



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

Issued by the Chief Inspector

Name of designated centre:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Limited
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Unannounced
Date of inspection:	20 August 2024
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0038365

About the designated centre

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

Beaumont Residential Care is a designated centre located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lifts and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed from many aspects of the centre. Beaumont Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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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 20 August 2024	08:45hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection, and spoke with one visitor. The inspector spoke with 21 residents in more detail to gain insight into their experience of living there. From what residents said and from what the inspector observed, residents were supported by staff to have a good quality of life. There was a rights-based approach to care delivery and residents reported choice in their care. Residents gave positive feedback about the centre and were complimentary about the 'exceptional' staff and the care provided.

On arrival for this unannounced inspection, the inspector signed in as part of the safety precautions, and completed hand hygiene. Hand sanitising foam, disposable face mask dispenser and hand-wash hub were available at reception. Orientation signage was displayed throughout the building to guide residents to communal areas and bedrooms for example, to allay confusion and disorientation.

An opening meeting was held with the recently appointed person in charge and assistant person in charge. There were 72 residents residing in Beaumont Residential Care at the time of inspection. The centre was a large two-storey building with resident accommodation on both floors. The dementia-friendly unit accommodated 10 residents and was located on the ground floor. The premises was homely, warm and comfortable. All areas were easily accessible with two lifts and five stairways.

The main entrance was wheelchair accessible and lead to the main reception area. There was a large notice board with information for residents and relatives including advocacy information, CCTV advisory signage, and the activities programme which highlighted that this was 'Nursing Homes Week'; the activities person explained later that the theme of this was 'Memories through Photographs'. Other information displayed included the statement of purpose and residents' guide.

By reception, there was a lovely seating area where residents were seen to enjoy sitting there and watch the comings and goings to the centre, and staff stopped to chat with residents resting there. There were many seating areas along corridors including low deep window sills with cushions for residents to rest while viewing the gardens outside. Gardens could be accessed from many points throughout the centre and doors were unlocked enabling independent access to the outdoor spaces. Residents and visitors were seen enjoying the outdoors throughout the day. Garden furniture was available and this required painting. The walls surrounding the dementia-friendly unit had recently painted murals of Cork city landmarks and looked really well.

There were several communal rooms available for residents to relax and enjoy on the ground floor with the visitors room, library sitting room, large TV room and

activities room; all located in close proximity to the main reception; toilet facilities were available close to these rooms for residents' convenience. The sitting room upstairs had been refurbished since the last inspection and was a lovely welcoming space.

Personal care delivery in the morning was observed to be calm; staff were heard to greet residents in a friendly and kind manner and offered and provided assistance respectfully while at the same time engage in conversation. Staff brought residents to the communal areas and were seen to actively engage with residents. Some residents preferred the TV room, others the day room and a few residents relaxed and read the newspaper in the library and chatting with their friends.

The main dining room was found to the left of reception. There was art displayed at one end of the dining room which residents had created and looked lovely, colourful and bright. A huge collage of pictures of the summer party was displayed by the lift; the theme for the party was Hawaii and residents, staff and visitors wore colourful lei garland necklaces and enjoyed the party outdoors.

Meal times were observed both upstairs, and downstairs in the dining room. In the morning, the dining room was not set to accommodate anyone coming there for breakfast. At dinner time, tables were set prior to residents coming for their meals with table cloths, cutlery, napkins and condiments. The dining room was full at lunch and tea time and staff actively engaged with residents during mealtime. At dinner time, residents were offered choice with each course and each course was served separately. Residents gave very positive feedback regarding the quality of food served and menu choice, and said that they looked forward to their meals. Most staff providing assistance did so appropriately, but two staff were observed to stand over residents while providing assistance. The mid-morning and mid-afternoon snack trolley had different choice of snacks for residents and staff facilitating the trolley round did so in a relaxed social manner actively engaging with residents as they offered choice and assistance.

The activities person explained that the previous day she asked residents to pick out their favourite photograph to bring to the day room the following morning where she had set up tables, picture canvases and paints for residents to create a co-ordinated background for their pictures. The room was a hive of activity and chat about the photographs. Some residents were happy sitting back, observing and singing along to the 50's music while enjoying their cup of tea. In the afternoon, many residents enjoyed bingo, while a few were seen relaxing in the library reading the newspaper.

Visitors were seen throughout the day visiting their relatives and friends. Visiting was facilitated in the library, quiet sitting room, residents' bedrooms, and garden, in accordance with their preferred wishes.

Residents bedrooms were seen to be decorated in accordance with their wishes and preferences. Many had lots of photographs, vases of flowers, salt lamps, ornaments and mementos on display shelves. Many of the bedrooms had deep window seats with long cushions to sit and relax and many residents added their own soft

furnishing to the window seat and room, making them homely, comfortable, and bright. The surfaces of furnishings such as bedside lockers, bed frames, display shelving and window sills were worn. Call bells were available in bedrooms, bathrooms and communal rooms; it was noted that occasionally there were long waiting times for call bells to be answered.

The dementia specific unit was key-pad access to ensure the safety of residents. Tables were set in the dining room for residents to have their dinner with cutlery, condiments and napkins. This unit had colourful murals painted on corridors and some communal rooms. Corridors here were painted and some flooring replaced. The sluice room for this unit was located just outside the unit and was key-pad access. Some of the signage on bedroom doors to prevent unauthorised access, was intrusive.

Some en suite facility had a shower but there was no rail to hang a shower curtain or a shower guard to prevent water flooding the en suite bathroom. These shower units were stepped and would be difficult to access. For example, the resident occupying one such bedroom, required hoist assistance, yet there was no assistive seat in the shower for the resident to have a shower.

There were large mobile trolleys on each corridor with clean towels, face cloths, bed linen and incontinence wear for morning care. Laundry bins facilitated clothes to be segregated at source with three different colour-coded containers. Mobile bins were available so that rubbish could be easily disposed of following delivery of morning care; and easily moved when staff were working their way along corridors.

New clinical handwash hubs were installed on corridors on both floors. There were hand sanitising dispensers in residents' bedrooms as well as on corridors with advisory signage demonstrating appropriate usage; some of these dispensers were broken and awaiting replacement.

The hairdressers' room was located on the ground floor and had been de-cluttered since the findings of the last inspections. The hairdresser attended the centre on Wednesdays. The main laundry was located beside the kitchen where personal laundry and bed linen were laundered. Designated staff were responsible for laundry services. The smoking room upstairs had a fire blanket and emergency call bell, but no fire apron.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impact the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service where a human rights-based approach to care was promoted and adopted.

Issues identified for action from the previous monitoring inspection were followed up and issues addressed included staff training, premises upgrading, care documentation, aspects of mealtimes, infection control, and medication management records. Areas for improvement identified on this inspection included the premises, aspects of infection control, complaints procedure, and records to be maintained relating to medication management.

Beaumont Residential Care is operated by Beaumont Residential Care Limited. It is part of the CareChoice group which operates a number of designated centres throughout the country. The governance structure comprises the board of directors and the CEO is the person nominated to represent the registered provider. The management team within the centre is supported by a national management team of quality, finance, and facilities, and local human resources staff (HR).

The person in charge was newly appointed to the centre; an additional assistant director of nursing (ADON) was also newly appointed, bringing the total of ADONs to three. Both newly appointed managers demonstrated good knowledge of the service, residents and their care needs, and staff. They also demonstrated a good appraisal of the centre and had identified several areas for improvement as part of their quality review process. Observation showed that residents and visitors were familiar with the new management team, knew who they were and were observed to actively engaged with each other.

During the day time, care staff levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection. However, a review of night duty staff levels was requested as there was one nurse upstairs for 44 residents from 8pm with dependency levels of 14 maximum and 10 high dependency requirements. This and other staffing concerns are further discussed under Regulation 15: Staffing.

Regarding support for the new management team, the provider nominee facilitated monthly meetings with the directors of nursing (DONs) for the 14 centres in the group. As well as providing collegial support, set agenda items are discussed to provide leadership and oversight of services, such as quality improvement with associated key performance indicators and audit results, education, and finances.

The health and safety statement was updated on inspection to reflect the new management structure and persons responsible for health and safety for this centre. While the complaints procedure was displayed at reception, it required updating to reflect the change in legislation. The DONs in the CareChoice group including the newly appointed person in charge for this service, had completed training regarding complaints in line with regulatory requirements. Following this, the ADONs were scheduled to complete this training 24th September; this will help ensure that complaints will be managed in line with the SI 628 of 2022.

Regulation 14: Persons in charge

The person in charge was newly appointed to the role of person in charge. She was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management and administration of the service. She actively engaged with the regulator and was pro-active in the management of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of staff was requested having regard to the needs of the residents assessed in accordance with Regulation 5 and the size and layout of the centre.

- there was one nurse upstairs on night duty with two health care assistants rostered from 8pm – 8am. Cognisant of the size and layout of the upstairs and the number of residents requiring two staff for transfer from chair to bed, this is inadequate to ensure safe care. The nurse is responsible for medication administration for 44 residents which would take some time, and should other residents require attention for example, have a fall, nose bleed, seizure or require end of life care, one nurse is inadequate. Delays in answering call bells was a repeat issue in complaints examined,
- there was inadequate staff allocation regarding provision of meaningful activities for residents. There was one staff full time in post and while other staff were reportedly assigned to activities, they were not routinely identified on the duty roster as responsible for activities, so it could not be assured that activities were provided. Cognisant of the size and layout of the centre, one person responsible for activities on a daily basis is inadequate.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of staff training records demonstrated that staff were up to date regarding their mandatory training. Ongoing training was scheduled in the weeks following inspection to ensure all staff training remained current. The newly appointed ADON facilitated training in-house for areas such as manual handling and lifting, safeguarding, dementia, and care documentation with individual mentoring and training for all nurses to ensure they understood holistic care planning. The ADON was in the process of completing his certification to teach cardio-pulmonary resuscitation to further add to the teaching subjects in his portfolio. Training

regarding subcutaneous administration of end-of-life medication was being researched to enable staff provide this care should residents require it.

Judgment: Compliant

Regulation 21: Records

The following required action to ensure medication records were safely managed:

- some of the paper-based records were duplicates and were not filed away when the electronic version was implemented, consequently it appeared that comprehensive records were not maintained and had the potential for medication administration errors
- similarly, a paper-based record was originally maintained regarding weekly monitoring of psychotropic medications, however, this was also changed to electronic records, so it appeared that records were not maintained since 2022 in the records seen as part of their psychotropic surveillance notification process.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to ensure the centre had sufficient resources to ensure the effective delivery of care:

- the resources for the provision of nursing staffing levels at night required action as outlined under Regulation 15, Staffing
- the resources for the provision of meaningful activities required action as also outlined under Regulation 15, Staffing.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge was familiar with the regulatory requirements specified regarding volunteers. While there were no volunteers to the service currently, the person in charge was encouraging volunteers to support residents as well as maintaining community contact.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident records were examined and notifications to the Chief Inspector correlated with these in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure displayed did not reflect the change to legislation regarding the official personal such as the complaints officer and review officer as specified in the regulation. In addition, some of the time-lines detailed did not correlate with the updated legislation. The complaints' logs shown to the inspector were part of residents' care records and not distinct from residents' individual care plan.

Judgment: Substantially compliant

Quality and safety

In general, a human rights-based approach to care delivery was promoted by both staff and management, and choices of residents living in the centre were respected.

Observation on inspection showed that staff had good insight into responding to residents' needs, including communication needs and in general staff responded in a respectful manner. Care plan documentation included behavioural support plans and observational tools to help identify reasons for anxiety or distress, with suggestions to mitigate recurrence. A sample of care planning documentation was examined and improvement was seen from the previous inspection. The daily narrative reviewed demonstrated good monitoring of care needs as well as monitoring residents' responses to interventions including pain management. Validated risk assessments were in place, and in general, they were comprehensively completed to inform care planning. Residents' had good access to health care, allied health professionals, and personal assistants to support them.

A comprehensive nurses' signature list as specified in an Bord Altranais medication guidelines, was available as part of the medication administration records. The medication management system was partially electronic and partially written records

depending on the general practitioner (GP). Staff spoken with were knowledgeable regarding both systems. However, additional hand written records were not filed away as soon as the electronic system was established, consequently, it appeared that medications were not given in accordance with their prescription and had the potential for medication errors.

Refurbishment of the premises was ongoing with rooms repainted, flooring replaced and seven showers reconfigured to ensure residents could be showered in accordance with their needs. Other improvements reported to the inspector comprised a review of outdoor space for residents to include the expansive front garden to make it secure enabling residents to access this independently and safely. The project plan for the remainder of 2024 and 2025 shown to the inspector identified further extensive refurbishment, and this was welcomed as many of the en suite showers remained inaccessible to dependent residents for example.

Two new hand-wash hubs were installed following the last inspection in compliance with the mandated national standards, nonetheless, other issues relating to infection prevention and control were identified and these are discussed under Regulation 27: Infection control.

Regulation 11: Visits

Visitors were seen to be welcomed into the centre. Measures were taken to protect residents and staff regarding visitors to the centre. Information pertaining to infection transmission precautions was displayed at the entrance to the centre. The inspector observed that visitors were familiar with these precautions and completed hand hygiene and signed-in as part of health and safety precautions on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions, including double wardrobes, bedside locker and lockable storage space. Some residents had an additional chest of drawers. Laundry was completed on site and no issues were highlighted with the laundry service provided either in complaints reviewed or on inspection.

Judgment: Compliant

Regulation 13: End of life

A review of a sample of care plans demonstrated that staff took the time to elicit residents wishes and preferences to enable individualised care to be provided should the resident become unwell.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the planned project upgrades to the premises, action was required to ensure the premises conformed to matters set out in Schedule 6 of the regulations as follows:

- there were no shower curtains or screens in some shower units to keep the water in and prevent the room from flooding and causing a falls hazard; these shower units were stepped and would be difficult to access. For example, the resident occupying one such bedroom, required hoist assistance, yet there was no assistive seat in the shower for the resident to have a shower
- a lot of the garden furniture was not well maintained and required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While improvement was noted in the dining experience for residents, further action was necessary to ensure residents had choice where to dine, and that assistance was provided appropriately, as

- routinely, residents were not afforded choice of being served breakfast in the dining room; they had their breakfast either in bed or in their bedroom
- two staff were observed to stand over residents while providing assistance with their meal in the dining room.

Judgment: Substantially compliant

Regulation 27: Infection control

The following issues were identified regarding infection prevention and control, and required action:

- while one of the ADONs had completed the Infection Control Lead Practitioner course, the mandated guidelines were not implemented in practice such as antimicrobial stewardship, MDRO surveillance and oversight of prophylactic antibiotic prescribing for example,
- many of the protective surfaces of furniture and shelving in bedrooms were worn so effective cleaning could not be assured
- there was no clinical sink available to staff in the clinical room upstairs
- some staff continued to wear their face masks on their chin or below their chin, which would not prevent the risk of cross-infection; there was no clinical indication to wear masks at the time of the inspection
- many of the wall-mounted hand sanitiser were broken and had not been replaced to enable easy access for staff
- some call bells in bathrooms were dangling on the ground thus increasing the risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Significant improvement was noted in the sample of care planning records examined. Risk assessment were completed comprehensively and detailed residents' medical histories which informed the care planning process as well. In general, information was holistic and provided good insight to inform individualised care.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services and GPs attended the centre on a regular basis. Residents had access to allied health professionals such as speech and language, dietician, chiropody, specialist services and community palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restrictive practice register was maintained and this informed weekly performance indicators as part of their quality oversight. A new guidance document to support staff regarding removal of restrictive practices was available to staff. While the number of bedrails remained high, this number was reducing incrementally. Residents who were able, signed their own consent regarding restrictive practice such as bed rails. Other documentation demonstrated that there was discussion with next of kin providing them with information on the restrictive practice as part of the care planning discussion.

Judgment: Compliant

Regulation 8: Protection

All staff training was up to date regarding safeguarding and protection. When necessary, the person in charge undertook investigations in conjunction with HR when necessary, in line with specified regulatory requirements relating to protection.

Judgment: Compliant

Regulation 9: Residents' rights

The following were identified regarding residents' rights which required attention:

- one resident was having their main meal in bed and staff had not positioned the call bell within easy reach therefore the resident could not call for assistance when she required it
- delays in answering call bells was observed on inspection
- some of the signage on bedroom doors to prevent unauthorised access in the dementia-friendly unit was intrusive.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0038365

Date of inspection: 20/08/2024

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"> - Discussed with RPR on allocation of Extra nurse to cover night shifts in Rose green and Silverdale and recruitment, job allocation to be completed to allocate extra Nurse as current staffing level is not sufficient to cater for the extra Nurse requirement. Awaiting the Budget meeting and approval scheduled on 26th of September 2024. - DON and ADON conducted a meeting with the activities coordinator and HR. Plan to allocate an interim activities coordinator to provide meaningful activities to residents in view of the sick leave of existing activities coordinator. One of the HCA's who has previously been assisting with some activities with the residents expressed her interest in accepting a fixed term contract. Terms and Conditions discussed with her during a meeting conducted last week and agreed to commence the role on 23rd of Sept 2024 for induction. <p>Expected date for Commencement of Appointment: 23/09/2024</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Meeting held with all nursing staff on 5th of sept 2024 and instructed the nursing staff to attach a copy of the short-term prescriptions in the attachment section in Electronic Medication Records rather than storing it in the paper file to avoid duplication and to avoid medication errors.</p> <ul style="list-style-type: none"> - ADON checked all the paper based Kardex's and filed all the old records in respective files and instructed the nurses to do the same and weekly spot checks will be carried out from now onwards. -Records will be audited by the Adon's which include weekly spot checks. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Discussed with RPR on the allocation of an Extra nurse to cover night shifts in Rose green and Silverdale. Recruitment and job allocation will be completed to provide an extra Nurse to ensure Safety and Best Practice as current staffing levels are not sufficient and awaiting approval from budget meeting scheduled on 26th of Sept 2024. - DON and ADON conducted a meeting with the activities coordinator and HR. Plan to allocate an interim activities coordinator to provide meaningful activities to residents in view of the sick leave of existing activities coordinator. One of the HCA's who has previously been assisting with some activities with the residents expressed her interest in accepting a fixed term contract. Terms and Conditions discussed with her during a meeting conducted last week and agreed to commence the role on 23rd of Sept 2024 for induction. <p>Expected date for Commencement of Appointment: 23/09/2024</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> -The complaints procedure was updated on 22/08/23 with necessary changes in the regulations. Complaints management information published in the Nursing home has already been renewed with necessary changes outlined by the Chief Inspector regarding the Complaints Officer, Review Officer and Correct timelines as per updated legislation and has been displayed correctly in the designated center. -On the Day of the Inspection , the complaints record was demonstrated by a manager in charge, who was relatively new to the Role. The Complaints log in Epic Care was discussed with the Governance Director on 26/08/24 and she demonstrated the correct way of access that is distinct from the resident's individual care plans. 	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - DON and ADON met with Maintenance Staff. Maintenance staff agreed to conduct a survey to identify the issues with the premises such as the requirement of shower curtains. These will be corrected in the premises within 4 weeks, Completion by 4/10/2024 - ADON will conduct an audit on the resident's requirement for assistive chairs with additional support of physiotherapist/OT and will make necessary arrangements for the same within 4 weeks. 04/10/2024 - The rooms with stepped up shower units are part of an annual refurbishment project, and the same plan has been sent to the Chief inspector post inspection for review. Planned for completion prior to or by June 2025. - Maintenance Staff were instructed to complete painting works for garden furniture within 6 weeks: 27/10/2025 - The refurbishment plans for separating DON office, general office and relocation of smoking areas to outside the main building was sent to chief inspector for review and approval : Expected completion by June 2025. - The Maintenance Staff will conduct a survey on the condition of the furniture in the resident's rooms in order to address the issues with worn out furniture, protective surfaces identified in some of the resident's rooms with the IPC lead ADON and will report to DON /Head of properties in order to add to the yearly refurbishment projects for BRC. Survey to be completed by 04/10/2024 - Continue to organize with the IPC link nurse ,IPC weekly spot checks and monthly Environmental audits. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> - Nutritional Cp's will be reviewed and updated against the Residents preferences on where they would like to have their breakfast, what time they would like to eat and what their choice of breakfast is. - This will be conducted within next 2 weeks and completed and implemented by 23/09/24 - A Nurses and HCA Meeting is being held on September 5th and 12th respectively to address the issues highlighted in the Inspectors Report. - More Supervision and Education will be provided to HCAs by Nursing Staff and Adon's on assisting residents with their meals, effective by 22/09/23. - Going forward, ongoing Supervision and Audits on the Dining Experience will be conducted by the Adon/Don. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - DON met with the IPC Lead Practitioner in the home and discussed findings from the Chief Inspector. - IPC lead practitioner will carry out the daily /weekly IPC walks. Reports to be discussed with DON on weekly basis to correct issues like broken wall mounted sanitizers, worn out furniture, call bells dangling on grounds to prevent cross contamination. - All faulty wall Mounted Hand Sanitizers have been replaced on 02/09/24. - Meeting held with Head of Facilities to address worn our shelving in certain bedrooms. Maintenance staff will carry out an audit for same and will replace/update this shelving within 4 weeks with completion by 18/10/2024. - IPC lead practitioner will be provided with protected hours to carry out IPC related functions on a weekly basis. - IPC lead practitioner has commenced the Antibiotics Stewardship project and reports will be discussed with DON on a monthly basis and in quarterly IPC Meetings. - IPC lead practitioner will meet staff to discuss and educate staff on practices of wearing PPE's and to conduct IPC refresher. Completed by 13/09/2024. This will be monitored daily by the IPC link Practitioner. - DON met Head of Property following the inspection and discussed the feedback from the Chief Inspector related to premises, urgent requirement of hand washing sink in the clinical room upstairs and ground floor was highlighted. Both sinks to be replaced with the correct hand washing sink within 2 months. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - The gaps identified around resident's accessibility to call bells and delays in staff answering call bells, will be monitored by ADON on duty and daily brief on the importance of answering call bells promptly highlighted with all staff. The ADON to conduct call bell audit on a weekly basis until a significant change in practice is observed. This was initiated just after the recent inspection and staff meeting conducted and discussed to highlight the issue. - DON contacted another designated center to enquire on the measures that can be used in the dementia friendly unit to avoid unauthorized access in residents' rooms and more dementia friendly accessories will be used going forward. 	



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	26/09/2024
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.	Substantially Compliant	Yellow	31/01/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	23/09/2024

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	21/08/2024
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.	Substantially Compliant	Yellow	21/08/2024
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.	Substantially Compliant	Yellow	23/09/2024
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	Substantially Compliant	Yellow	22/08/2024

	implemented by staff.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	23/08/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	23/08/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	23/08/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any	Substantially Compliant	Yellow	26/08/2024

	reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/09/2024