension agent did not receive up-to-date information in relation to the monies held for them, by the provider.

This was a repeated and an on-going non-compliance.

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	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Bushfield Care Centre OSV-0005242

Inspection ID: MON-0043826

Date of inspection: 11/06/2024

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> <ul style="list-style-type: none"> - Staffing levels have been restructured and is based on skill mix and experience in the relevant field. - Most HCA's employed have nursing degree and have relevant training to work as HCAs and other have relevant QQI level 5 qualification. - The roster now clearly identifies the senior HCAs, and the daily allocations have been updated to include a Nurse and a senior HCA to supervise mealtimes throughout the day. - HCA's have allocated break times to ensure that the floor is not left short to assist and attend to residents in a timely manner. - The Staffing arrangements is reviewed on a weekly basis by the PIC and the RPR. <p>Currently we have 33 residents in the centre with 2 X RGN (8am to 8pm) and 6 x HCAs (8am to 8pm) and 1 RGN with 3 HCAs during the night shift.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> - The PIC conducts regular huddles sessions and provides feedback to staff regarding any issues noted during observation and supervision. - CNM to be more involved in supporting the PIC by carrying out audits and ensure the action plan is implemented. - PIC updated the daily staff allocation form which clearly identifies the roles and responsibilities of each staff throughout the day. - The allocations also clearly mention the break times for staff ensuring adequate staff are available to assist residents. 	

- Weekly mealtime audit was carried out reviewed by PIC, these are now done fortnightly.
- PIC met with all HCA's and discussed the expected standard while assisting residents during mealtimes and demonstrated how tables should be set. Same is being practiced daily by staff. PIC conducts informal spot checks apart from the mealtime time audit.

Regulation 19: Directory of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 19: Directory of residents:

- Directory of residents is maintained on Epicare under the following section Register (NEW), as meets the regulator standard and includes all the required information under Regulation 19. The directory is monitored on a regular basis, and updated following any transfers, admissions or discharges.

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

- All nurses have been informed to update roster if there is any changes from the planned roster, including absence with or without explanation from the centre, as soon as changes occur. The roster in the centre will reflect the accurate staffing in the Centre at any given time. The centre will maintain and have available a planned and actual roster that reflects staffing within the centre – this is monitored on a regular basis.

- Staff files are audited by the admin and a review was undertaken and any deficits noted are being gathered to ensure compliance. This has been included in the centre's action plan. Any additional information required from staff has been requested and is being gathered. There will be ongoing monitoring & auditing of staff files.

- All staff employed at the centre now have garda vetting in place prior to the commencement of their work, this is monitored through a recruitment checklist to be completed for each staff member, prior to commencement of employment.

- Records underpinning pension agent arrangements for the residents are available at the centre now, following the request made to the department under the freedom of information act.

- All monies deposited for safekeeping are well maintained in the centre and clearly recorded. Each resident has an individual record maintained of the monies available in

their petty cash safe. The petty cash safe is located in the nurse's station and the nurse on duty carries the key 24x7 to ensure the safe is only accessible to authorized personnel and the resident can deposit and withdraw at any time. All records of lodgment and withdrawal are consistently maintained by the nursing staff. Spot checks are carried out by admin/PIC to evidence same.

- A menu plan was developed following individual meetings with residents, same is reviewed regularly and contains all required information with alternative choices for residents. The supplier delivers food to the centre in line with the menu plan for the day.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Food is delivered to the centre on a regular basis, as lump sum payment was made towards the outstanding balance and consistent payment is being made.
- A payment plan is in place to ensure the delivery of gas to avoid interruptions. However, the instance of interrupted service was unrelated to payment, as payment was already made. This was related to the payment being received alongside delivery schedules, this has been rectified to ensure the payments are received in advance of delivery schedule to prevent any further interruptions to supply.
- The organizational Chart has been updated with clear lines of authority.
- An ad for the position of ADON is active on a jobs search website along with an agency supporting the centre to actively recruit a suitable candidate.
- The RPR is now committed to visiting the centre on a weekly basis and is available to support the PIC in the absence of the PPIM.
- All residents are monitored monthly to ensure nutritional requirements are met. Nutritional audits are carried out by the CNM and monthly weight monitoring by qualified registered nurses for all residents, if unexplained weight loss is observed the resident's weight is monitored weekly and MDT are involved and a three day food intake chart is maintained.
- The weight loss of the residents identified on the day of the inspection was unrelated to their nutritional state but underlying conditions and prognosis along with recent hospital admission.
- An audit was completed which was provided to the inspectors during the inspection and was in the process of being referred to the dietician, same has been completed.
- The RPR has opened a separate bank account for the residents who the RPR acts as a pension agent, same is now opened and in the process to be set up as forms are submitted to the relevant department notifying them of the changes to the bank accounts .
- The RPR has appointed a fire engineer who is a specialist in the area to guide and assist with achieving regulatory standards with regards to fire and safety management in the centre.

- Clinical waste now has a contract in place and is being collected on a monthly schedule and a new replacement bin was provided by the contractor. Also, the clinical waste generated in the centre was reviewed with advise from the community support team.
 - Risk assessments in place for all fire and safety risks associated with the building work. All staff provided with the revised evacuation strategy and evidenced by staff signature.

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 All outstanding notifications were submitted along with additional information as requested. Any future required 3 day notifications will be submitted in required timeframe.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Residents are always offered a choice of meal. A menu plan was developed in conjunction with resident’s preferences.
- A menu card system is in place to record residents’ choice of meal, and a copy is retained by the Kitchen (chefs), HCAs assisting with meals and one copy is maintained by the admin for record keeping.
- A weekly mealtime audit was carried out until it was observed to have achieved the standard and is now being carried out fortnightly.
- Portion sizes are tailored according to individual preferences of residents. Residents are always offered multiple servings and extra portions.
- Touch care was introduced to ensure documentation of food intake for all residents is recorded, and easily accessible for review.
- A resident’s meeting was scheduled in July and all residents provided positive feedback.
- Regular feedback and suggestions from residents to identify areas that need attention and an action plan is developed to address any issue that may arise.
- Provision for labelling food is available in the kitchen and all food once opened is labelled and dated by the Chef.
- Deep Cleaning of the Kitchen was completed by an external professional cleaning

company. A cleaning Schedule is in place to ensure continued compliance and Kitchen cleaning audit is carried out Monthly and if required an additional kitchen assistant will be assigned to carry out deep cleaning in the Kitchen.

- Adequate and nutritious food as per dietary requirement is available for all residents.
- All residents are monitored for weight loss and dietetic service is available when required.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Resident observed to be unsupervised in the smoking area doesn't want to be supervised and this is reflected in her care plan. She has been explained the risk associated but refuses the staff's offer to supervise her as it triggers her anxiety. Staff carry out frequent checks on the resident while she is in the smoking area and offer her the protective clothing which she continues to refuse. A risk assessment is in place for the same. Staff light cigarettes for the residents.
- The section of the building that is closed off for fire and safety related work has an external access door with a padlock (code lock) and all staff are aware of the code.
- Exit signage now directs residents to a place of safety.
- All staff have been informed of the revised strategy and have signed evidence in place confirming they are familiar with and aware of the same.
- Fire drills are conducted fortnightly now as all staff are confident with the revised evacuation strategy, this includes the sealed compartment, fire alarm is activated in this area during the drills.
- 24 staff received training on Fire and safety from external company in July and further training is scheduled in August, this included ski sheet evacuation and fire drill. The fire drill was effective and assured evacuation of residents in a timely manner.
- The RPR has appointed a fire engineer who is specialist in the area to support and provide recommendations to achieve compliance.
- Local Fire authority reviewed the centre following re- referral received from HIQA and the Fire authority was satisfied with the current progress as per the agreed timeline.
- The centre now has an L1 fire panel, concrete pathway leading to the external assembly point, PAT testing completed and Emergency lighting serviced, fire and safety training for staff and a fire engineer who is a specialist in the field and supporting the RPR with decision making relating to Fire and Safety to achieve compliance.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- PIC has developed a quality care audit which will help assess and monitor care is provided in line with their personalized care plan.
- PIC is auditing care plans to ensure that the care plans reflect the resident's current needs and clinical management plan supporting their needs.
- Named Nurses are assigned by PIC to ensure that resident's care plans are updated at least every 4 monthly and anytime there is a change in their care needs.
- All residents' weights are monitored monthly along with MUST score being updated monthly. If a resident is observed to have any weight loss their weight is monitored weekly and a three-day food intake record is maintained and dietetic referrals made.
- All resident's food intake is recorded on touch care and monitored daily by Nurses.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- There are 3 residents who the provider acts as pension agent and the provider has set up a separate bank account for the operating account of the centre.
- The relevant department has been notified of the changes by submitting the forms via post.

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.	Substantially Compliant	Yellow	07/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/06/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	12/06/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Not Compliant	Red	07/06/2024

	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Red	07/06/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	08/06/2024
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	06/06/2024
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other	Not Compliant	Red	12/06/2024

	refreshments are served.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	06/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/08/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	01/07/2024
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	31/08/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	16/07/2024

	all areas of care provision.			
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	Red	12/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	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	30/09/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	07/06/2024

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 procedure to be followed in the case of fire.	Not Compliant	Red	07/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	12/06/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/09/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	31/08/2024
Regulation 31(1)	Where an incident set out in	Not Compliant	Orange	31/08/2024

	paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/08/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	20/06/2024
Regulation 5(3)	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	Not Compliant	Orange	01/07/2024

	admission to the designated centre concerned.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/07/2024